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Alberta Health Promoters in Action



FIRST NATIONS AND INUIT HEALTH BRANCH
ALBERTA REGION

Canada

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Health Canada-Alberta Region would like to thank those communities that participated in the Health Promoter Initiative. Their work and dedication is greatly appreciated.





INTRODUCTION

The Health Promoter Initiative (HPI) was funded and supported by Health Canada, First Nations and Inuit Health Branch (FNIHB), Alberta Region, in collaboration with nine First Nations communities/tribal councils in Alberta. The HPI was developed as part of the Aboriginal Diabetes Initiative (ADI) and designed to be a “proof of concept” that put the theoretical frameworks of health promotion and population health into practice (Thiara, 2007). The HPI aimed to enhance the personal, environmental, social and economic conditions in which individuals live with the objective of improving the health and quality of life among First Nations on-reserve.

Given the new and innovative nature of this program, evaluation has been seen as a critical part of its development in order to determine whether the HPI has been able to effectively bring about positive changes in the communities where it was offered. The information presented in this report reflects the results of the impact evaluation (Jewell, 2012) conducted on the HPI.

In this report you will learn about where the Health Promoters concentrated their efforts, the types of activities they initiated or facilitated in their communities, some of the successes experienced as a result of the HPI and suggestions for how to start a Health Promoter Initiative in your community.



BACKGROUND

Health has been defined as a state of complete physical, social, emotional and mental well-being and not merely the absence of disease (World Health Organization, 1986).

Many First Nations view health in a holistic manner and strive to find balance among the physical, emotional, mental and spiritual aspects of life. However, in part due to the past traumas collectively experienced by many indigenous people, some individuals and communities have developed imbalances in their health.

One of the strategies identified by the World Health Organization (WHO) for enhancing the health of individuals, families and communities is health promotion. The *Ottawa Charter for Health Promotion* (WHO, 1986) defined health promotion as “the process of enabling people to increase control over, and to improve, their health”. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Health promotion can be characterized as being:

- Holistic: it takes into account physical, emotional, spiritual and mental health of not only the individual but also the family and the community.
- About mobilizing the community: schools, health centres, band offices, businesses and others are encouraged to get involved in health.
- Focused on the determinants of health: health services, education, income, clean air, water, land, culture, social supports, personal health practices, and coping skills.
- Based on strengths: the assets, gifts and skills of the community.

PURPOSE

The purpose of the HPI was to support local communities in determining their priorities, creating partnerships and taking action towards improving health.

The HPI focused on health promotion activities that targeted the determinants of health that impact chronic disease risk factors like poor nutrition, physical inactivity and tobacco misuse. Some of the determinants most relevant to First Nations people are income, education, social support, social environment, physical environment, and culture.

“You need somebody to co-ordinate, motivate the other First Nations, work with the other departments, and have the funds to have the training brought out. Lot of it is the co-ordination and you need someone trained in that. The Health Promoters have the time to get out there and do things and to keep the linkage to the other First Nations. If we didn’t have the HPI, we would lose so many people. They are doing things that nobody else in our health department is doing.”

Supervisor



Health Promoter Sites

The HPI sites were selected through a proposal-based process by a review committee made up of First Nations representatives from Treaty areas 6, 7, and 8 (members of the former Aboriginal Diabetes Subcommittee of Co-Management) and FNIHB. At the end of the process, nine communities/tribal councils of varying sizes and remoteness were selected to implement the HPI.

At the time of the 2011/12 evaluation, the HPI was active in the following nine sites:

