

Kitchener Downtown Community Health Centre

Type of Policy:

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|---|--|
| <input type="checkbox"/> Administration (A) | <input type="checkbox"/> Client Services General (CG) |
| <input type="checkbox"/> Board of Directors (B) | <input type="checkbox"/> Client Services Programs (CP) |
| <input type="checkbox"/> Financial (F) | <input type="checkbox"/> Primary Care (PC) |
| <input type="checkbox"/> Human Resources (H) | <input type="checkbox"/> Acquired Brain Injury Program (ABI) |
| <input checked="" type="checkbox"/> KDCHC Governing Principles (K) | <input type="checkbox"/> Diabetes Education Program (DEP) |
| <input type="checkbox"/> Occupational Health & Safety (S) | |
| <input type="checkbox"/> Volunteers (V) | |

Policy No.: K0201

Title: Health Promotion

KDCHC VISION

Our Vision is “A healthy community where Every One matters”

MISSION

Our mission is to
“Act as an agent of change to build community capacity and deliver client-centred primary health care, with emphasis on people experiencing barriers to access”

HEALTH PROMOTION PHILOSOPHY

KDCHC’s vision is a long term goal that we will work towards, along with all others who make up our community. KDCHC’s health promotion reflects the vision and works towards making the vision a reality. The Kitchener Downtown Community Health Centre sees health promotion as a process of building on people’s own capacity to achieve health and well-being for themselves, their families, and their communities. Therefore, the primary care, allied, CD/HP and Diabetes Education teams use a common health promotion philosophy and this policy to deliver services, programs and community initiatives to individuals, families and groups.

HEALTH PROMOTION DEFINITION

The Ottawa Charter for Health promotion (WHO, 1986) defined health promotion as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health.”

GUIDING PRINCIPLES

- **Health is much more than the absence of disease:** It is a resource for living that includes a sense of physical, mental, emotional, spiritual, and social well-being.
- **Good health depends largely on factors beyond access to health services:** It is widely recognized that population health status will significantly improve only if there is coordinated approach to address the social and economic determinants of health. These are the resources for early childhood development; education, employment, and work; food security, housing, income, and income distribution; social inclusion; the social safety net; and unemployment and job security (refer to pages 8- 9 to a detail description of the social and economic determinants of health). They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment.
- **Health is everyone's responsibility.** The determinants of health are connected to many different sectors in society. Organizations committed to health promotion must work with individuals, groups and non-health sectors from all parts of the community.
- **People know what makes and keeps them healthy.** People have a responsibility to take charge of their own health to the greatest extent possible. Health promotion works best when individuals, groups, and communities come together to identify, develop, deliver, and evaluate activities related to improving their own well-being.
- **Communication is an essential component of health promotion.** A health promotion approach includes respectful communication between staff and clients (individuals, families, groups, communities) and honours the wishes of well-informed individuals, families, groups and communities.
- **Healthy individuals are more likely to live in healthy communities.** These communities are part of a larger world with many parts that depend on and are connected to each other. It is important to work for health at all levels because of this interdependence and interconnectedness.
- **There is more than one way to work for health.** Effective health promotion uses a variety of flexible interdisciplinary approaches that people themselves identify as being effective.
- **Health promotion is value-based.** Health promotion values KDCHC's three guiding principles:
 - **Client-centred Collaborative Care.** Health promotion is a joint activity and action that involve the client, service provider, and the community. KDCHC is committed to practice that puts clients first and works in collaboration with KDCHC clients

(individuals, groups, or the community at large) to achieve the goal(s) identified by the client.

- **Health Equity** - works towards reducing disparities in the health of those groups who may be disadvantaged by their social or economic status (e.g. income, age, gender, sexual orientation, ethnic background, language, disability)
- **Anti-oppressive Practice** - a practice that acknowledges the existence of exclusion, discrimination, and injustice (based on income, ethnic origin, race, age, gender, sexual orientation, disability and other characteristics) and challenges those forms of oppression.

KDCHC's health promotion also values full and active participation of individuals, families, groups and the community, collective action, mutual respect, inclusion, social justice, building on people's capacity, and enabling people and communities to be in control of the things that make them healthy.

POLICY

The Kitchener Downtown Community Health Centre works with people on health determinants at multiple levels, using actions that will enable them to achieve health and well-being for themselves, their families, and their communities. The Population Health Promotion Model (Bhattit & Hamilton, 1996) is the basis for this health promotion work (see next page).

In line with the population Health Promotion Model, KDCHC will focus on closing the gap of the existing disparities in health status by the different population groups (isolated seniors, people who are homeless/homeless at risk, youth at-risk, people with low-incomes, new Canadians, and Aboriginal communities). KDCHC's health promotion programming therefore will focus on addressing social justice and equity through anti-oppressive practice.

