Planning in Health Promotion Work

An empowerment model

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Planning in Health Promotion Work

Community development, planning and partnerships have become important terms in health promotion, but, up until now, debate around these concepts has happened more in planning science than in public health literature. Roar Amdam draws on theories and new empirical evidence from local, regional and international planning and public health in order to develop a new model for health promotion: empowerment planning.

Much health promotion planning has focused on top-down approaches, and, while efforts to be participative are made, it is often without having a clear understanding of how community empowerment can be accommodated within health promotion programmes. Amdam's innovative concept combines top-down and bottom-up approaches to enable people to take more responsibility for their own health and for individual and collective capacity building.

Planning in Health Promotion Work is suitable for all students and researchers of health promotion and health planning and development, and the numerous applied examples make it an invaluable resource for policy-makers and practitioners working in public health.

Roar Amdam is a Professor at Volda University College, Norway. He teaches planning and leadership and has participated as a planning expert in domestic and international public health promotion projects. One of these projects, the Østfold County Council, Public Health Programme-led HEPRO project, which aimed to put public health issues on the political agenda in the Baltic Sea Region, is used as a case study in the book.

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Preface

Public health work is increasingly becoming a multi-sector and multilevel responsibility, and there is a need for a comprehensive community and regional planning approach. The HEPRO project was an example of this type of approach. According to the HEPRO project plan (Østfold County Council, 2005), the aim of the project was to integrate health considerations into spatial planning and development, and to make an important contribution to a sustainable public health policy in Europe. HEPRO consisted of thirty-two partners and brought together lay people and experts with specialist knowledge and experience from all relevant sectors across eight countries around the Baltic Sea Region (BSR; see the Appendix). The project's aim was to help to share effective ways to promote health and bring the results to the attention of those who needed to take action. The project was to carry out a transnational population survey and a training programme, and implement concrete findings from the survey into the spatial planning processes. The results were to be gathered in a toolkit, with the purpose to support decision-makers at regional and local level with evidence-based and practical advice. HEPRO was an EU–INTERREG III B project. The project period was from 1 June 2005 to 31 December 2007 (31 months). HEPRO had a budget of about €2 million.

I was invited into the HEPRO project to participate in public health planning as a planning expert, adviser and action researcher. In this situation, it became natural for me to summarize the knowledge and experiences we have from local and regional planning and development, and reflect on how to use this in public health planning. In accordance with the main goal of the HEPRO project, my role in the project became to develop and implement training programmes in public health work aimed at various target groups in order to build understanding of spatial health planning and the use of local health profiles.

Therefore, this book is based on my long-term work as a planner and researcher in the field of local and regional planning and development, combined with experiences from the HEPRO project and reflections on how this research can be adapted to public health planning. For me, individual and collective empowerment has been an overall driving force in this work.

I will say that the HEPRO project, as it was planned, could easily become a public health intervention with a bias towards top-down implementation, but, through the process and the emphasis on an empowerment planning approach, it became a more balanced, top-down and bottom-up project. One of the missions of this book is to introduce the empowerment planning approach used in the HEPRO project, and discuss this approach as a general planning model in public health work.

In the first chapter, I discuss how the HEPRO-project approach can be interpreted in a planning perspective, and I point out some of the main challenges the project is facing. In the second chapter, I discuss what can be called the governance turn in planning. This turn has a great impact on how we regard the role of the public sector, and how we can design the planning process. Then, in the third chapter, I discuss the theoretical foundation of the planning model used in the HEPRO project, and outline the empowerment planning model. In the fourth chapter, I discuss empowerment evaluation, and show how monitoring and evaluation can contribute to learning at different levels in the empowerment planning model. The last chapter is a summary of the previous chapters and reflects on the activities implemented by the partners during the project period.

I am grateful to many people who have contributed to the work for this book. First of all, I am grateful to the public health staff at Østfold County Council, and especially to the HEPRO project leader, Arvid Wangberg, and the head of the public health unit, Knut Johan Rognlien, who invited me to join this very interesting and demanding project, and to Tiina Keinänen for the work she did as project secretary. Then, I am very grateful to all the dedicated public health workers in the BSR who participated in the project. I am very honoured by the opportunity I got to work with all of you.