TREATY 8

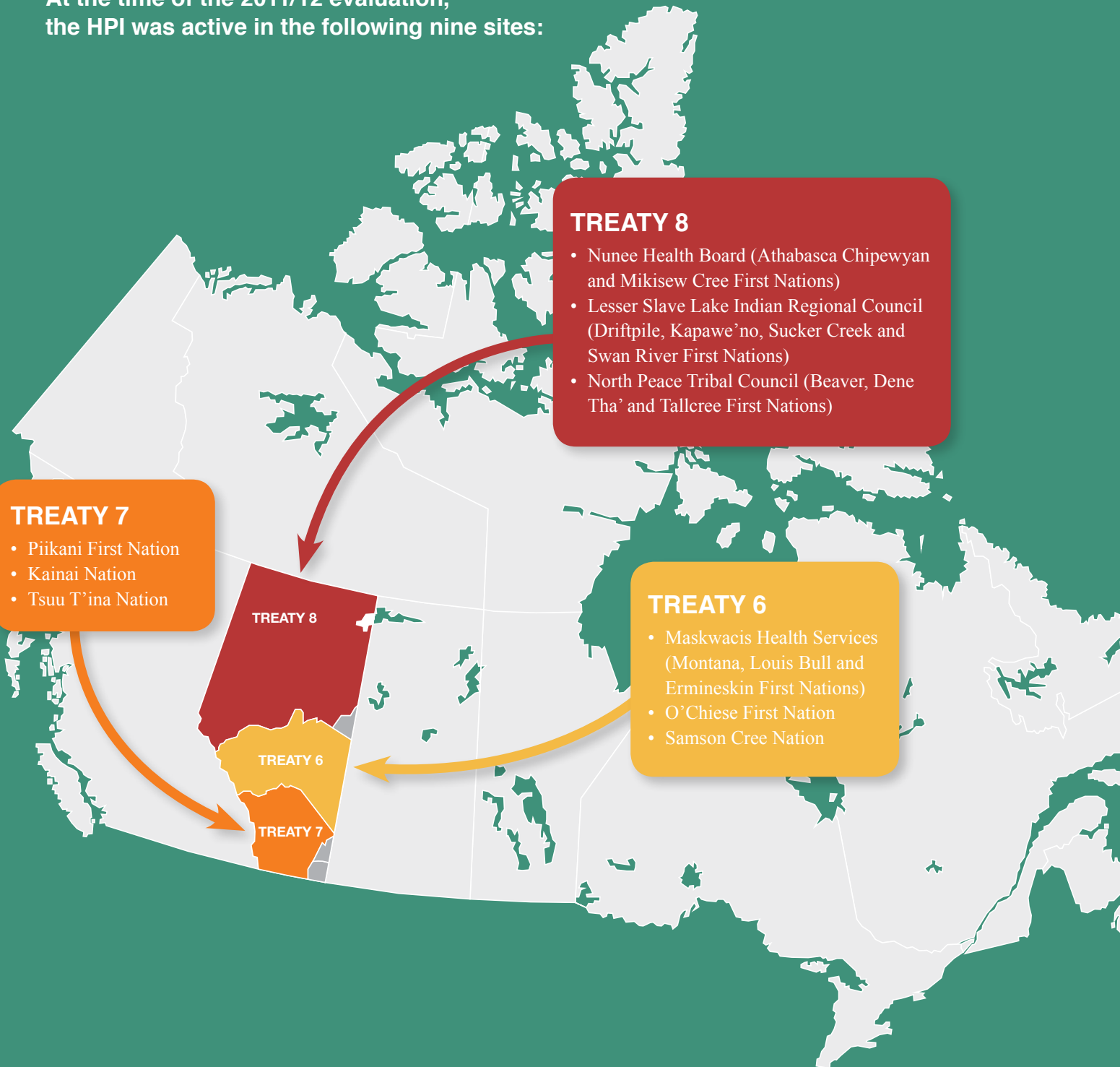
- Nune Health Board (Athabasca Chipewyan and Mikisew Cree First Nations)
- Lesser Slave Lake Indian Regional Council (Driftpile, Kapawe'no, Sucker Creek and Swan River First Nations)
- North Peace Tribal Council (Beaver, Dene Tha' and Tallcree First Nations)

TREATY 7

- Piikani First Nation
- Kainai Nation
- Tsuu T'ina Nation

TREATY 6

- Maskwacis Health Services (Montana, Louis Bull and Ermineskin First Nations)
- O'Chiese First Nation
- Samson Cree Nation



HEALTH PROMOTERS: CORE COMPETENCIES, CHARACTERISTICS AND SKILLS

Core competencies were identified for the Health Promoter positions to assist with hiring suitable candidates. The Health Promoters were expected to carry out the following essential roles:

- Advocate for health determinants that impact First Nations
- Assist in the formation/development of healthy public policy
- Facilitate and promote partnerships
- Support community-based activities
- Support health and non-health professionals in health promotion interventions

Some of the characteristics and skills that Health Promoters possessed that contributed to their success included:

- Being known in, or belonging to, the community
- Having an investment in the community
- Having knowledge of the culture and community and an understanding of reserve life
- Being a positive role model
- Knowledge and passion about health promotion
- Excellence in public speaking
- Having compassion
- Dedication and reliability
- Strong communication skills
- Strong leadership skills
- Excellent facilitation skills



“Some of the Health Promoters just so naturally look at the big picture. It doesn’t necessarily relate to education level or background experience. Some are just natural leaders and big picture thinkers. It’s been really nice and encouraging to see. They are from the community, they live in the community, and they speak from such a place of understanding that it’s really inspiring.”

FNIHB staff

“I feel because your title is health promotion, you need to do it. For our First Nations people, seeing is believing. If you don’t drink or smoke, and are eating right and taking care of yourself, holistically, that creates a ripple effect to the people around you and the clientele that you work with.”

Health Promoter

“You have to have some sort of investment in your community. You can’t just come in here and expect everything to work out. There are a lot of challenges to work through-trauma, grief, apathy among community members- you have to be invested. And part of the job is that you are committed to working it out, you don’t need the quick fix.”

Health Promoter



KEY AREAS OF FOCUS AND SUCCESSES OBSERVED

- Building Partnerships
- Encouraging Community Action
- Developing and Implementing Policy
- Creating Supportive Environments
- Increasing Awareness and Knowledge of Health Promotion and the Practice of Healthy Behaviours

Building Partnerships

Health Promoters were expected to facilitate and promote working in partnership to support community-based activities that addressed the determinants of health. Common partnerships included: health, education, social services, justice, band offices, Chief and Council, child and family programs, and interagency committees. Some of the changes that have been seen, or benefits that have been experienced, were:

Strengthened partnerships where programs and departments are working together more:

“At the tribal council level, within our organization, it used to be that each department sticks to the same thing. Now I noticed that people are working together more. This is happening as a result of the HPI – partnerships have developed through increased interaction at training, activities and sessions.” Health Promoter

Cost sharing:

“I don’t know how many other communities work together to cost share. When I suggest it, they always say, ‘Oh, we’ve never done this before.’” Health Promoter

Increased demand for the Health Promoters expertise:

“They aren’t just being approached to help with the little day-to-day things that they just needed an extra set of hands for. Things have changed now and Health Promoters are writing proposals, getting funding and connecting to other partners.” FNIHB staff

Collaborative activities are undertaken on a greater scale than before:

“The thing about partnering with the Health Promoter is that I’m able to reach more people.” Community Partner



Consistent health promotion messages are heard from different sources on a regular basis:

“The more you are exposed to something, the more it becomes ingrained.” Health Promoter

Encouraging Community Action

Health Promoters aimed to increase community members’ interest and participation in health promotion activities, as well as facilitate activities that addressed the needs of the communities they worked in and increased community member involvement in these events as volunteers. They also strived to increase confidence among community members to address issues of concern to them in their community and transfer the ownership of activities/events initiated by the Health Promoters to other organizations or community members. Some of the changes observed were:

Greater interest in health promotion and participation in HPI activities:

“There’s more involvement now. Health wasn’t a big issue in our community up until the last few years. The major focus was on mental health, not physical health. It’s nice to see we’re starting to join those areas together.” Community Partner

More people are volunteering their time:

“They are more apt to help out and be involved now than when we first started. The shift happened as a result of the workshops and activities in the community and just being visible.” Health Promoter

Community members’ have more confidence to address issues of importance:

- By learning about the determinants of health, people are now better able to understand their personal situations and are more empowered to address those factors that impact their lives.

Ownership of activities was transferred to other organizations or to community members:

- Health Promoters established health promotion activities by being the resource people/linkages supporting other organizations to implement those activities.
- Some activities that community organizations or members took over included community gardens, good food boxes, school health fairs and fitness classes.