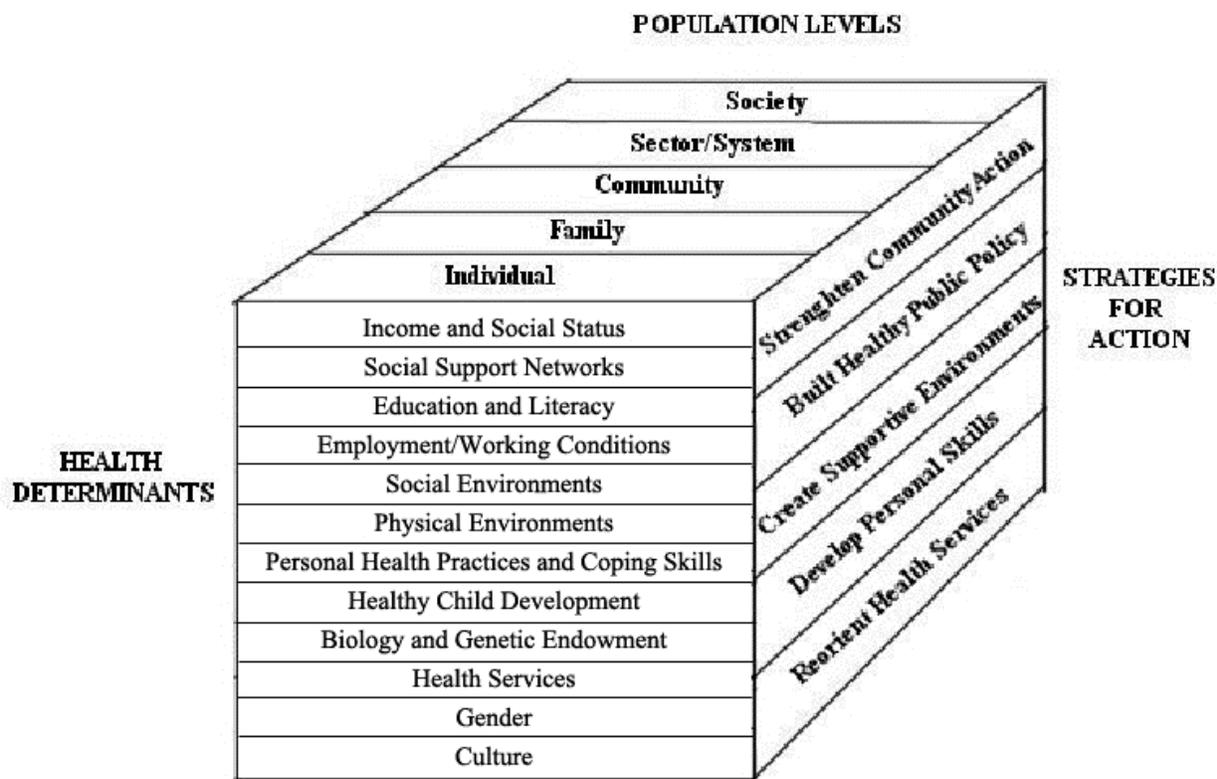
The Kitchener Downtown Community Health Centre is committed to integrating its health promotion philosophy, principles, and policy into all appropriate aspects of community health centre work. This policy will be referenced in other policies related to selecting and orienting new staff and Board members. It will also be referred to when planning, promoting, implementing, and evaluating Kitchener Downtown Community Health Centre's programs and services.

KDCHC believes that health is best addressed by programs and services that consider the above determinants of health. While KDCHC will attempt to address the above determinants of health, the priority will be given to those factors that most affect our clients (individuals, families, groups, and the community we live in). KDCHC will consider those major factors when planning programs and services to its priority populations: isolated seniors, youth at-risk, people with low-incomes, new Canadians, people who are homeless/homeless at risk, and Aboriginal communities.

HEALTH PROMOTION MODEL - POPULATION HEALTH

The Population Health Promotion Model is designed as a three dimensional box showing three sides. These sides group together the three key areas that need to be considered in health promotion:

- The top of the box shows the **Population Levels** at which health promotion takes place.
- The front of the box takes into account important **social determinants** of people's health status. These are the social, economic and physical circumstances that affect people's lives positively or negatively.
- The right side of the box shows the five key **action strategies** identified by The Ottawa Charter of Health Promotion (WHO, 1986) that can be used in health promotion. The model proposes that all three key areas must be addressed in order for health promotion work to make real and lasting changes in the health of individuals, groups, and the larger community.



