Health Promotion as Practiced By Environmental Health Officers: The BC Experience

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Objectives

- Study conducted at the Environmental Health Services Division (EHSD), BCCDC. Supervisor: Dr. Tom Kosatsky.

  - Background
  - Purpose
  - Methods
  - Results
  - Conclusions
  - Next steps

Background: EHOs in BC

- Environmental Health Officers (EHOs), formerly called Public Health Inspectors, are vital members of the public health system.
  - Front line providers.
  - Core health protection services related to food safety, water quality, air quality, community sanitation, insect and rodent control, communicable disease investigation, etc.
- Administering provincial legislation and intervening where necessary to minimize health and safety hazards.
- Over 300 EHOs in BC.

Background Health promotion – health protection

- Health promotion: the process of enabling people to increase control over and improve their health.
- Key actions for Health Promotion (Ottawa Charter 1986):
  1. Building healthy public policy
  2. Creating supportive environments
  3. Strengthening community actions
  4. Developing personal skills
  5. Reorienting health services

- Importance of health promotion in the work of health protection is reflected in the strategic plan for the Health Protection Branch of the BC Ministry of Healthy Living and Sport (2010).

- Use of health promotion 'upstream' might create conditions in which breaches of health protection are unlikely to occur, and therefore decrease the need for enforcement 'downstream'.

Background: Health promotion – health protection

- No literature found that specifically explores the knowledge, attitudes and behaviours of EHOs with respect to health promotion.
  - There is literature that discusses the work of nurses in environmental health practice who have expertise in health promotion.

- In BC, it is uncertain:
  - Whether, or how, EHOs practice health promotion
  - How health promotion relates to their enforcement mandate
  - What factors support or hinder their involvement with health promotion.

Purpose

- To explore the experiences of EHOs in practicing health promotion.
- Create a roadmap for the ongoing integration of health promotion into health protection mandates.

  - Designed to support program development within the BCCDC (i.e., the ongoing development of health promotion by BC's EHOs).

Methods

- Convenience sample of 15 EHOs selected to represent different:
  - Geographic locations (3 from each Health Authority)
  - Levels of experience and authority (1 manager from each HA, senior and junior EHOs 2-20+ years experience, consultants)
  - Areas of work (drinking water, food safety, land use, etc.).
- Regional Directors of Health Protection of each Health Authority identified 3 EHOs who agreed to be interviewed.
- EHOs contacted to discuss study purpose and methods, intended uses of the data, and provisions for confidentiality.
- All participants provided verbal consent.

Methods

- 9-item, mixed qualitative and quantitative survey:
  - EHOs perceived involvement in health promotion
  - Health promotion strategies utilized
  - Relationship between health promotion and their enforcement mandates
  - Effectiveness of health promotion
  - Barriers and enabling factors affecting implementation
- Survey reviewed by EHOs outside of the sample and the Regional Directors of Health Protection.
- One-to-one interviews were conducted by one interviewer in person or by telephone.
- Data transcribed by hand or notes taken using computer.

Methods - Analysis

- Analysis of qualitative data contained in field notes:
  - familiarization with the raw data and identification of ideas and recurrent themes
  - selection of themes
  - review of the data and arrangement by theme
  - data interpretation
  - draft results document circulated to participants and feedback was requested to ensure that the data were accurate and reflected important themes.
- Quantitative data were analyzed using Microsoft Excel (version 12.2.5, 2007) to produce proportions with percentages.
- Identifying information (e.g., names, geographic area) removed.

Results

- 14/15 (93%) felt that they practiced health promotion.
- *"EHOs have been doing health promotion all along, in a subtle way, before it was called health promotion."*
- One respondent explained that his/her work involved helping individuals/businesses *"come up with solutions on their own."*
- Most commonly utilized strategies for health promotion:
  - building healthy public policy (13/14; 93%)
  - developing personal skills: (13/14; 93%)
  - creating supporting environments for health (12/14; 86%)

Health Promotion Strategy	Examples From EHO Respondents
Building healthy public policy	•Sitting on local/regional/provincial committees looking at building policies and watershed protection. •Working on the development, revision and expansion of bylaws (e.g., smoking, noise, pesticide use). •Working with organizations to develop internal policies (e.g., pest management in a housing co-operative). •Sitting on an airshed coalition group as the representative of the HA •Providing information at municipal council meetings and advocating for the passage of pesticide bylaws.
Creating supporting environments	•Conducting routine inspections of restaurants. •Working with farmer's markets to ensure that food is safe. •Interest in bringing healthy and safe local foods into restaurants, and encouraging healthier food choices on menus.
Strengthening community action	•Along with the MHO, visiting local municipalities to liaise with communities and identifying a designate to work with the HA, and holding question and answer sessions (e.g., the Public Health Act). •Facilitating stakeholder meetings to develop emergency response plans in preparation for mass gatherings.
Developing personal skills	•Teaching FOODSAFE and MarketSafe •Delivering presentations to water system operators •Establishing information booths at malls with the theme "holiday food safety" (turkey preparation, thermometers) •Handwashing education in schools (e.g., H1N1 prevention) •Handwashing education in restaurants •Delivering disease prevention messages through media interviews •Education in diverse community settings (e.g., schools, seniors fairs)
Reorienting health services	•Encouraging a focus on preventing West Nile virus, not just recognition and treatment.