Developing and Implementing Policy

Policies have contributed to increased healthy eating and physical activity among community members. Communities now seem to be more aware that policies can help create change in communities. Some of the formal and informal policies Health Promoters have helped develop include:

- Healthy foods in schools, at community events and at workplace meetings
- Physical activity in the workplace
- Non-smoking policies in public places
- Healthier foods in local stores

“When I first started as a Health Promoter, at one of the events I went to, we had fried chicken for our lunch. It was just because of a lack of understanding and knowledge about healthy eating. I spoke to the persons about healthy choices. Now I see vegetable and fruit platters and water.” Health Promoter



Creating Supportive Environments

Health Promoters focused on developing or enhancing environments to be more supportive of health. This involved raising awareness about the ways in which environments impact community members' ability to make healthy choices as well as strategies for enhancing physical, social, economic, political and cultural environments to better support health promotion activities.

Physical environments were enhanced by:

- Engaging in community clean-up/beautification
- Developing walking trails
- Working with stores to offer more healthy food choices
- Making exercise equipment available in the workplace

“Our physical environments are clean. Roads are cleaner than they were four years ago. Lawns are looking better, they're cut. People are more interested. A few years ago they had a contest for who had the nicest looking lawn and since then they've been kept up.”

Health Promoter



Economic environments/food security was improved by establishing:

- Good food boxes
- Community gardens and greenhouses
- Hot lunch and breakfast programs
- A clothing and housewares exchange

“The people really look forward to the good food box and it's because food is so expensive. They go a long way, especially for people who don't have the income. You get a lot of fresh fruit and vegetables. It adds up to \$40 of food, and you only pay \$10.”

Health Promoter

Supportive social environments were encouraged by:

- Offering training to support holistic well-being
- Organizing events that brought the community together
- Creating more emotionally and mentally supportive environments in schools

“Based on an initiative that the Health Promoter brought in on bullying and proper support in schools, there have been more emotionally and mentally supportive environments developed in some of the schools.” Supervisor

Political environments were encouraged to become more sensitive to health promotion by:

- Giving presentations to leadership to raise their awareness about health promotion and the determinants of health

“The Health Promoter has gone to Chief and Council and has done presentations on the health determinants. They haven’t said quit sending him. They are receptive to his presentations.” Supervisor

Cultural environments were supported by:

- Incorporating culture into programming

“The Health Promoter has good contacts with Elders. She always sought the guidance of the Elders and made sure that she included them.” Supervisor

Increasing Awareness and Knowledge of Health Promotion and the Practice of Healthy Behaviours

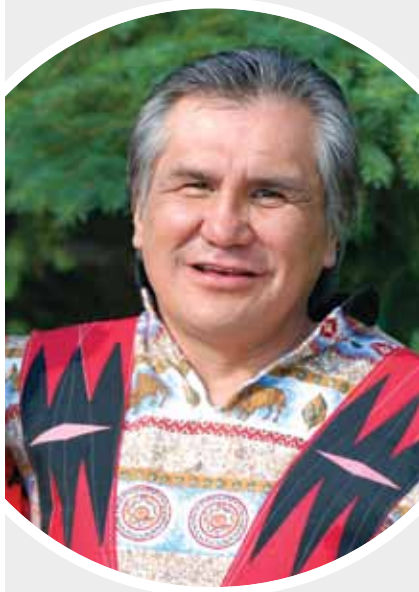
AWARENESS

The Health Promoters were able to raise awareness about topics such as the determinants of health, the impact of residential schools, healthy living and tobacco reduction.