KDCHC offers several health promotion programs to the Kitchener-Waterloo community which addresses most of the social and economic determinants of health at various levels. Using the Population Health Promotion Model, these programs are planned and offered in such ways that have an impact on:

- individual and families who are benefited through these programs
- the community in which these health promotion programs are offered (Kitchener-Waterloo)
- society in general (increased awareness about determinants of health and support health promotion)

HEALTH PROMOTION STRATEGIES

KDCHC will use a variety of strategies (e.g. information and education, community mobilization, community development, advocacy, networking, peer approach/self help and mutual aid, coalition building) to address the social and economic determinants of health and health inequalities; and to encourage life style and behavioural changes that will improve the health of individuals, families and the community in general. Major strategies include:

Information and education - providing health information and education on variety topics identified by individuals, groups and the community via workshops, forums, brochures, display board, flyers, newspapers and other medias, videos, etc.

Individual and community empowerment – Work with:

- KDCHC clients, individuals and families to identify their capacities and/or assets (skill, knowledge, experience, etc) for enhancing their health and the health of their community.
- the Kitchener-Waterloo community to identify community assets (resources, organizations, resilience, and other capacities) to collectively gaining greater influence and control over the determinants of health and the quality of life in their community

Community Mobilization - Work with KDCHC clients, groups and community members to increase awareness on health issues at the community level (e.g. organizing health fair, bringing together community leaders, KDCHC’s advisory groups for a discussion and action)

Community Development – KDCHC’s Community development approach seeks to encourage clients, individuals and community groups by providing them with the knowledge and skills they need to influence change in our community. KDCHC will attempt to create those leadership skills through the formation of advisory groups, and community initiatives working for a common agenda. KDCHC works with clients, individuals, and groups to empower them to become advocates on their own behalf and on behalf of their community.

Advocacy - working with clients, individuals and community groups for addressing the determinants of health; supporting health promotion and illness prevention; and health policies and legislations that affect the health of KDCHC clients, groups and the community at large.

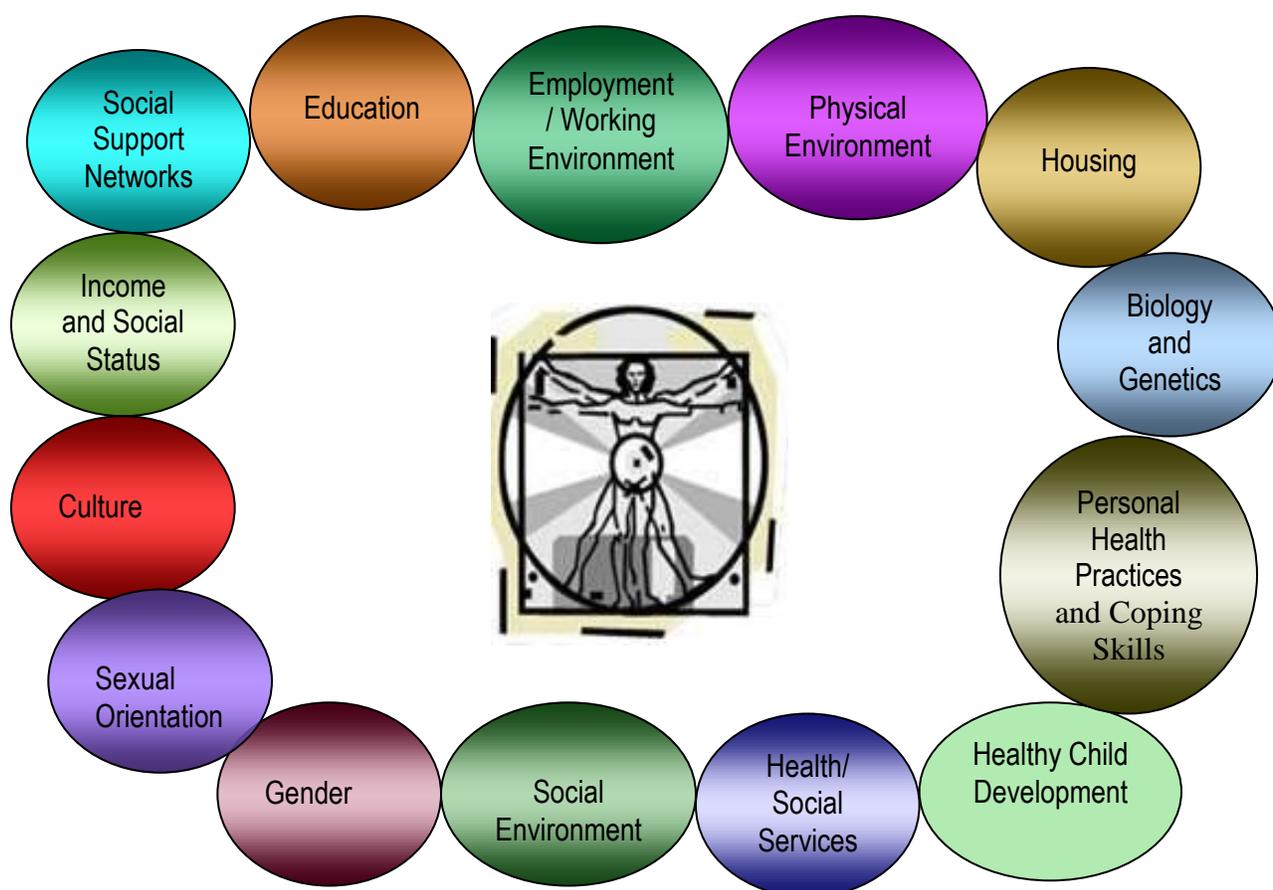
Networking - KDCHC believes that health promotion is not just the responsibility of the health sector and it is not a standalone program. Therefore, KDCHC is committed to engaging relevant stakeholders (clients, volunteers, advisory groups, community groups, community organizations) to work together to promote health and well-being. KDCHC will participate in networks and establishes relationships with individuals, groups and organizations to promote health and act on common health issues. KDCHC will also engage in local initiatives that strengthen community capacities to take action on health issues.

