



at THE CENTRE FOR  
HEALTH PROMOTION  
UNIVERSITY of TORONTO

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Some years ago, while I was a middle manager, I used to lead strategic planning retreats for about ten people reporting to me. There were several rituals, including a volleyball game played inside a squash court – we thought we invented the game, but apparently it has a long tradition. Playing Trivial Pursuit was another ritual – we didn't invent that one either, but sure wished we had!

Anyway, one of the players wasn't very interested in Trivial Pursuit, and it came to pass that whatever question he was asked, whether it called for a date, place or name, he would answer "three" – and to our great surprise, he did pretty well. It is a widely held view that three is a magical number, and there is a great deal of evidence for trinities in our culture. Past, present and future being one obvious example.

In terms of policy development, three is also a good number of policies to pursue. More than that is just too many – it becomes an issue of not having any priorities. Of lacking focus.

So how do we decide on this small number of priorities? Some of us have clear priorities like the Mandatory Guidelines, but often we don't, particularly on policy issues. The classic approach is to generate a large number of possibilities (no problem in our turbulent times), set criteria and prioritize. But that's not as easy as it seems.

Another possibility, arising from organizational development literature is the new approach to "managing" change. It involves taking advantage of *any* promising opportunity to pursue the long term vision.

The promising opportunities don't come out of no where, but windows do open. Forgive the Toronto example, but the Golden Report on the issue of homelessness is one such window.

## Desperately Seeking Priorities

Larry Hershfield  
THCU



# Policy News

## Media Advocacy and Tobacco Control

Michael Perley

Apart from the obvious value of media reporting about the risks of tobacco use, media scrutiny of the tobacco industry's many deceptive practices over the years is extremely important in "denormalizing" the industry and revealing how it has targeted young people, mislead the public about the risks of its products and actively campaigned to keep prices down.

Following a lawsuit against the US network ABC by the tobacco industry, US media scrutiny of the industry intensified to the point that several successful out-of-court settlements with the industry, and a master settlement with all remaining US states last November, became possible. Congress-

sional action to legislate strict controls on the industry also came close to succeeding, and will likely be tried again. Without a strong media in pursuit of the industry, many if not most of these measures would not have happened.

Using the media is also an excellent way to attack the myths about tobacco use that are propagated by the industry and its allies. Chief among these is that smoking is really a matter of personal choice, or that second-hand smoke exposure is not as harmful as health interests allege, or that we in the health community are extremists, etc. Strong media advocacy about the real dangers of tobacco products and the industry's behaviour, as opposed to the

straw men thrown up by pro-tobacco interests, is critical to creating a climate in which intensive tobacco control measures either at the municipal, provincial or federal level, can move ahead.

And last but by no means least, encouragement of intensive media reporting at the local level helps initiate debate in particular about the merits of smoke-free policies, which are so important to protecting public health. Tobacco has all the elements of a good media story: a deceptive and dishonest industry, widespread social, health and economic impacts, and many committed activists. Media advocacy is a technique that should be at the core of all tobacco control campaigns.

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## Consultation Services are Available for Your Policy Needs

THCU provides free on-site, central, telephone and e-mail-based consultations to assist you in planning for your health promotion project. Described below are some areas where we can support your planning process. We can help you:

- conduct a situational assessment (or needs assessment/community analysis)
- apply planning models (e.g., social marketing, logic models) to your initiative
- select effective, comprehensive strategies for health promotion
- set goals and objectives for sustainable change (addressing four levels of change, including the individual, network, organizational, societal levels)
- define and analyze populations of interest.

For more information or to obtain our Consultation Request Kit, please contact Lorraine Telford at (416) 978-1188 or [l.telford@utoronto.ca](mailto:l.telford@utoronto.ca)

# Consultations

## Recent Consultations in Policy

THCU has worked with health promoters in Ontario on several health policy change initiatives – ranging from internal policies to municipal and regional by-laws. Here are some examples from our files.

### Development of an Internal Advocacy Policy

A health unit wished to develop an easily understood, accessible advocacy policy for their board, staff and community. Health unit staff took the lead role in developing a formal policy – many other health units had tried but met with minimal success and support. The goal was to have guidelines and support for all health unit members who are involved in advocacy on behalf of healthy public policy, which can involve speaking with key opinion leaders, decision makers, politicians at many levels, and the media.