“The first time I heard the Health Promoter’s presentation, I didn’t know anything about the 12 health determinants. It was an eye-opener. You can see how things happen and how a person’s health can deteriorate behind the scenes. She’s empowering people, motivating them, using very real examples, educating them, and nothing’s ever judgmental or threatening. People get this information that they trust.” Community Partner

“There’s an increased awareness of the impacts of residential schools. People are more open to healing - self, family, and community.” Health Promoter





“The awareness is there now about healthy living – how people live their lives.” Supervisor

“One of the band offices went smoke-free. I can’t wait to put up my non-smoking posters all over it.” Health Promoter

KNOWLEDGE

Through being involved in the HPI, knowledge about health promotion increased among Health Promoters and their supervisors in the following areas:

- The determinants of health
- Health promotion strategies
- Building partnerships
- Indigenous practices
- Program planning
- Program evaluation

Community partners also increased their knowledge in several areas such as:

- The determinants of health
- Health promotion strategies
- Building partnerships
- The importance of public policy
- The impact of environments on the selection of healthy choices

Community members were perceived to be more knowledgeable about:

- Health promotion strategies
- The determinants of health
- The impact of environments on the selection of healthy choices
- Healthy eating

BEHAVIOUR

Health Promoters, Supervisors, and Community Partners were also asked to rate whether community members seemed to be engaging in healthier behaviours as a result of the HPI. It appeared that community members were making healthier food choices, had increased physical activity and were engaging in healthier lifestyles. The most success appeared to be an increase in the number of community members making healthier food choices. However, there seemed to be no reduction in tobacco consumption.

The Communities and What They Learned: Case Studies

Case studies were completed with six of the HPI sites. The purpose was to highlight the changes these specific activities brought about in the communities and the various factors that led to their success. The case studies demonstrated how the Health Promoters put the concepts of community action, supportive environments and partnership building into action.

Samson: Healthy Choices Hunting and Fishing Initiative

The Healthy Choices Hunting and Fishing Initiative was developed with the purpose of teaching youth about how to hunt and fish, how to prepare meat as well as some basic survival skills (e.g., how to set up camp, gather wood and build fires). The hunting and fishing trips took place in the fall and winter months for two to three days with youth who ranged in age from 15-23 years old.

Impacts that came about as a result of the Initiative:

- Increased interest in traditional ways of life.
- Greater confidence in the youth to hunt and fish on their own.
- Maintaining traditional ways of life in other areas – hides of animals were taken to local drum groups to make into drums.
- Increased food security – provided community members, especially low income families and Elders, with increased access to traditional meat by stocking the community freezer.
- Teachings given on how to promote the sustainability of hunting and fishing.

Keys to Success:

- Knowledge. The Health Promoter's own knowledge about hunting and fishing and ability to connect with other partners who were also knowledgeable in these areas and interested in teaching youth.
- Initiative. Listened to the interest and wisdom of Elders in the community to preserve traditional ways of life.
- Sharing. A mechanism was established to distribute meat and fish obtained through hunting and fishing to low-income families and Elders as well as for feasts, ceremonies and celebrations.

The hunting and fishing initiative has had a positive impact on the community. There has been an increased demand among youth to participate in the program and a strong appreciation from the community for traditional meats.

"There was a need from the community for not just food itself, but to learn how to hunt. It's an old teaching that people are thirsting for. They want knowledge of past ways."

Health Promoter



Maskwacis Health Services: Healthy Homes Presentation

“There’s an underlying knowledge that something in our community isn’t right. And when you identify that, hey, maybe it’s these healthy factors, and if you link it in a practical way to their life, that’s where it clicks for them. People are realizing that (unemployment/ education level) is a health factor and I can change this. We have to identify our own need for change and take steps to change ourselves.”

Health Promoter



Healthy Homes is a series of presentations intended to teach First Nations about the 12 determinants of health that may influence their lives. The objectives of the presentations were to motivate change through health education and provide support mechanisms to empower people to advance their education/career.

A series of five presentations were developed based on feedback from community partners and a needs assessment survey. The five presentations covered: discussion of the determinants of health; physical activity; food budgeting; grocery store tour and goal setting.

Impacts that occurred as a result of the Healthy Homes presentations were:

- Increased awareness about the determinants of health.
- Increased demand for the Healthy Homes presentations.
- Greater empowerment among participants and an increased ability to live healthy.

