Community participation and empowerment in Health Promotion Interventions: Lessons from a professional development program

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Outline of the presentation

1) Background
2) Conceptual approach: participation & empowerment
3) Methods
4) Results
5) Discussion
1. Background

• Health Promotion Laboratory (HPL)

• Implemented from 2010 by the Montreal Public Health Department

• The HPL supports multidisciplinary local public health teams in
  • Developing new professional competencies in health promotion/public health
  • Reflecting on their practice
  • Developing & implementing a health promotion intervention
  • Continuing refinement of practices
2. Empowerment

• Processes by which people, organizations, and communities gain mastery over their affairs (Rappaport, 1987, Nelson and Prilleltensky, 2005)

• Participation and empowering processes: a viable public health strategy (Wallerstein, 2006)

• Meaningful and democratic participation of communities strategy (Wallerstein, 2006)

• Community members taking time to develop leadership skills (Sardu et al., 2011)
2a. Research question

• What factors assisted in or detracted from integration of participation and empowerment of community members in the interventions?
3. Methods

Research design

• Mixed methods multi-case evaluative study: The Analysis of the Health Promotion Laboratory (ALPS)
  • Implementation, processes, and outcomes of the HPL
  • A component of the evaluation is to explore the integration of participation and empowerment of community members in the HPL interventions
3a. Analytical Strategy and Data Sources

Multiple-case study
Three interventions

Modified Guichard and Ridde (2010)’s analytical grid

Data sources

- Document review
- In-depth interviews
- Focus groups
## 4. Results: Three Cases Examined

<table>
<thead>
<tr>
<th></th>
<th>Team A</th>
<th>Team C</th>
<th>Team D</th>
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</thead>
<tbody>
<tr>
<td><strong>Targeted Issue</strong></td>
<td>Workers’ health &amp; safety</td>
<td>Protective factors for children experiencing vulnerability</td>
<td>Elementary to secondary school transition</td>
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<tr>
<td><strong>Health promotion</strong></td>
<td>Counselling program for potential business owners (opening a new enterprise or re-locating to the territory)</td>
<td>Four small projects (daycare access, breastfeeding support, social support &amp; neighbourhood safety)</td>
<td>Project to encourage development of elementary and secondary school joint transition programming</td>
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<tr>
<td><strong>Intervention</strong></td>
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4a. Results for all cases: Integrating participation and empowerment of community members in the interventions

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<tr>
<th>Factor</th>
<th>Opportunities</th>
<th>Challenges</th>
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| a) Explicit or implicit inclusion of these dimensions in the program design | Establishing partnerships with community stakeholders  
Creating new networks with sister organizations in the territory | Not making explicit that clients or potential clients (community members) be involved as partners in the interventions |
4b. Results for all cases: Integrating participation and empowerment of community members in the interventions

<table>
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<tr>
<th>Factor</th>
<th>Opportunities</th>
<th>Challenges</th>
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<tr>
<td>b)The target groups and/or community participants already being clients (or not) of the organization</td>
<td>Involving key experts in the design and/or implementation of the interventions</td>
<td>Not involving community members (clients or not) as experts in any phase of the interventions</td>
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<td>Consulting community members mainly through telephone surveys &amp; information sessions</td>
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4c. Results for all cases: Integrating participation and empowerment of community members in the interventions

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<td>c) External dynamics that enable or hinder involvement of the target groups and community members</td>
<td>Changing team members’ composition (new ideas)</td>
<td>Training new members joining the team</td>
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<td>Lots of efforts to ensure of continuity</td>
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5. Discussion

• Making explicit in the curriculum the inclusion of community members in all phases of interventions

• Establishing meaningful participation and empowering relationships between the program team and the community (whether being clients or not of the organization)

• Preparing for external dynamics that might enable or hinder involvement of community members in interventions
6. Conclusion

While participation and empowerment of community members are widely held to be fundamental features of health promotion interventions, there is still work to do to respond pro-actively to the factors that assist in or detract from integration of these dimensions in all phases of an intervention.
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Participants in the study

- HPL teams and program promoters
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References


