Guidelines

Guide to Document Health Promotion Initiatives

Pan American Health Organization

Health Promotion Effectiveness Working Group

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Introduction: What is Health Promotion?

Health promotion is defined by the World Health Organization (WHO) as "a process of enabling people to increase control over their health." This idea is put into practice using participatory approaches; individuals, organizations, communities, and institutions working together to create conditions that assure health and well-being for all.

In its simplest terms, health promotion fosters changes in the environment that help promote and protect health. These include changes in communities and systems—for instance, programs that assure access to health services or policies that arrange for public parks for physical activity and spending time with others.

Health promotion involves a particular way of working together. It is:

Population-based: Health promotion considers health in terms of the whole population; that is <u>all</u> the people who share a particular space (i.e. a municipality or region) or a specific experience (i.e. being young, poor or at risk for a particular outcome). **For more information on community and its role in health promotion, please see the Kansas University's Community Tool Box:** *Our Model of Practice: Building Capacity for Community and Systems Change*.

Participatory: Health promotion involves the collaboration of all community stakeholders in the selection, planning, implementation, evaluation, and maintenance of health-promoting interventions, policies, and conditions. **For more information on participatory approaches see** *PAHO's Participatory Evaluation Guide* **and the Community Tool Box:** *Encouraging Involvement in Community Work*, *Participatory Approaches to Planning Community Interventions*, *Participatory Evaluation*, *Increasing Participation and Membership*.

Intersectoral: Health promotion engages all sectors or parts of the community – individual citizens, business, governmental institutions, faith communities, and non-governmental organizations such as health and human service organizations, social and cultural organizations, etc. – in making health-promoting changes in their programs, policies, and practices. **For more information on intersectoral collaboration, please see** *Working Together for Healthier Communities: A Framework for Collaboration Among Community Partnerships, Support Organizations, and Funders*; *Developing Multisector Task Forces or Action Committees for the Initiative*;

Sensitive to Context: Health promotion takes into account all relevant aspects of the place and time; including the history, demographics, past experience, geography, culture, politics, economics, social structure, and other important factors. **For more information on considering context in your work, please see** *Assessing Community Needs and Resources*, *Enhancing Cultural Competence*, *Developing a Plan for Identifying Local Needs and Resources*, *Understanding and Describing the Community*; *Adapting Community Interventions for Different Cultures and Communities*; *Cultural Competence in a Multicultural World*.

Multi-level: Health promotion operates at many different levels – individual and relationship, organizational, community, and broader system – to achieve population-health goals. For more information on different models for promoting health, please see *Some Other Models for Promoting Community Health and Development*.

> **The ultimate goal of health promotion is the continued improvement of health in the entire population, with a particular emphasis on the needs of the most marginalized or excluded members of the community.**

What is evidence of health promotion effectiveness?

Ottawa Charter and the WHO Commission on Social Determinants of Health

A WHO conference in Ottawa, Canada in 1986 adopted the *Ottawa Charter,* a document that recognizes that health is not the product simply of medical or other conditions directly related to health, but that it is a comprehensive issue, determined by a complex of social and environmental factors. The Ottawa Charter spelled out these social determinants of health: Peace, Shelter, Education, Food, A stable ecosystem, Income, Social justice, Equity, Sustainable resources. In its *final report* in 2008, the *WHO Commission on Social Determinants of Health* focused on several key social determinants that lead to inequities or unfair and avoidable differences in health outcomes:

Unequal distribution of power, income, goods and services: Some groups of people—for instance, the poor, women, and others of lower social status—have unequal exposures to stressors and health-damaging experiences.

Social exclusion or marginalization: Some groups of people—for example, indigenous peoples or those experiencing discrimination—have unequal access to social and material support to buffer the effects of stressful conditions.

To promote health equity, the Commission recommends:

Improving daily living conditions: This involves assuring early childhood education and schooling, including education for girls and others who are denied access. It also involves reducing exposures to harsh conditions, such as environmental toxins and the daily stressors of poor housing, violence, and other living conditions.

Assuring mechanisms of social protection: This requires that governments adopt policies and build systems that allow a healthy standard of living for everyone.

Health promotion works on the principle that population health is a product not only of addressing specific health needs, such as assuring primary health care, but also of addressing these broader social determinants. This principle underlies the concept of health promotion, the Guide, and the work of PAHO and other regional offices

In this context, "evidence" refers to an indication that efforts to promote health are working. Establishing an evidence base for health promotion can be a particular challenge because:

Health promotion initiatives are difficult to document: they engage multiple partners at multiple levels in changing the programs, policies and practices that affect health.

Their complexity makes it hard to see causes and effects: Since multiple factors affect multiple and inter-related outcomes, it is challenging to establish what aspects of a particular initiative resulted in particular outcomes. In this context, evidence may take the form of showing the contribution of multiple environmental changes—such as new programs, policies, and practices—on related population-health outcomes. **For more information, please see the Community Tool Box:** *Our Evaluation Model: Evaluating Comprehensive Community Initiatives.*

Much promising work in developing countries/ communities is never documented: The research literature consists largely of reports of work in more affluent countries by researchers who have greater access to resources. Thus, many promising health promotion efforts in lower-income communities/ countries are not publicly available.

For more information on implementing evidence-based practices, see:

Criteria for Choosing Promising Practices and Community Interventions,

Databases of Best Practices for Addressing Specific Problems

What is the Guide for Documenting Health Promotion Initiatives?

The Documentation Guide's primary purpose is to create a simple, standard format to help support documentation of health promotion initiatives. Use of the Guide will expand available indications about whether and how efforts are working to create conditions that promote health and health equity. The Guide is in the form of a seven -part questionnaire, that asks for information about the health promotion effort.