Keys to Success:

- Partnership building. Involved key stakeholders and partners from the beginning.
- Responded to community needs. Asked community members what they wanted to learn about before creating the presentations.
- Shared vision. Communicated with partners, organizations and community to promote the presentations and the lessons learned through the series.
- Referred participants. Participants were referred to other service providers in areas outside the health promoter’s expertise when more information was needed.
- Highlighted and promoted. Community success stories and positive role models were included in the presentations.
- Tailored the presentation to each group. The Health Promoter always kept in mind the interests and requests provided by partners and participants.
- Evaluation. Obtained feedback from the participants to give them a voice and enable them to contribute to the future development of the series.
- Other successes in planning the presentation series included: taking attendance and providing incentives; scheduling at a time that people were most likely to attend; presenting information in a way to reach all learning styles; being prepared and consistent; advertising; using the 4 F’s of program planning (fun, family, food, free); and celebrating successes along the way.

The Healthy Homes presentation series has led to positive changes among program participants. The information shared through the presentations resonates with their personal experiences, and has helped them recognize and understand the factors that influence their lives which they may not have identified before.

North Peace Tribal Council: Rocky Lane School Breakfast and Hot Lunch Program

The breakfast and hot lunch program is a highly valued program in the community. The Health Promoter played a significant role in initiating the program. The Health Promoter was able to secure funding from Breakfast Clubs of Canada through a grant. Beaver First Nation's Chief and Council also provided funding to support the school lunch program. As a result, a fully functioning hot breakfast and lunch program is available to the students of Rocky Lane at no cost.

The primary objective of the program was to ensure that the students' nutritional needs were met. Other changes hoped for were greater academic achievement, increased attendance, less time spent socializing during morning classes, improved emotional health, healthier relationships with food and fewer negative eating habits.

Impacts of the Hot Breakfast and Lunch program:

Parents, students, school staff and community partners identified several positive changes that occurred as a result of the program.

- Many of the impacts on the students revolved around having their basic needs met leading to increased attendance, increased focus in the classroom, reduced stress and better social relationships among students.
- For parents, the impacts included reduced food costs and stress associated with preparing meals for their children and more parental involvement in school.
- According to school staff, students were more supportive of each other, there were fewer divisions between the "haves" and "have nots", and there were more positive interactions between teachers and students.
- The community found it a comfort knowing that all children were being fed at least two meals each day.

Keys to Success:

There were three factors that seemed to lead to the success of the hot breakfast and lunch program.

- Having time to find resources and build partnerships. The Health Promoter had time available to search and apply for relevant grants and build partnerships with other potential partners.
- The school's commitment and dedication to the program. The champions in the school were willing to invest their own personal time to ensure the success of the program.
- Thinking longer-term. The school was able to acquire enough funding to hire a cook and ensure the sustainability of the program, at least for the next three years.

In 2010, Rocky Lane breakfast program was awarded the best new breakfast club in Canada.



"I feel smarter after I eat breakfast. My brain is working better. Classes are better now and teachers seem like they like us more because students have energy in class."

Student



Nunee Health Board/Fort Chipewyan: The Good Food Box

"I was surprised about how many foods that are quite common that people didn't know how to prepare because it's not something we normally use or have access to. For example, we had green beans in one of the good food boxes. Many people came up to me and asked me how to cook them. They were so used to opening the can that they didn't know how to prepare them. I gave recipes out to people, and they would tell me they never realized fresh beans tasted so good."

Community Partner



The success of the good food box was the result of the Health Promoter's vision, dedication and hard work. The good food box was started in the community with the hope that it could help provide community members with better access to fresh fruits and vegetables at more affordable prices. Fort Chipewyan is a remote, fly-in community and members have limited options for buying fresh fruit and vegetables.

The good food box provides community members with a box of fresh fruit and vegetables as well as some staple products like whole wheat pasta, whole wheat bread or whole grain cereals. It is offered once a month at a cost of \$25 for food worth \$40 or more.