The draft policy was developed by the community development officer, and included:

- a statement on advocacy
- introduction to the health department philosophy and health promotion
- principles for action in advocacy
- procedures for advocacy, guidelines for staff
- glossary

THCU reviewed the draft, made recommendations and suggested changes and related resources. The recommendations ranged from wording suggestions to organization of the content and identification of missing elements. Some of the suggested resources were:

- Hamilton and Bhatti's (1996) *Population Health Promotion Paper*,
- the WHO's (1997) *Jakarta Declaration*,
- the American Heart Association Office of Public Advocacy's one-line resources [www.amhrt.org/Support/Advocacy/opahome.html](http://www.amhrt.org/Support/Advocacy/opahome.html)
- an on-line procedures manual from Action on Disability within Ethnic Communities [ariel.ucs.unimelb.edu.au/~atmhn/adec/iaman.html](http://ariel.ucs.unimelb.edu.au/~atmhn/adec/iaman.html)

Finally, it was recommended that the document be reviewed from a clear language standpoint and to remove as much of the legal and other jargon as possible. The final product? A nine-page large-print version submitted to senior management.

### Campaign to Support an Environmental Tobacco Smoke By-law

THCU was asked to assist with a full-day working session with members of the planning committee who were advocating for the creation of a new by-law. As a group, we reviewed the communications plan, media strategy and advocacy process. This initiative is ongoing so results are yet to come!

### Guide to Support Effective Communications

THCU was pleased to work with the Ontario Public Health Association (OPHA) on developing their communications plan. It was developed to support effective communications of the OPHA's position on key issues, such as Child Poverty or Food Security. Two consultants met with the communications committee early in the process, answered questions and discussed resources. The committee was considering hiring someone to write the plan but following the consultation the committee was able to write it themselves – complete with background information, policies and resources. The final plan has recently been sent to OPHA members. For more information contact: [opha@web.net](mailto:opha@web.net), tel: (416) 367-3313 or 1-800-267-6817.

### Legislation Guiding Ontario Health Units

In response to a request for a listing of the various Acts which guide and direct health units in Ontario, a THCU consultant

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# Workshops

## What did we do this year?

This year (March 31, 1999 is the end of our fiscal year) THCU has completed a total of 25 workshops – that's 16 regional and 9 provincial events reaching almost 800 people across Ontario. Here's what people came out for:

### Provincial Workshops

Our three core workshops, which are also our most popular – *Overview of Health Communication, Introduction to Health Promotion Planning, Introduction to Evaluating Health Promotion* – provided information that could be applied immediately.

Our Advanced Evaluation Series including *Using Focus Groups, Using Surveys, and Process Evaluation* gave people familiar with evaluation a chance to learn about specific methods in detail. For *What Works: Effective Strategies for Health Promotion, Adolescents' Media Practice Model, and Making the Case* we had the opportunity to involve both colleagues and the health promotion community in these informative special topic events.

We'd like to thank all our guest facilitators and presenters:

Jane Brown,  
Joyce Castanza,  
Peter Cole,  
Sonja Corkum,  
Cathy Crowe,  
Bonnie Cunningham-  
Wires,  
Josie D'Avernas,  
Peggy Edwards,  
Sherry Ennis,  
Hélène Gagné,  
Susan Gorlick,  
Fred Hayes,  
Kira Heineck,  
Suzanne Jackson,  
Braz King,

François LaGarde,  
Raymond Langlois,  
Jackie Leroux,  
Martha MacDonald,  
Ruth Morris,  
Norman Ragetlie,  
Tracey Rees,  
Barb Riley,  
Lynda Sellar,  
Rob Simpson,  
Colleen Stanton,  
Jeanne Steele,  
Lisa Stockton,  
Jodi Thesenvitz,  
Jane Underwood, and  
Barb van Maris.

### Regional Workshops

Six workshops in the north – more than any other year to date – keep the requests coming!

An even half of the regional events featured our ever popular *Overview of Health Communication* workshop; *Media Advocacy* runs a close second with four appearances.

A first for us – *Évaluation de programmes : Une stratégie essentielle dans votre travail* – our première french-language regional was hosted by the Ottawa-Carleton Health Department.