Much promising health promotion work in the Americas in not documented and the effects of such efforts are not analyzed. The aim of the Guide is to expand available information on how they are working, including efforts in parts of the world with limited resources for research.

In addition, systematic reflection on practice can lead to the refinement of methods and new ideas for improving the initiative. Engaging community partners as participants in the documentation can contribute to better understanding of what happened, as well as enhanced efficacy or influence among those giving meaning to the effort. Establishing a clear record of what happened, and with what results, can make it more likely that others will help sustain valuable efforts.

Answering the questions posed in the Guide might take some time and thought, but it should be time and thought well spent. Ultimately, the widespread documentation should contribute to an understanding of health promotion initiatives among funders and policy makers. Using the Guide should help organizations improve their efforts as well as gain recognition and funding. Documented examples will also serve as practical examples which can inform similar national or international initiatives.

Use of the Guide will assist in:

- Describing the health promotion efforts taking place in the Americas and other Regions.

- Analyzing the processes used to promote health that can then be shared with others around the world.

For more information on evaluation processes, please see *PAHO's Participatory Evaluation Guide,Guide to Economic Evaluation in Health Promotion, Evaluating the Initiative*, *Evaluating Community Programs and Initiatives*.

Why should you use the Guide?

Global Program on Health Promotion Effectiveness (GPHPE)

With support from the World Health Organization, the International Union for Health Promotion and Education (IUHPE) (http://iuhpe.org/) launched the GPHPE in 2001. This project has engaged teams throughout the world—including the Working Group of the PAHO Regional Initiative to Evaluate the Effectiveness of Health Promotion—in developing and implementing methods to extend the evidence base. This Guide for Documenting Health Promotion Initiatives is one of the tools resulting from that effort.

Completing the Guide will take time for those involved in the initiative, including interviews with stakeholders who have a perspective on the effort (**please see *Conducting Interview*s**). You are busy enough already trying to support this and other activities, so why take the time to create this record of your health promotion initiative?

There are a number of good reasons to use the Guide, including:

1. Using the Guide will <u>contribute to an evidence base that will help advance the field of health promotion</u>. Improved policies and practices based on this knowledge could help make life better for millions of people throughout the world.

2. Using the Guide will <u>contribute to a better understanding about what is successful in the Americas</u> and expose the rest of the world to significant health promotion practices in the Region.

Why should you use the Guide?

3. Sharing information through use of the guide will allow you to <u>connect with others in the field</u>, both in your own and other countries.

4. By involving community partners through participatory action research, you can <u>empower participants in your initiative</u>, and engage them in learning new skills. **Please see** *PAHO's Participatory Evaluation Guide* and *Participatory Evaluation*.

5. Use of the Guide will result in a careful analysis of your effort, help you to <u>better understand your strengths and pinpoint areas to improve</u>, and thereby make your work more effective. **Please see** *Providing Feedback to Improve the Initiative*.

6. Documentation will make it possible to <u>communicate what you have accomplished to others</u>, perhaps through websites or journal reports. As a result, you have a chance to gain international recognition and credibility.

7. Describing the accomplishments of your effort can <u>raise your group's profile</u>. That, in turn, could increase your possibilities for funding and other support. **Please see** *Communicating Information to Funders for Support and Accountability*.

Who should use the Guide?

The Guide to Document Health Promotion Initiatives is intended for use by any group conducting an initiative aimed at assuring conditions that promote health and health equity. Some documented efforts may be relatively small programs involving a few organizations in local municipalities, while others might cover whole states or provinces, or even whole nations. Some efforts might target very specific cultural, racial, or ethnic groups, or groups at risk for particular health conditions.

Examples of individuals, organizations, or institutions that could use the Guide include:

- NGOs or community-based organization (CBOs) engaged in health and/or human service work

- Local, state/provincial, or national health or human service agencies

- Ministers, Secretaries and Departments of health at all levels

- Community health activists

- Healthy settings initiatives (community, school, workplace, etc.)

- Faith-based communities/organizations

- Health Impact Assessment teams

- Environmental groups

- Individuals or organizations working to improve health equity and to improve health and quality of life for marginalized individuals and families.

- Those working to change living conditions; for instance, by assuring access to clean drinking water, decent housing, or sanitation

Remember

Even though one person or small group of persons might be responsible for completing the information in the Guide, <u>it is important to consult and collect data with all stakeholders who participate or participated in the initiative</u>.

This will allow for the documentation process to be more inclusive, accurate and provide a complete picture of the health promotion effort.

How to use the Guide?

The Guide takes the form of a questionnaire, rather than a manual. By answering the questions, and adding whatever material is necessary to fully describe and analyze your effort, you'll create the documentation that will make it possible to demonstrate the effectiveness of your work. This will also allow others to reproduce what you did in their situation. In addition, it will help you to understand what you are doing well, and what you need to change to improve community health.

The questions in the Guide require information about history, context and accomplishments of the health promotion initiative. Accordingly, it is ideal to consult and interview multiple stakeholders – including those from the community – to obtain a clear and complete picture of the initiative and its effectiveness.

We recognize that you may not have or be able to obtain information that responds to all the questions posed. Please fill in the responses that correspond to the knowledge and information you have available to you or that you can supplement with individual or group interviews. Additionally, we recognize that if you are in the early stages of your initiative's development, many of these questions may be premature. At the same time, you might like to fill out the template over time, completing the sections as the initiative progresses and the information becomes available.