Impact of the good food box:

- Increased access to healthy foods
- More people eating healthy foods and exposed to new foods
- Improved service delivery and working relationships between organizations

Keys to Success:

- Partnerships. Time was invested in building partnerships. The Health Promoter worked closely with the grocery store manager to place the orders and receive a monthly discount of 15%. The local Bands provided funds to help cover the cost of freight which allowed community members' payment for the good food box to go straight towards food.
- Commitment. It was mandatory for the health staff to assist preparing and distributing the good food box. The Health Promoter also relied on volunteers to assist with assembly.
- Advertising. The program was promoted by word of mouth, posters and newsletters.
- Combining resources. A community organization joined forces to offer their clients the good food box instead of a similar resource that cost more money to manage. Their partnership with the good food box led to a decrease in service duplication.
- Feedback. The Health Promoter sought input and feedback from partners and community members to continually try to make the program better.

The number of community members who purchased good food boxes more than doubled since the program first began. This suggests the good food box is continuing to fulfill a need in the community.

O'Chiese: Community Gardens

The community garden in O'Chiese came about from discussions with community members (mainly Elders) who saw the value of starting one. The goal of having a community garden was to inspire others in the community to start their own garden, save money by not having to buy produce at the store, and eat more vegetables and fruit.

The community found wooden garden beds worked the best for growing vegetables and fruit. The community worked closely with local stores to purchase supplies for building the garden beds as well as soil and seeds. Many different vegetables and fruits were grown, such as onions, carrots, potatoes, turnips, strawberries, saskatoons and blueberries. Volunteers helped build the garden beds and look after the garden during the growing season.

Impacts from the community garden:

- Increased interest and enhanced gardening skills
- A sense of control among community members over one aspect of their lives
- Learning opportunities about where food comes from and how it grows
- Increased food security – lower cost and better access to vegetables and fruit

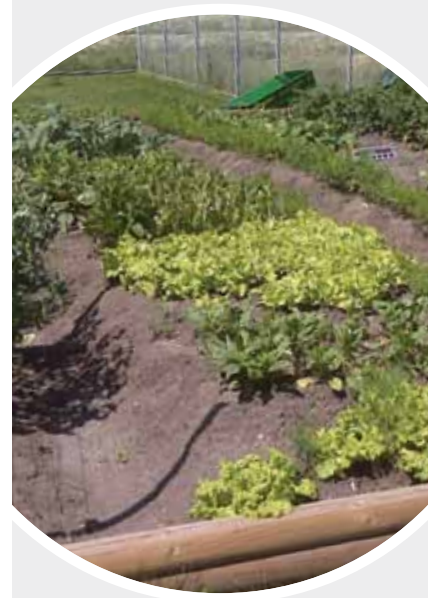
Keys to Success:

- Responded to a request from Elders. The gardens were created in response to an idea that emerged from the community.
- Brought community members together. Many people were involved in the process from planting, weeding and harvesting.
- Purchased locally. Partnered with local stores to purchase supplies.
- Developed partnership with school. High school students were going to be building garden boxes for their school in the upcoming year.
- Engaged the community. Elders were interested in growing their own gardens and now children are interested in learning more about growing vegetables and fruit.
- Creative thinking. Overcame challenges and put garden in high traffic area to promote the garden and increase interest in it.

Overall, the community garden re-ignited an interest in gardening among community members and sparked interest in children and youth to learn about where their food comes from and how to grow it.

"When we were growing up, we didn't buy anything from the stores and my mom had a garden of her own. I love how fresh everything is that comes from a garden. I was so happy when I heard they would have a garden."

Community Member



Piikani: litai'nssimpao'o Project – A School Greenhouse

“The Health Promoter was really a key part in this whole thing. As a school, we know there are grants out there, but unless you know where to go and what to do, it's not so easily done. There are so many other things we have to do. The Health Promoter did the preliminary leg work, she came up with the options and ideas and then she would come and we would discuss them.”

School Principal



The Health Promoter and Piikani schools were successful in obtaining a grant for the greenhouse project from the Alberta Healthy Schools Community Wellness fund, which is a fund that encouraged partnerships with schools.

Through the greenhouse project, they hoped to achieve many objectives. They intended for students to take an active role in the greenhouse ranging from constructing the greenhouse to planting and harvesting the vegetables. It was expected that students would gain knowledge about how to grow and care for vegetables. They also hoped students would learn patience and respect for plants and other living things. Ultimately, it was hoped that the students would bring home what they learned at school and encourage parents to grow their own garden.