Roar Amdam, Volda

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1 Perspectives on the HEPRO project approach

In this chapter, I present the HEPRO project, and discuss some perspectives that can place this project in the theoretical field and that can contribute to better understanding of the challenges the project is facing in practice.

The HEPRO project

The HEPRO project consisted of thirty-two partners and brought together lay people and experts with specialist knowledge and experience from all relevant sectors across eight countries around the BSR. The project was a part of the 'Healthy Cities' approach, a concept that is underpinned by the principles of the 'Health for all' strategy and 'Local agenda 21'. Strong emphasis was given to empowerment, including equity, participatory governance and solidarity, inter-sectoral collaborations, and actions to address the determinants of health. HEPRO was, further, a project the aim of which was to integrate health considerations into spatial planning and development, and to make an important contribution to a sustainable public health policy in Europe. The project aimed to put health high on the political and social agendas of cities, and to build a strong movement for public health at the local level in the BSR. The main objectives were (Østfold County Council, 2005: 5):

- to integrate health considerations into spatial planning and development;
- to show how health profiles and environmental factors related to health can be used as a basis for a sustainable public health policy at local and regional levels;
- to describe and test active elements in a sustainable public health policy based on spatial health planning;
- to carry out a survey of the population's state of health, where data can be used across national boundaries;
- to develop and implement training programmes in public health work aimed at various target groups, in order to build understanding of spatial health planning and the use of local health profiles; and

- to raise awareness of European cohesion strategies, and enhance understanding in rural districts and smaller towns of opportunities and challenges within the European community.

According to the HEPRO project plan, the BSR is facing enormous challenges related to an ageing population, migration of young people from rural areas to the cities, unemployment, increases in alcohol and drug abuse, and mental illness. An increasing part played by lifestyle diseases and injuries from accidents makes great demands on the future treatment capacity of the health services. The problems require imaginative, complex and diverse solutions. To do something about it will require the involvement and co-operation of many different sectors of society, local, regional and national authorities, and the general public. A solution must have as its focus, not only risk factors, which have to be removed to avoid damage, but also factors that are positive and promote health conditions for individuals. A mobilization of resources in a joint effort between the population and the public authorities is the best starting point for good regional and local solutions. The project therefore put into practice democracy and should involve a high degree of participation by the public in the decisions affecting their lives, health and well-being (Østfold County Council, 2005).

A major aim of the HEPRO project was to integrate health considerations into spatial planning and development and to make an important contribution to a sustainable public health policy in Europe. The project aimed to help the sharing of effective ways to promote health and bring the results to the attention of those who need to take action. The project was to carry out a transnational population survey and training programmes, and implement concrete findings from the survey into the spatial planning processes. The data from this survey have now been analysed and published (Rasmussen and Wangberg, 2009).

The spatial dimension was important in the project because society and the environment were seen in a context of rural towns, cities, and district and regional levels. Providing a focus for inter-sectoral planning and inter-sectoral action, the project established partnerships across national borders – a co-operation that was intended to increase the living conditions of the population in the BSR. The results were to be gathered in a *toolkit* that could support decision-makers at regional and local levels with evidence-based and practical advice (Østfold County Council, 2005). The toolkit has now been published (see Wangberg and Dyrseth, 2008).

As we understand the HEPRO project, the approach is characterized by:

1 a circular understanding of planning;
2 a system theoretical approach to policy production; and
3 a spatial and cross-sectoral focus on public health.

Circular understanding of the planning process

The HEPRO project was intended to use planning as a tool in the policy-making process, and, in accordance with the understanding of policy-making as an ongoing process, planning is understood as a circular process (see Figure 1.1). This planning circle was adapted to fit the HEPRO project from a much-used model in health promotion and health planning. According to Østfold County Council (2005), the HEPRO planning model represents a systematic and comprehensive, long-term approach to public health planning in communities, and the model is a systematic approach in six steps, linked together in a circle with a dynamic character. The circle follows a planning period of 4 years. The aim is to show, step by step, how a plan where health and well-being aspects are highlighted can be carried out and embedded in the ordinary planning of the municipality/county/district.