In this section, we'll look at the questions the Guide asks to help you describe and document your work. The focus is on how to best answer the questions to pass on the information that others might need to replicate (reproduce), and to get the most out of the process for your organization.

What should you do once you have completed the Guide?

If you are willing to share your documentation with others, *please send the completed Guide and any related reports or digital images to:*

Area of Sustainable Development and Environmental Health
Health Determinants and Health Promotion Team
Pan American Health Organization
525 23rd ST NW, Washington DC
20037
E-Mail address: healthpromotion@paho.org

We are very grateful to you for taking the time to complete this Guide. The information you provide is very important to health promotion practitioners the world over.

What should I do if I have questions about the Guide that are not addressed in the Guidelines?

For additional assistance please contact the PAHO Health Promotion Group at healthpromotion@paho.org

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Preparing to complete the Guide

The guide will ask you for information about different aspects and phases related to the health promotion initiative. This information will probably need to be collected from a variety of sources (reports, documents, interviews, etc.). Before starting to work on the Guide, collect as much of these sources of information as possible in order to minimize interruptions to your work.

In addition, do not expect to complete the Guide in a short period of time (a day or a few hours). Our experience has shown that it can take from a few days to a few weeks to compile all the information needed and to consult with all stakeholders, depending on the breadth and magnitude of your initiative.

Useful Tips

- Use brief sentences and paragraphs (using the headings and blank spaces provided). You may add additional pages, as necessary.

- Please avoid copying and pasting large excerpts of text from existing reports. This makes it difficult to read your responses and to analyze the information you provide.

- Be consistent with the times used to describe activities (i.e. future, past, or current activities)

- Spell out any acronym and define any technical term the first time it is used in your answers. If possible, please annex a glossary of terms and acronyms.

- Remember to include complete references when other programs, techniques, or documents are mentioned in your responses.

Checklist

Introduction: What is health promotion?

⇒   Health promotion is "a process of enabling people to increase control over their health."

⇒   Health promotion is a way of thinking and working that considers the continual advancement and maintenance of individual and population health to be integral to the functioning of a community.

⇒   Health promotion focuses on the social determinants of health as well as on specific health issues.

⇒   Health promotion is: Population based, Participatory, Intersectoral, Context-sensitive, Multi-level.

What is the Guide for Documenting Health Promotion Initiatives?

⇒   The Guide is a seven-part questionnaire, asking for information about your effort.

⇒   The Guide's purpose is to create a mechanism for the documentation of health promotion initiatives.

Why should you use the Guide?

⇒   Using the Guide will contribute to a database that will advance the field of health promotion.

⇒   Contributing information through use of the guide will allow you to connect with others in the field, both in your own and other countries.

⇒   By involving participants in data collection through participatory action research, you can empower participants in the initiative, and engage them in learning new skills.

⇒   Use of the Guide will result in a careful analysis of your effort, helping to better understand your initiative's strengths and pinpoint areas to improve, and thereby make the work more effective.

⇒   Using the Guide can help to create a new perspective on your effort, and come up with new ideas.

⇒   By documenting your effort through the Guide, your initiative may be posted on the PAHO website.

⇒   Using the Guide will enable you to describe the accomplishments of your effort and raise your profile in the community and with funders and other supporters.

⇒   By using the Guide and documenting your work, you can help to ensure that health promotion becomes integral to the idea of community health.

Who should use the Guide?

⇒   The Guide is intended for use by any individual, group, or institution conducting an initiative, intervention, or program aimed at promoting the health of populations and communities in the Americas. The Guide can be applied to initiatives taking place at any level: local, regional, or national.

How to use the Guide?

Answer all the questions and fill out the charts, thinking carefully about each one. Use the resulting description to:

⇒   Submit to PAHO, in order to contribute to the documentation of health promotion efforts in the Americas.

⇒   Gain recognition and credibility in the field.

⇒   Inform the community or region about your work.

⇒   Analyze your program, determining where changes need to be made, what areas should be emphasized and strengthened, and where additional resources are needed.

⇒   Pass on what you have learned – about both what works and what doesn't – to others who can then replicate (reproduce) your work.

⇒   Present a successful effort as an example of a best practice or best process.

⇒   Convince funders of the effectiveness or potential of your work.

If you have questions or concerns related to the Guide, please write to the PAHO Health Promotion Team at healthpromotion@paho.org

The Guide is divided into seven sections that asks different questions about various aspects of the Health Promotion Initiative. We'll look at each of these parts separately in the next few pages.

Section 1: Contact Information

Description: This section focuses on documenting the main contacts for information about the initiative. It comprises questions 1 to 4:

1. *Submission date*: Date on which the Guide was completed and/or submitted.

2. *Your contact information*: Contact information of the person completing the questionnaire.

3. *Lead organization*: Contact information for the organization that has primary responsibility for the initiative.

4. *Other partners*: Contact information for other organizations, institutions, businesses, etc., that are involved in or support the initiative. The question provides spaces for the inclusion of up to five (5) partners. For additional information feel free to attach a separate sheet.

Checklist

To complete this section, you will need:

- Complete contact information for the person completing the report, lead/implementing organization and other partners and organizations involved with the initiative. For each of these, please have in hand:

- Names, position and organization

- Complete mailing address

- Phone and fax numbers

- E-mail and website information

Section 2: INITIATIVE SUMMARY

Description: This section gathers basic information and provides an overview of the initiative. It covers questions 5 to 12:

5. *Title/Name of Initiative:* By what name is the initiative known?

6. *Purpose(s) or objective(s)*: What does the initiative set out to do? What is its main focus? For instance, this might be to increase access to physical activity opportunities, improve access to clean drinking water, reduce exposure to environmental toxins, reduce highway injuries, increase participation in primary education, etc. This question also allows you to provide up to 6 themes that are addressed by the initiative.