Other events included *Evaluating Health Promotion Programs, Introduction to Health Promotion Planning, Logic Models, and Strengthening Personal Presentations*

... and all of our regional workshop hosts:

Phyllis Anderson,  
Cathy Barnhart,  
Ian Clark,  
Martha Cole,  
Anne Evans,  
Marilyn Ferguson,  
Denise Hébert,  
Marie Kenel,  
Drupati Maharaj,  
Peggy Patterson,  
Luanne Proctor,  
Debbie Reed,  
Geri Roberts, and  
Claudia Westland.

## Want to contact us?

If you have any suggestions for or questions about our workshops just let us know via email [hc.unit@utoronto.ca](mailto:hc.unit@utoronto.ca), fax 416-971-2443, or tel 416-978-0522 or write us at The Banting Institute, University of Toronto, 100 College Street, Rm 213, Toronto, Ontario, M5G 1L5

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# The Evaluation File

## Wanted: Evaluation-Friendly Policies for Health Promotion

Brian Hyndman

Evaluating health promotion initiatives is not an easy task, even under the most optimal circumstances. Health promotion policies and programmes are often complex in nature, utilizing multiple strategies and operating in several settings over long periods of time. In spite of this complexity, health promotion practitioners are often required to utilize inappropriate evaluation approaches that do not fully capture the impact of their efforts.

Fortunately, there has been a growing adoption of evaluation methods that are more amenable to the complex nature of health promotion programmes and policies. For example, qualitative methods, which are better able to capture the contextual information needed to understand why an intervention succeeded or failed, are increasingly utilized in the evaluation of health promotion. However, the policymakers responsible for establishing evaluation requirements are not always aware of the most suitable approaches for assessing health promotion initiatives. A key challenge faced by proponents of health promotion, therefore, is to make policymakers aware of the unique features of health promotion in order to guide the development of appropriate evaluation requirements.

To meet this challenge, the European Office of the World Health Organization (WHO) established the Working Group on Health Promotion Evaluation in June 1995. Chaired by Dr. Irving Rootman, Director of the Centre for Health Promotion, a key purpose of the group was to increase policymakers' understanding of their role in the evaluation of health promotion initiatives.

*Health Promotion Evaluation: Recommendations to Policymakers*, a report released by the Working Group in the spring of 1998, provides a useful blueprint for the effective support of health promotion evaluations by policymakers. The report calls for policymakers to act on the following recommendations:

1. Encourage the adoption of participatory approaches to evaluation that provide multiple opportunities for involvement by all of those with a direct interest in health promotion initiatives;
2. Require that a minimum of 10% of the total financial resources for a health promotion initiative to be allocated to evaluation;
3. Ensure that a mixture of process and outcome information is used to evaluate all health promotion initiatives;
4. Support the use of multiple methods to evaluate health promotion initiatives;
5. Support further research into the development of appropriate approaches to evaluating health promotion initiatives;
6. Support the establishment of a training and education infrastructure to develop expertise in the evaluation of health promotion initiatives;
7. Create and support opportunities for sharing information on evaluation methods used in health promotion through conferences, workshops, networks and other means.

The adoption of these recommendations would go a long way towards creating a more "evaluation-friendly" environment for health promotion. Let's hope the policymakers are listening.

### Reference

World Health Organization Regional Office for Europe (1998) *Health Promotion Evaluation: Recommendations to Policymakers* Toronto: Centre for Health Promotion-Centers for Disease Control and Prevention-Health Education Authority-Health Canada.



# What We're Reading

## Prime Time Activism: Media Strategies for Grassroots Organizing

*Today's Paul Reveres don't ride through the streets;  
they show up on the 6 o'clock news.*

– Hillsboro NH anti-nuclear activist

I joined THCU a few months ago, in part to expand my horizons to a broader range of health promotion topics. Media Advocacy was one of the areas I hoped to explore, so the opportunity to read and review *Prime Time Activism* has proven useful to me.

In the words of William Gamson in the Forward of the book, “*Prime Time Activism* analyzes why grassroots organizations have a hard time gaining a hearing in mainstream media. It details how mainstream media’s addiction to sound bites, their criteria of newsworthiness, their daily news gathering routines and their professional training and values marginalize grassroots groups while favouring powerful institutions.”