Peer and/or Self-help Approach - establish and encourage program/service user-led health promotion programs and services for mutual assistance in satisfying a common health need, overcoming a common health problem and bringing about desired social or personal change

Coalition Building - establishes and/or participates in coalitions that work towards promoting health and address the determinants of health locally and provincially. KDCHC will engage in building coalitions, partnerships and collaboration to establish healthy public policy (e.g. meet with health officials to bring systemic changes that are responsive to the needs of populations we work with).

Needs and Assets assessment – KDCHC will engage in an on-going community needs and assets assessment to get information that will be used to develop health promotion programs and services.

THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH



Research shows that our health depends upon many factors: biology, environment, social, economic and political. These factors are referred to as the Social and Economic Determinants of Health. The determinants that can be changed are referred to as the Social Determinants of Health. Health Promotion programs aim to improve health outcomes by addressing the following factors:

Income – Health status improves at each step up the income and social hierarchy. Income determines a person’s ability to control many of the other determinants, such as housing, food security and other basic prerequisites of health.

Physical environment and housing – The quality of our air, water food and soil are examples of the environment that can affect our health. In cities, sanitation, public transportation, recreation and neighbourhood safety also impacts our health. In our Canadian climate, clean, safe and affordable housing is essential to health.

Social support – Support from families, friends and communities is a resource for healthy living. Social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

Education and literacy – Low literacy skills can be a barrier to finding, accessing and understanding health information and services, as well as equipping people with knowledge and skills for problem solving. Higher education provides a sense of control and mastery over life circumstances. Furthermore education is closely tied to income.

Employment and working conditions – Unemployment, underemployment, stressful or unsafe work are associated with poorer health. Control over work circumstances and fewer stress related demands of the job fosters good health.

Personal health practices and coping skills – Healthy lifestyle choices can prevent disease, promote self-care, help individuals cope with challenges, and lead to self-reliance and problem solving (e.g. physical activity, avoiding tobacco and excessive alcohol, healthy eating).

Early childhood development – Experiences from conception to age six have the most important influence of any time in the life cycle on the connecting and sculpting of the brain. Not only does positive stimulation early in life improve learning, behaviour and health into adulthood, but secure attachments early in life lead to enhanced ability to have positive relationships with others in later life.

Gender – Gender influences the many roles determined by society for men and women that lead to personality traits, attitudes, behaviours, values, relative power and influence. Many health issues are a function of these gender-based roles.

Sexual Orientation: refers to the desire for intimate emotional and sexual relationships with people of the same sex, the other sex, or both sexes. Research asserts that a wide range of social and systemic factors contribute to health inequities in the LGBT+ populations. . Evidence clearly demonstrates that people with sexual orientation are disproportionately affected by health problems associated with stigma and discrimination.

Culture – Some persons or groups may face additional health risks due to living in an environment, which is largely determined by cultural values that are not their own. This may lead to marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Health services – Many Canadians benefit from a system designed to maintain and promote health, prevent disease, restore health and function and contribute to community health. However some people face barriers to services due to physical inaccessibility, geography, socio-cultural issues including language and customs and non-insured health services.

Biology and genetic endowment - Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health.

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