7. *Expected outcomes/results*: What are the expected outcomes/results of the initiative (both related to the process, the product and impact of the effort)?

8. *Time frame for the initiative*: Insert Start date and End date using the calendar menu which comes up when each field is selected. If the initiative is ongoing and continuous, enter the start date and check the ongoing/continuous box. There is a comment box for you to provide an explanation, if necessary, for the responses checked. This is optional.

Checklist

To complete this section, you will need:

Documents and reports with basic information about the initiative such as:

- Annual reports

- Project proposals

- Logic models, if available

- Reports related to the planning phase of the initiative

Section 2: PROGRAM/ PROJECT/INITIATIVE SUMMARY

9. *Stage of implementation:* Indicate what stage/phase of the initiative is being documented - start up, in progress or completed.

10. *Geographic coverage*: select the country in which the initiative is/has been implemented from the drop down field. Check each appropriate geographic division – province/state/region etc. in which the program is being implemented and insert in the text field the name(s) of the geographic division.

11. *Setting*: This might include school, community, workplace etc. where the initiative is being/was conducted. Using the check boxes, check the appropriate setting; check more than one if applicable and state additional setting(s), if appropriate.

12. *Brief description*: in narrative form, describe the initiative in less than 300 words (space limited to one page). This is meant to be a summary of the initiative.

Section 3: General Context

Description: This section aims to collect information related to the general context and characteristics of the initiative and the settings in which it was implemented. It covers questions 13 to 15:

13. *Characteristics of the setting:* This question is divided into 2 sections. Section A aims to capture information on the characteristics of the setting before the implementation of the initiative/program. Section B aims to capture information about the setting at this current moment which can be during implementation and after implementation if completed.

For more information on understanding the community and change within it, **please see** *Assessing Community Needs and Resources, Assessing Community Needs and Resources*, *Gathering and Using Community Level Indicators*.

Specific information to complete question 13 includes:

Demography – This refers to population characteristics including gender, age, marital status, urban/rural, income level, race/ethnicity, etc. When answering this section please consider:

- Who are the people you're working or have worked with?

- How do their demographic characteristics (e.g., age, gender, education, income, social status) compare to those of the general population of the community? How are those characteristics related to the reason you've chosen to work with this group? **For more information, please see** *Understanding and Describing the Community* and *Using Public Records and Archival Data.*

Population health profile - This refers to information about life expectancy, infant mortality, diseases or health conditions especially common in the community or society, the threat of epidemics, sanitation, nutrition, unusual positive aspects of population health (exceptional longevity, lack of common medical conditions – hypertension or

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Checklist

To complete this section, you will need:

- Baseline and most recent data collected that are related to the socio, demographic, political, economic, and cultural factors affecting the population.

- This information may also be found in material collected from other stakeholders who are working in that setting, even if not necessarily related to the initiative (i.e. census reports).

Section 3: General Context

(Continued from page 10)

cardiovascular disease, etc.), and exposure to both human-caused and natural environmental health risks (pollution, parasites). When completing this section, please consider:

- What are the positive and negative aspects of the health of the population you're working with?

- Are there particular threats to community health or the health of the specific population (e.g., infants and children from disadvantaged communities)?

- Is the incidence of one or more diseases or conditions particularly high or particularly low?

- Are there local conditions that present barriers to health promotion (e.g., lack of sanitation, extreme poverty, local customs that support unhealthy practices)?

- Are there conditions that work in favor of health promotion (e.g., clean environment, sustainable farming practices, good universal health care, and healthy diet)?

IMPORTANT NOTE ABOUT THIS SECTION

Even though Section 3 contains only 3 questions, it requires a lot of information and can be time consuming, given the breath of information and the kind of analysis that it calls for.

Rather than including a series of statistics about the population, we are more interested in understanding the various factors present in the initiative's context and how they relate with and affect the health promotion efforts.

Please take the appropriate time to collect the information and to reflect on these issues with other stakeholders who are part of the initiative.

For more information, please see *Collecting Information about the Problem*, *Understanding Risk and Protective Factors: Their Use in Selecting Potential Targets and Promising Strategies for Interventions*.

Political context – The nature of the national government, government support for health promotion, political factions in the community or society, and political priorities may all be important to the success of your effort. Some of the questions you might consider when completing this section include:

- What is the character of the local government?

- Is health a political priority?

- Do elected officials question if a policy option is good for the people's health?

- What are the relationships among your population and various others in the community? What is the history of those relationships? Do they affect the delivery of health services or the possibility of health-promoting conditions for particular groups?

- Will (does) the political environment affect your effort or decisions about how to conduct it? If so, how? These and other similar broad political factors might be discussed here.

For more information, please see *Understanding and Describing the Community*.

Socio economic conditions - This refers to an analysis of the social and economic conditions affecting the population and settings of the initiative. Examples include the state of the economy, employment and the labor market, economic divisions in the society, economic migration (people moving from rural areas to cities in search of jobs and income, for example, or large numbers of migrants or displaced persons), government support for the poor (food subsidies, housing, income subsidies, etc.), and government involvement in the economy in general.

Section 3: General Context

The Importance of Context

Health promotion initiatives are very dependent on the context in which they are implemented.

These factors may have a profound effect on how you conduct your effort and how it is received by the population.

Question 13 attempts to briefly summarizes these factors as they relate to your initiative.

Because the context can have such an influence on health promotion initiatives, it's important to describe it carefully, so that others can determine whether a similar initiative might or might not work in their situations.