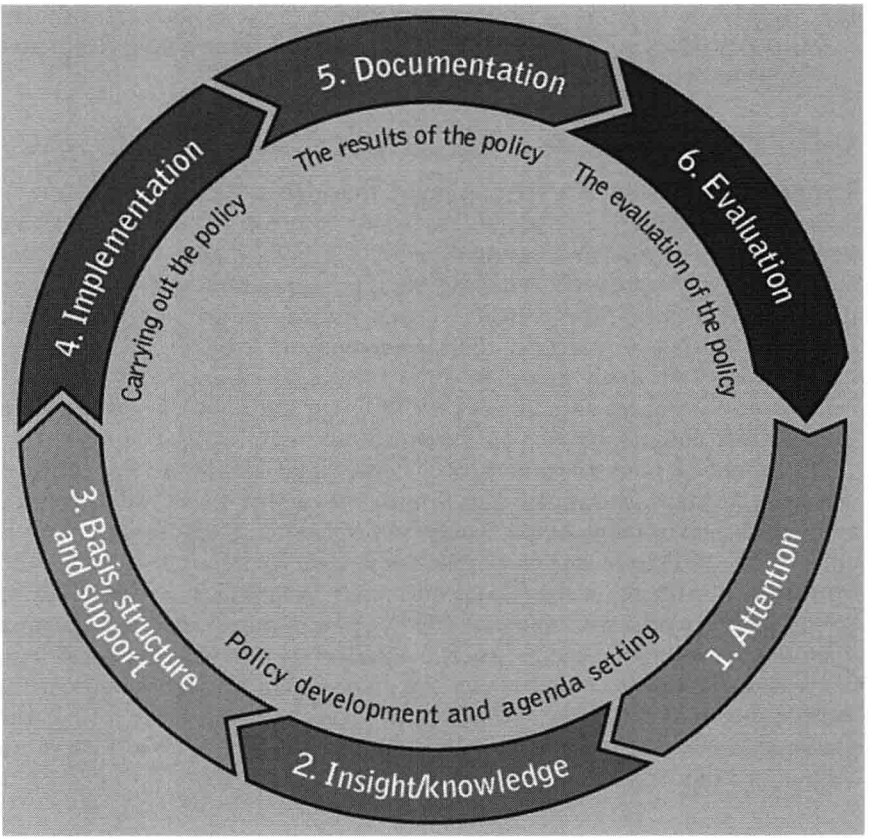

Figure 1.1 HEPRO planning circle
Source: Wangberg and Dyrseth (2008: 8)

The project presents the different stages of the circular process as follows (Wangberg and Dyrseth, 2008: 9):

1 *Attention*: Mapping the situation has an impact on the public health work through an analysis of strength, weakness, opportunities and threats (SWOT).
2 *Insight and new knowledge*: Mapping the situation gives new insight about local matters through a survey.
3 *Building a platform for joint action*: Based on insight and knowledge from steps 1 and 2, the project has to work out an action plan, and cross-sectoral workgroups must be established.
4 *Implementation*: Activities will be carried out in co-operation with local partners.
5 *Documentation*: Data from all activities that have been carried out must be collected in a systematic way as a basis for later evaluation.
6 *Evaluation*: The last step in the planning circle is an evaluation of structure, process and results. The results from the evaluation will give input to the starting point for a new planning circle.

Step 1: Attention – map the situation relevant to the public health effort

The project plan had, as a starting point, that public health work is not an issue for the public sector alone, but needs to involve the public, private and voluntary sectors, and national, regional and local governmental levels in a multi-actor approach, with the mission to promote good health and prevent bad health. The reason for this starting point was that public health work needs to convince the actors about the gains of the work and has to work with many actors in order to increase the capacity of implementation. Setting up an analysis of SWOT for the public health work in each partner community was an important part at this stage.