Impacts of the Greenhouse Project:

- Increased students' knowledge about the plant growth cycle, plant development, food production, nutrition and healthy eating.
- Increased students' skills around construction, growing vegetables and maintaining gardens.
- Fresh vegetables from the greenhouse were used by the lunch program.
- Mutual respect among the students was strengthened.
- Positive interactions were seen between parents, school and community.
- A sense of pride was developed among all involved.
- Community members started their own gardens and greenhouses.
- Increased food security.

Keys to Success:

- Dedication. The Health Promoter devoted much time and energy to obtaining the grant and carrying the project through with a team approach.
- Commitment and interest. The school's dedication and commitment, including the teachers' personal interests in horticulture and gardening and providing hands-on opportunities to students, contributed to the greenhouse being integrated into the school and its curriculum.
- Building partnerships, and working together as a team. The civil engineer, the custodians and students all worked together to design and build the greenhouse structure.
- Strong and clear vision. Everyone worked towards achieving a common goal.
- Dedicated volunteers. Various people and groups helped keep the greenhouse going during school breaks.

The greenhouse has received recognition and interest from outside Piikani, and other communities have expressed interest in learning more about the greenhouse model.

SUMMARY OF THE HEALTH PROMOTER INITIATIVE

This impact evaluation of the Health Promoter Initiative has demonstrated evidence that it was an effective model in First Nations communities in Alberta where it was implemented. The positive features of the model included:

- Being community-based and community-driven.
- Having the flexibility to begin to create initiatives that met communities' identified needs.
- Bringing awareness of health promotion.
- Being able to facilitate change in the communities.
- Changing environments to support healthier living.
- Creating and implementing healthy policies in the community to support healthy choices.
- Using a cultural approach to health promotion that encourages holistic health.



INTERESTED IN HAVING A HEALTH PROMOTER INITIATIVE IN YOUR COMMUNITY?

Here are some suggestions to make that happen:

- Identify interest from leadership, potential partners and community members.
- Identify potential sources of funding such as health programs ADI (Aboriginal Diabetes Initiative), MCH (Maternal and Child Health Program), CPNP (Canada Prenatal Nutrition Program), BFI (Brighter Futures Initiative), and other relevant programs or other community revenue (eg casino funds).
- Consider pooling funds and/or sharing a Health Promoter with nearby communities or at the tribal council level.
- Identify funds that can be used for health promotion activities (eg., starting a good food box or a community garden) that can be delivered by existing employees such as Community Health Representatives (CHRs).
- Encourage existing staff to work more collaboratively with each other and community partners through interagency meetings, etc.
- Offer opportunities for staff to increase their knowledge of the determinants of health, the types of activities that may enhance health, health promotion and health promotion strategies and how to apply this knowledge in their jobs.



Supports in place:

- The training curriculum developed for the Citation in Health Promotion by the University of Alberta and Blue Quills First Nations College has been offered through a combination of in-person and distance education methods for 2011-12 and 2012-13. Health Promoters study health promotion strategies, program planning, the impacts of colonization, social determinants of health, needs assessments, policy development, research and grant writing.
- An online discussion forum was established to create a Virtual Community of Practice and facilitate peer support among the Health Promoters. Resources have been developed to support specific health promotion activities. For example, the Good Food Box manual has been developed to support communities who want to use this approach to increase community access to healthy foods.
- Continued peer support (e.g., face-to-face meetings, videoconferences, additional training opportunities).
- A mentorship/support model to orient new Health Promoters to their role is being encouraged. Mentorship can be offered either within the community by local experts in health promotion or via relationships with other communities that already have experienced Health Promoters.

“I love the program and it’s kind of the umbrella over the other programs. It brings it all together. Without the HPI, I don’t think these changes would be happening, at least not as quickly as they have. It’s a huge benefit to the community.”

Supervisor

To find out how HPI can work in your community,
contact the Health Promotion Initiative Lead at

1-855-809-6966

First Nations and Inuit Health Branch-Alberta Region
www.hc-sc.gc.ca