Sociocultural – Please describe the sociocultural factors present among the target population and how they affected/affect the initiative. Some of the issues you might consider include:

- What is the education level, cultural and religious background, norms, and values of the population you're working with? How do they compare with the community as a whole?

- Are there sociocultural factors that make reaching this population difficult?

- Are there sociocultural factors that socially exclude or isolate this population, or specifically affect their health and well-being?

- Will or did the initiative have to change attitudes or social norms in order to make health promotion a priority for this group?

Citizenship - level of participation – This aims at providing an overview of the level of participation in community initiatives of the average citizen in the specific area of focus of the initiative. In the larger context, this might refer to the willingness of stakeholders (those who care about the initiative) to be involved in anything that might draw attention to them. Some of the questions you might consider include:

- Is the government repressive or likely to be threatened by what it sees as the mobilization of independent groups?

- Are stakeholders familiar with the issues? Are they willing to participate fully, or are they aware of their ability to participate fully?

- Were all stakeholders involved in the various phases of your effort (or the phase you're documenting)? If not all, were any stakeholders involved? Which groups?

- What was the mechanism by which stakeholders were involved? Were there barriers to stakeholder involvement, and how were they (or were they not) overcome?

For more information, please see *Community Readiness.*

14. *Why was this initiative started:* Check the appropriate option(s) from the choices given and explain in the text field. If an appropriate option is not available check "other" and explain in the text field. See description of each of the options for this question on the table on page 13.

15. *Strategies/models or frameworks used in the design of this initiative*: Check yes or no if the initiative was guided by any strategies, models or frameworks. Examples include the Healthy Municipalities, Cities and Communities Strategy (HMC); Healthy Markets (HM); Health- Promoting Schools (HPS); Faces, Voices and Places, etc.. If yes is checked, identify which strategies, models or frameworks were used and describe them briefly. Please state which aspects of these models and frameworks were incorporated and how the concepts and principles of health promotion informed the initiative.

To explore some health promotion models please see: *PAHO's Healthy Municipalities, Cities and Communities Strategy*, *PAHO's Healthy Housing Initiative*, *PAHO's Health-promoting Schools Initiative*, *PAHO's Faces, Voices and Places Initiative*

Section 3: General Context

Options for Question 14

In response to an un-met need.	There might, for instance, have been little or no health information available to a particular population or that population may not have access to clean drinking water or healthy food. **For more information on identifying unmet needs**, see *Developing a Plan for Identifying Local Needs and Resources* and *Conducting Needs Assessment Surveys*
In response to a crisis	An accident such as the 1986 meltdown of the nuclear reactor at Chernobyl in Ukraine might demand an effort to address possible health consequences. The same might be true for a natural disaster, such as the virtual destruction of New Orleans by Hurricane Katrina in 2005, where several feet of polluted water raised enormous health concerns for those (many low-income African Americans) still in the city.
In response to an op-portunity	A grant became available to address a health issue of importance to the community; for example, or a community group might mobilize to address an issue of concern (for example violence, childhood obesity, lack of sanitation, etc.)
In response to a politi-cal request	A public official, responding to demands of constituents, might obtain political support for a health promotion effort in a particular neighborhood or city. An effort to address community safety, for instance, might be started as an attempt to gain votes before an election. A particular issue might be raised by publication of an influential report, media coverage of the issue, or public pressure brought to address it.
In response to citizen/community action	An individual or group of persons who organized themselves to address a public health issue - e.g., a group of parents organize a school traffic safety patrol, a community concerned about crime in the neighborhood organize a community policing group, etc.
In response to a fund-ing opportunity	Funds were made available to or through a group to address a health or community issue.
Initiated by an indi-vidual on behalf of an organization	For example, an individual mobilized a community to pursue an initiative being promoted by a particular organization.

Section 4:
Financing

Description: This section aims to determine the investment, source of funds and other resources necessary for the implementation of the initiative. It covers questions 16 to 20:

16. *Budget* – some initiatives would have had a specific budget, others not. However, try to put a value of what has been invested/spent on the initiative to start it, on an annual basis to maintain its activities, and total amount spent if the initiative is completed.

17. *Source of funds* – select source(s) of funding and state "other" if option is not available. If received from a donor through project funding, grant or other, please state source and amount received.

18. *Non-financial resources* – resources for HP initiatives go beyond financial and include human resources with technical/training skills etc., and community assets - material, infrastructure, transportation volunteers, in-kind contributions, space, media coverage, etc. Please list what was made available to support the selected initiative.

19. *Adequacy of financial resources* – is (was) your budget adequate to accomplish your goals? If no, please explain the challenges and shortcomings.

20. *Adequacy of non-financial resources* – were the resources available, including community assets, adequate to accomplish the goals of the initiative? If no, please explain the challenges and shortcomings.

Checklist

To complete this section, you will need documents related to finances and other resources allocated and used by the initiative such as:

- Yearly budgets and reports
- Financial reports
- Work plans
- Reports issued by the initiative and its partners that can indicate other non-financial resources allocated to the initiative

Section 5:
Partnerships

Description: This section focuses on gathering information about the partnerships established during the initiative and how they evolved. It covers questions 21-23:

21. *Key partners and their roles and responsibilities*: List the names of all partners that have been/are involved in the initiative, and state the main roles and responsibilities for each.

22. *Evolution of partnerships and roles and responsibilities*: Indicate whether the partnerships changed over time and if they did describe how they changed over time.

23. *New partnerships*: Indicate whether new partnerships were developed during the implementation of the initiative, and indicate who the new partnerships were (not the ones involved initially, those that were incorporated for one reason or another during the intervention).