Our comment was that, compared with single public sectors such as culture, education, social care and health care, which all are well accepted and established in the political process and structure, public health work is cross-sector and cross-level work that has to fight for acceptances and build *legitimacy* in order to have impact on society. Legitimacy can be given to public health work, for example, when a community becomes a partner in an implementation structure such as HEPRO (top-down policy-making), or created through the mobilization and involvement of citizens in the work (bottom-up policy-making). In addition, legitimacy can be earned if the planning process is regarded as democratic, and people can observe an output and outcome of the process that they appreciate.

Step 2: Insight and new knowledge

The project plan stated that a *public health survey* is an important tool to map the public health situation in the different regions and districts.

The project plan argued for the health survey by stating that a survey gives a lot of different data about how people regard their situation, and what impact the public health work and other factors have on their situation. The data will be analysed and interpreted, and used in the planning and policy-making process. Actual problems will be sorted out, formulated and put on the political agenda.

Our comment is that this process can be very demanding. First of all, there is a need for expert competence to develop the survey, to analyse the collected data and to point out the major problems; then, there is a need for political skills to put these problems on the political agenda and to keep them there in competition with other political problems that must be solved. In addition, there is a need to involve lay people in dialogue between the experts and politicians, and to reach a common understanding of what problems need to be solved first and how people can contribute to solving the problems. The creation of this common understanding and the mobilization of people and their resources can increase the region's and district's capacity to handle the public health problems that are mapped in the survey. We said that the HEPRO project must understand the planning process as a *communicative process* involving persons from the public, private and voluntary sectors, and not as an *instrumental process*, with the planner as the expert and the most important person.

Step 3: Building a platform for joint action

According to the project plan, after putting public health on the political agenda at step 2, there follows step 3 and the need for organizing problem-solving activities. This is about creating action programmes, allocating budget resources, setting up cross-sectoral working groups, and involving the private and voluntary sectors in community development projects.

From our point of view, this step can become a battlefield between the power of vision and expectations and the power of resources and realism. The outcome of the battle is normally compromises, linked together in an incremental process where only small changes of direction can be obtained. However, small changes in the right direction can, over time, add up to big changes. So, in addition to organizing the big changes, is it important to have a clear focus on the small changes and to create a lasting platform for common actions. This means that setting up and deciding on a *public health action plan* can be an important event, but it is useless if the action plan is not implemented. To avoid this trap, our advice was to build structures and processes that constantly promote public health-friendly solutions and that remind people of the values of the public health work.

Step 4: Implementation

In the HEPRO planning circle, implementation is the fourth step. Our comments were that, in a linear way of thinking about planning, step 3 is

followed by step 4. But it does not necessarily have to be like that because, in a society, there are always some activities that impact on people's health, and there will most certainly be some public, private or voluntary actors that continuously implement health promotion and prevention activities. The HEPRO project must therefore be understood as an intervention in a continuous public health work process, and the project must carry out activities in co-operation with local partners when they are ready to participate, and not wait with implementation of the activities until the action programmes are decided. In addition, relevant output from the project can contribute to the acceptance and legitimacy of the project, and the enforcement of public health work.

Step 5: Documentation

Documentation of the process and the activities is needed for the evaluation and learning process. To collect data about the process and the output is normally an easy part of this documentation. However, to get data about the outcomes and impacts, and then establish plausible causality between the input from the public health work and the impact on the public health situation, is a far more demanding and complicated task. Therefore, there seems, in a project such as this, to be a bias towards reporting the easily collected data about the output and neglecting the more difficult data about the outcomes. We warned that this situation could have consequences for the learning process, because there is a need for data about the impacts of the intervention in order to legitimate the public health work, keep it on the political agenda, involve more people and enforce the capacity to handle public health issues.

Step 6: Evaluation

The last step in the planning circle is an evaluation of structure, process and results. Evaluation will give input to the starting point for a new planning circle.

We argued that evaluation should be an integrated part of the whole process, and that reflection on the achieved results at every step of the circle could improve the capacity to handle the challenges in health promotion work. The SWOT analyses from step 1, the survey data from step 2, and experiences from creating the joint platform for action and implementation in steps 3 and 4 all represent data that are needed in the continuous evaluation of public health work. We will add here that, when the HEPRO project uses the circle as a metaphor, it is important to understand that, after one circuit, the participants in the process are not back where they started. The situation has changed, and the people involved have most certainly been