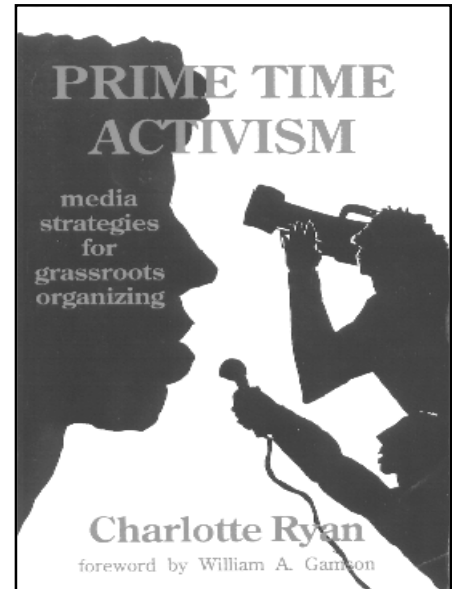
Author Charlotte Ryan, who brings many years of practical experience to the topic, stresses a long term media strategy for grassroots organizations, she calls “challengers”. The main goal of the “challengers”, in Ryan’s view, is to access news media, especially prime time television and newspapers.

I found many of the concepts, often presented in clear charts, to be very useful. Some of the most noteworthy information included “Planning a Media Strategy”, “Mainstream Notions of

What’s Newsworthy” and an outline of the daily routines of news professionals. Scattered throughout the book, which makes them somewhat difficult to find, there are also a variety of short tips such as the ideal interviewing distances for television, how to create news leads and pegs (a related event in the media to which you can tie your issue to), guidelines for appropriate channel specific story lengths and suggestions on how to get into the all-important “Golden Rolodex” of the reporter.

In each chapter, Ryan illustrates the theory with case studies. Unfortunately, because of the strong American slant and the focus on the labour/union movement and politics, I found the case studies of limited use and interest. It was, however, not difficult to reflect on how most of the information she presented could be used in a Canadian health promotion context.

Of greatest interest to me was the way Ryan illustrated the effect of a reporter’s personal “slant”. She demonstrated how different reporters could write drastically different stories, depending on the slant that they applied. She used an incident about a baby being bitten by rats as an example and wrote articles that “blamed”, in turn,



*Prime Time Activism: Media Strategies for Grassroots Organizing.*

Charlotte Ryan. 1991. South End Press, Boston, MA

the single mother, the absentee landlord and societal norms. She effectively showed that developing a long term relationship with a reporter can provide insight into the reporters slant, and therefore assist groups in getting the story “spin” they want to achieve their objectives.

I would recommend this book to groups who want to understand more about the large print and television media. However, I would suggest that it be used only to supplement other resources with more Canadian content and information on the other types of news media.

**Nancy Dubois**  
THCU

# Policy Change Resources

## Print

### Recent Texts

Calman, K. (1998). *Potential for health*. New York: Oxford University Press.

Mackenzie, E. (1998). *Healing the social body: a holistic approach to public health policy*. New York: Garland Pub.

Monahan, P. & Finkelstein, M. (Eds.) (1993). *The impact of the Charter on the public policy process*. North York: York University Centre for Public Law and Public Policy.

Mullard, M. & Spicker, P. (1998). *Social policy in a changing society*. New York: Routledge.

Smithies, J. (1998). *Community involvement in health: from passive recipients to active participants*. Brookfield, Vt.: Ashgate.

### Recent Journal Articles

Holtgrave, D., Doll, L., & Harrison, J. (1997). Influence of behavioral and social science on public health policymaking. *American Psychologist*, 52 (2):167-73.

Leowski J. (1998). Essential public health functions – their place in the health-for-all policy for the 21st century. *World Health Statistics Quarterly – Rapport Trimestriel de Statistiques Sanitaires Mondiales* 51 (1):55.

Wallack, L., & Dorfman, L. (1996). Media advocacy: A strategy for advancing policy and promoting health. *Health Education Quarterly*, 23 (3), 293-317.

Jernigan, D.H., & Wright, P.A. (1996). Media advocacy: Lessons learned from community experiences. *Journal of Public Health Policy*, 17 (3), 306-330.