Checklist

To complete this section, you will need:

- Names, roles and responsibilities of the initiative's main partners.
- Notes from interviews with stakeholders and reports describing how these partnerships evolved.
- Initiative's timeline describing new partnerships that developed over time, which can be prepared based on reports and interviews/consultations with partners.

Section 6:
Strategies

Description: These questions aim to capture the strategies used to facilitate the implementation of the initiative. These are primarily the key health promotion strategies outlined in the *Ottawa*, *Caribbean* and *Bangkok* charters for health promotion. This section covers questions 24 to 26.

For more on strategy, please see *An Overview of Strategic Planning or VMOSA (Vision, Mission, Objectives, Strategies, and Action Plans).*

24. *Strategies that have/are being used.* Select each strategy that was used in implementing the initiative. For each one selected, please answer the additional related set of questions. This question will be particularly useful to technical officers implementing HP initiatives as it elaborates on the details associated with each strategy.

A. *Participation* – This section focuses on understanding what strategies were used to involve stakeholders/target audience and other partners in decision making, to support implementation, possibly mobilize resources, etc. This is about establishing 'ownership' of the initiative by the people in the respective setting. What did the initiative do to enable people to participate? How was it done and how did it work? **For more on Participation, see:** *Participatory Approaches to Planning Community Interventions; Participatory Evaluation.*

B. *Partnerships/collaboration/intersectoral action* – This aims to understand how working relationships were forged among various community sectors – government, businesses, organizations, institutions, NGOs, key individuals, faith communities, etc. in order to implement the specific initiative. What was done to encourage collaboration among the various partners and stakeholders? Please see the definition and typology of intersectoral collaboration in the Guide's Glossary.

C. *Empowerment/Capacity building* - This section aims to understand how the initiative helped people to gain more control over the forces that impact their lives, what strategies were used to do this, how people were trained or skills were built (e.g., cancer detection through self examination, budgeting or life skills shared and knowledge transferred to the persons), and how those involved were able to get things done and follow through with implementing the initiative to bring about the desired outcomes. **For more on this issue, please see** *Building Capacity for Community and System Change.*

D. *Public policy* – Please describe your strategies aimed at developing new or changing existing formal policies (laws, regulations, stated policies and procedures) and informal policies (decrees, etc.) that affect the way things are done and hence the development of the people in respect to specific issues being addressed by the initiative. What did the initiative do to change policies or advocate for policy and legislative change? How was it done?

E. *Communications and public relations*– Please describe your strategies and methods to provide information, increase awareness, obtain information from target populations and keep them informed. Also include a discussion on the issue of communication among stakeholders and implementing partners.

F. *Advocacy* – This section refers to collecting information about the ways used to 'sell' the ideas of the initiative, convince people to support and provide resources, present information/evidence to inform policy changes, and bring about other changes (for example, the way services are provided, physical changes to a structure or physical environment, etc.) **For more information on advocacy, please see** *Advocating for Change.*

Checklist

To complete this section, you will need:

- Notes from consultations and interviews with stakeholders and the initiative's beneficiaries about how each of these strategies have been implemented, how did they work, the challenges and how they were overcome.

- Evaluation reports

- Documents related to the initiative's planning, implementation and follow-up.

Section 6:
Strategies

(Continued from page 15)

G. *Building leadership* – Please describe how the people who were responsible for implementing the initiative were organized, what formal/informal structures were set-up for decision-making, what the leadership strategy was for the initiative's and who was involved in it, and how new leaders were trained and brought in by the initiative. **For more information on building leadership, please see** *Building Leadership*, *Leadership, Management, and Group Facilitation.*

H. *Creating supportive environments* – Please describe what was done to create and maintain environments that promote and support health. Consider what the initiative did to support the community change you wanted to see, what cultural norms the initiative tried to influence and how did it did so, and how the initiative changed access to goods and services in order to support individual behavior changes. **For more information on creating supportive environments, please see** *Modifying Access, Barriers, and Opportunities*, *Changing the Physical and Social Environment*.

I. *Improved access to resources/services* – This section aims to collect information about how the initiative acted to improve access to resources and services. For example, what policies did the initiative change to enable community members to have greater access to resources and services? What did the initiative do to make community programs easier for people to access? What was done to make services more affordable? **For more information on improving access, please see:** *Enhancing Support, Incentives, and Resources; Modifying Access, Barriers, and Opportunities*.

> **IMPORTANT NOTE ABOUT THIS SECTION**
>
> Section 6 includes a series of sub-sections related to a variety of health promotion strategies. Answering these questions will require time, research, in-depth reflection and extensive consultations with the initiative's stakeholders and partners.
>
> These questions are crucial to this documenting effort since they relate to strategies that are at the heart of health promotion initiatives. Health promoters worldwide are interested in learning more about how these strategies have worked in other initiatives, what factors affected their success, what challenges arouse and how they were addressed.
>
> Please take the appropriate time to collect the information and to reflect on these issues with other stakeholders who are part of the initiative.

25. Describe any other challenges that the initiative faced that were not covered under Question 24. Please also include a discussion about what was done to overcome them.

26. Describe any other actions/strategies that the initiative used that were not covered under Question 24. Please also include a discussion about how these actions/strategies contributed to the initiative (negatively or positively).

Section 7:
Outcomes

Description: This section aims to collect information about the initiative's results, outcomes and achievements, as well as the factors affecting its sustainability. It covers questions 27 to 36.

27. *Notable achievements/results/outcomes:* List and or describe the main achievements/results and outcomes of the initiative. **For more information on measuring outcomes, see** *An Overview of Strategic Planning or "VMOSA" (Vision, Mission, Objectives, Strategies, and Action Plans)*. **For more information on evaluating initiatives, please see** *PAHO's Participatory Evaluation Guide*, *PAHO's Economic Evaluation Guide*, *Evaluating Community Programs and Initiatives*.

Section 7: Outcomes

28. *Millennium Development Goals Plus:* Did (or will) the effort help to achieve the Millennium Development Goals (MDGs)? If so, which goal(s) does it address? Select all relevant goals and explain briefly how this was done. The MDG Plus is included and you are asked to select this one if applicable. Since it covers a number of diseases and more importantly risk factors, these are listed and you are requested to check as many as are relevant to the initiative.

29. *Changes arising from the initiative*: At what level did the initiative bring about change (for example, behavior or attitudes of individuals, of groups (health care providers, policy makers), organizations or institutions, the community, the society? Select those that are relevant and describe the changes made. **For more information on evaluating initiatives, please see** *Evaluating Community Programs and Initiatives.*

    Check page 18 for a description of the levels of change to be considered.

30. *Which change was most important and why:* Indicate which of the changes made and identified in question 29 were most important and indicate why. **Please see** *Obtaining Feedback from Constituents: What Changes are Important and Feasible*; *Rating Member Satisfaction*, *Constituent Survey of Outcomes: Ratings of Importance*.

31. *Sustainability*: Is the initiative one that requires sustainability (not a project intervention that is specifically time bound)? If it is an initiative to be sustained indicate whether it has been or not. If not, explain why not; and if yes, explain what was done to enable the initiative to be sustained/integrated/ mainstreamed into other activities/processes. **For more information on sustainability** *Sustaining the Work or Initiative*.

32. *Evaluation process*: Describe how the initiative was evaluated. How did those working on the initiative gain an understanding of what worked, and how? How did they find out what needed to be changed, and how? What information helped to better organize the process, set timelines, and manage logistics? How was success measured? How was the evaluation used to adjust and improve the effort? **For more see** *Evaluating Community Programs and Initiatives*.

33. *Main lessons learned:* What was learned from the effort as a whole and for each phase (planning, implementation, evaluation, sustainability) – about the efficiency and effectiveness of the processes, methods, and systems used? What was learned about the accuracy of the initiative's expectations? About the effectiveness of the work in obtaining the desired outcomes? About whether the desired outcomes had the desired results (i.e., was the initiative on the right track?). What was learned about how things could have been done better? Is this effort applicable to other circumstances, or would it only work in this community or one very similar to it, and why? **For more, see** *Evaluating the Initiative*.

34. *Recommendations:* What recommendations can be made to improve this and similar initiatives in the future? Please consider the following categories, if applicable:

- Revising the intervention. How could the initiative be changed to make it more effective and efficient? What could be done differently next time?

- Implications for participatory research. How could more stakeholders and participants be drawn into all phases of the process? Would that be feasible in all phases, given the nature of the effort? Would any of them

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Checklist

To complete this section, you will need:

- Evaluation reports

- Notes from consultations and interviews with stakeholders initiative's beneficiaries about the initiative's achievements, lessons learned and factors affecting sustainability.

- Reports, pictures, documents and other files related to the initiative that could be attached to the Guide.

Section 7:
Outcomes

need training or mentoring, and how could this be provided?

- Implications for practice. What could be considered a best practice from this initiative, or what could help others in trying to achieve outcomes similar to this initiative? Please describe here what didn't work as well as what did, since eliminating particular methods or approaches can be as helpful as suggesting ones to be used.

35. *Communication materials, tools, manuals, protocols, etc.:* Since one purpose of this exercise is to share experiences and to facilitate the advancement of health promotion initiatives, please share the material, tools, documents, etc. developed to support this initiative. This will particularly be useful to practitioners as they attempt similar initiatives in their respective countries. Please list them in the space provided and include a short description of each material. If the materials are available on the Internet, please provide the link. Otherwise, please attach the files along with the completed questionnaire when submitting it.

36. *Photographs*: List and attach in a separate file any photographs that tell the story of the initiative implemented. Please include a brief description of what they are and a short caption. **Please make sure you are authorized and have permission to share these pictures and to have them posted on the PAHO Website**!

Levels of Change in Health Promotion Initiatives	
Changes at individual level	Increases in the ability of individuals to solve their own problems and meet their own needs. These might include the development of a skilled workforce, the emergence of leadership from within the community, a gain in organizational skills, or individual attitude or behavioral change.
Changes at community level	These may include a shift in community attitudes (about alcohol abuse or domestic violence, for instance) or increases in community awareness (about the need for particular services, or the frequency of particular behaviors or events). It may also involve enhanced capacity for community advocacy or mobilization (coalitions, communication networks, community organizing) or democratization (more people involved directly in decision-making, greater participation, emergence of leaders from the community). It may also take the form of new community resources or assets created (health clinics, schools, organizations, clean-water wells, etc.) or community commitment to improvement in the quality of life for everyone. **For more information see** *Evaluating Community Programs and Initiatives*, *Gathering Information: Monitoring Your Progress*; *Gathering and Using Community Level Indicators*, *Community Level Indicators: Some Examples*, *Our Evaluation Model: Evaluating Comprehensive Community Initiatives*.
Changes in policy at local, regional, state/province, and national levels	This might include improvement in the infrastructure (roads, utilities, and communication), and changes in organizational policies. **For more information see** *Influencing Policy Development*.
Changes at organizational or institutional level	This might include improvements and changes in organizations and institutions (public and private) working at the community level or that are part of the initiative. Examples of such changes could be an increased allocation of resources to issues related to the initiative, the establishment of a new unit responsible for health promotion, assignment of personnel to work on the initiative, institutionalization of participatory methods into work plans, etc.