Rothman, A.J. & Salovey, P. (1997). Shaping perceptions to motivate healthy behaviour: The role of message framing. *Psychological Bulletin*, 121 (1), 3-19.

### Manuals/workbooks

In addition to the Media Advocacy Workbook (along with bibliography) from THCU and the Policy Change/ Etablissement de politiques manuals available for no charge through the Ontario Public Health Association (416) 367-3313 ext. 22), THCU can identify other resources.

## Web-based resources

### The Advocacy Institute

[www.advocacy.org](http://www.advocacy.org)

A behind-the-front lines organization, the Advocacy Institute brings together seasoned advocates and community-based leaders to help build their capacity to advocate for more just and decent societies. Skills are enhanced, ideas are nurtured into cohesive strategies, and advocates gain greater maturity and skills as movement leaders.

### Action on Disability within Ethnic Communities

Individual Advocacy Program Procedures (1996)

[ariel.ucs.unimelb.edu.au/~atmhn/ade/ia-man.html](http://ariel.ucs.unimelb.edu.au/~atmhn/ade/ia-man.html)

A 21-page on-line procedure manual. Although the title implies a narrow application, the procedures can be easily adapted to other situations. This manual is based upon eight core principles:

- 1 Respect for and acknowledgement of culture.
- 2 Respect for and acknowledgment of language.
- 3 Consumer self-determination.
- 4 Informed decision making by Consumers.
- 5 Consumer confidentiality.
- 6 Integration.
- 7 Developmental model.
- 8 Least restrictive alternatives.

### The Change Project

[www.well.com/user/bbear/index.html](http://www.well.com/user/bbear/index.html)

“We can learn to adjust. Or we can go beyond adjusting to change. We can use its power.” There are many articles on the nature of organizational and community change, and comprehensive examples of applications to healthy communities and healthcare services.

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## What's up next year?

THCU is scheduling our 1999/2000 workshops. Planned provincial workshops include *Introduction to Health Promotion Project Planning* (May), *Introduction to Evaluating Health Promotion* (June), *Overview of Health Communication* (October), *Media Advocacy* (November), and *Special Topic(s)* (February).

We will also be offering a minimum of 15 regional events – so book yours now by contacting Lorraine Telford at 416-978-1188 or [l.telford@utoronto.ca](mailto:l.telford@utoronto.ca)

## What did you think of us?

“This workshop made evaluation fun for me. I forgot how much I enjoyed this aspect of health promotion work. Thank you.”

“I learned more about ‘social research’ methods and analysis over the last two days than I did in a course I took at a Masters level for three months.”

“This was an excellent workshop. Very relevant, practical, well prepared.”

THCU workshops are consistently rated good to excellent in both quality and usefulness. In particular, participants like our facilitators, workbooks and the practicality of our approaches. Of course, some participants had specific suggestions for changes and additions and, as always, these comments will be revisited when planning future events. Thanks to everyone who completed an evaluation form! We want to get better and better and better ...

## Want to contact us?

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## Web-based resources (cont'd)

For resource suggestions or a consultation on policy change, contact Lorraine Telford at (416) 978-1188 [l.telford@utoronto.ca](mailto:l.telford@utoronto.ca).

### Community Toolbox

[ctb.lsi.ukans.edu/homepage.html](http://ctb.lsi.ukans.edu/homepage.html)

Of particular interest are the Guides for Community Problem Solving and the Implementing Community Interventions section of the Toolbox. Chapter 19, Changing Policies Related to Health and Community Development Issues, is currently under development.

### Centre for Health Economics and Policy Analysis

[hiru.mcmaster.ca/chepa/](http://hiru.mcmaster.ca/chepa/)

Our own McMaster University resource. Quite strong on clinical disease and epidemiological issues. Includes a searchable data base on their research reports.

### Listserves

#### *Society for Community Research and Action (SCRA-L)*

To subscribe to this listserv, you should send the command SUBSCRIBE SCRA-L <FIRSTNAME LASTNAME> to this email address: [LISTSERV@UICVM.UIC.EDU](mailto:LISTSERV@UICVM.UIC.EDU). Place the command in the body of your message without any additional information, and do not include anything in the subject line.

[www.utoronto.ca/chp/hcu/](http://www.utoronto.ca/chp/hcu/)