The Millennium Development Goals

In 2000, the United Nations Development Program set out to achieve the eight Millennium Development Goals (MDGs) adopted at the U.N. Millennium Summit in September of that year (http://www.un.org/millenniumgoals/). These goals, targeted to be achieved by 2015, were agreed on by 189 countries and officially adopted by 147. They are meant to stimulate and coordinate efforts to improve outcomes for the world's poorest people, who are those trying to live in conditions of extreme poverty. Although some countries/communities have made great strides toward meeting them, there are few well documented efforts to achieve the MDGs.

The eight Millennium Development Goals (MDGs) are to:

1. Eradicate extreme poverty and hunger. Cut in half the number of people living on less than $1 a day.

2. Achieve universal primary education.

3. Promote gender equality and empower women.

4. Reduce child mortality. Cut by two-thirds the mortality rate for children under five.

5. Improve maternal health. Reduce the death rate of women in childbirth by three-quarters, and achieve universal access to reproductive health.

6. Combat HIV/AIDS, malaria, and other diseases. Halt and begin to reverse the spread of HIV/AIDS, provide universal access to HIV treatment by 2010.

7. Ensure environmental sustainability. Spread principles of environmental sustainability, foster biodiversity, reduce by half the percentage of people without safe drinking water.

8. Develop a global partnership for development. Establish systems and partnerships that recognize and attend to the needs of developing countries – particularly the poorest – increase development assistance, manage debt, encourage trade, provide access to affordable essential drugs in developing countries, make technology – phones, cell phones, Internet – available.

MDGs Plus. In recognition of related challenges, many of those working on the MDGs are inclined to add some other important health-related MDGs. The "Plus" was added in recognition of the fact that some countries may have particular needs or problems (violence, chronic diseases, environmental issues) that must be addressed in order to achieve the MDGs, or because of their particular importance to communities.

PAHO's Efforts to Address the MDGs: The Faces, Voices, and Places initiative. PAHO has implemented this regional effort to address the health-related MDGs since 2006. It aims to build political will at the highest level while at the same time providing technical assistance to address the social and economic determinants of health at the local level. It advocates for the most vulnerable and helps build citizenship with a focus on shared rights and responsibilities. This is achieved through intersectoral and interagency collaboration that unites efforts and commitment toward the achievement of the MDGs.

The purpose of Faces, Voices and Places is to:

- Respond to the needs of the poorest and most vulnerable communities from the perspective of the social determinants of health.

- Elevate the values of equality and Pan Americanism.

- Synchronize efforts and unify actions and the will to achieve the MDGs.

- Promote the objectives of public health among people and territories.

- Emphasize rights and responsibilities, to ensure sustainable development.

- Consolidate the power of advocacy for the most vulnerable.

- Transition from a focus on poor countries to a focus on people living in poverty.

For more information see: http://www.paho.org/English/MDG/index.htm

To Sum Up

The *Guide to Document Health Promotion Initiatives* is meant to help create a record of health promotion efforts taking place worldwide, including the process of planning, designing, implementing, evaluating, and sustaining it. It focuses on the context, as well as the methods, results, and the lessons learned. By answering the questions in the Guide, you will have a complete picture of what you've done, how you've done it, and what's important about it. This documentation will make it possible to pass on what you've learned, and to help others create healthy communities.

There are 2 ways to submit the completed Guide:

1. By E-mail

PAHO Health Promotion Team: healthpromotion@paho.org

2. By mail to:

Area of Sustainable Development and Environmental Health
Health Determinants and Health Promotion Team
Pan American Health Organization
525 23rd ST NW
Washington DC
20001

Resources

Print resources

Health Promotion Effectiveness Working Group. Guide for Documenting Health Promotion Initiatives. Pan American Health Organization, 2008.

Internet resources

Listserv of the Healthy Municipalities, Cities and Communities Network (Spanish): http://listserv.paho.org/archives/red-mcs.html

Listserv of the Healthy Municipalities, Cities and Communities Network (English): http://listserv.paho.org/archives/carib-hmc.html

Newsletter of the Healthy Municipalities, Cities and Communities Network (Spanish): http://www.bvsde.ops-oms.org/bvsdemu/bolmunici/bolmunici.html

Newsletter of the Healthy Municipalities, Cities and Communities Network (English): http://www.bvsde.ops-oms.org/bvsdemu/bolmunici/bolmunicieng.html

PAHO's Virtual Library for Sustainable Development and Environmental Health: http://www.bvsde.ops-oms.org/sde/ops-sde/bvsdeeng.shtml

PAHO's Health Promotion Website: http://www.bvsde.ops-oms.org/sde/ops-sde/ingles/bv-promosalud.shtml

Resources

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PAHO's Healthy Municipalities, Cities and Communities Website: http://www.bvsde.ops-oms.org/sde/ops-sde/ingles/bv-municipios.shtml

PAHO web page for Faces, Voices and Places: http://66.101.212.219/rvl/index.php?option=com_content&task=view&id=59&Itemid=169

Pan American Health Organization (PAHO) http://www.paho.org

Kansas University Community Toolbox: http://www.communityhealth.ku.edu

The United Nations Development Program web page on the Millennium Development Goals: http://www.undp.org/mdg/

World Health Organization (WHO): http://www.who.org

The WHO Commission on the Social Determinants of Health: http://www.who.int/social_determinants/en/

PAN AMERICAN HEALTH ORGANIZATION