Results – health promotion and enforcement

- Majority used health promotion as a part of enforcement (12/13): first tired to educate and create environments that supported making required health & safety choices, then applied enforcement measures if this did not work.
- Health promotion-enforcement relationship situation dependent.

- 9/13 did not feel enforcement mandate limited use of health promotion, however some felt being perceived as enforcement officers posed challenges for using health promotion.

Interaction between health promotion and enforcement as described by EHOs (n=13) in BC	
Category	**Total (%)**
Relationship between health promotion and enforcement	
• Health promotion as a part of enforcement	12 (92%)
• Health promotion as an alternative approach to enforcement	5 (38%)
• Health promotion as an 'add-on' to enforcement	5 (38%)
• Health promotion separately from enforcement	3 (23%)
Effect of enforcement mandate on use of health promotion	
• Enforcement mandate does not limit use of health promotion	9 (69%)
• Enforcement mandate does limit use of health promotion	2 (15%)
• Effect of enforcement mandate on health promotion depends on the situation	2 (15%)

Results – health promotion and enforcement

- *"[enforcement mandate] can restrict the use of health promotion, because of the perception that we are not here to necessarily help but to be the legal technicians that give out tickets."*

- Enforcement recognized as an important and valuable tool: *"there is stigma that the EHOs job is an enforcer. Whenever I have to use enforcement it is critical…we need to have this tool, it is a valuable tool to protect health. Enforcement and health promotion together make this job a great job."*

Results – health promotion and work effectiveness

- 12/15 (80%) felt that the increased use of health promotion would increase the effectiveness of their work.

- One respondent in a management position suggested that it was important to broadly increase the health promotion profile of health protection activities.

Results – strategies to facilitate use of health promotion

- **Practical training**, available to all EHOs (field staff, managers, etc.)

- Health promotion is very *"theoretical"*, guidance on practical implementation is felt to be lacking: *"…tell us what we can actually do."*

- Training should include:
  - Examples of how health promotion has been implemented elsewhere and impact (in BC, nationally, internationally)
  - How health promotion can be operationalized in the BC-context
  - How health promotion strategies can complement enforcement activities

- Training should be delivered:
  - Hands-on "implementation-focused" workshops
  - Annual education days where speakers are brought in ("mini-conferences")
  - Regular staff meetings

Results – strategies to facilitate use of health promotion

- Including health promotion in the goals and plans of **health protection policies**, at all levels.

- *"the Ministry needs to specify a mandate for [health promotion], an expectation that the Health Authorities will do it, and accountability…this will then be integrated into the Health Authority's 'strategic plans' and then into 'program plans'".*

- *"we need a system and acknowledgement for measuring health promotion activities…it would need to be built into our current workplans…there is no way to measure [health promotion] right now."*

- *"accountability frameworks and expectations need to be as uniform as possible across BC's Health Authorities."*

Results – strategies to facilitate use of health promotion

- Lack of **resources** (e.g., time, personnel, money) identified as a barrier to engaging in health promotion.
  - Suggestion that a greater allocation of financial resources for health promotion, beyond what is necessary to meet the core health protection programs.

- Ongoing **relationship building** with individuals, businesses and communities
  - There is a long history of enforcement with individuals/firms, and there is a need to "build relationships to move towards health promotion."

- **Partnerships with communications** staff within Health Authorities to facilitate the production of health promotion information and tools.

- **EHO input** into the type of health promotion activities they should be doing will facilitate buy-in.

Limitations

- Participants selected by Regional Directors of Health Protection, which may introduce bias (e.g., if those selected were more likely to be involved with, or have an interest in, health promotion).

- Small sample size and convenience sample limit external generalizability, although are appropriate given the novel and exploratory nature of the study.
  - The important issues raised should be examined with a larger sample.

Conclusion

- EHOs engage in a broad and varied health promotion practice.

- Practical training with a focus on health promotion implementation in the BC context, and clear and consistent direction regarding expectations and accountability, would facilitate greater involvement.

Tools that facilitate the use of health promotion by EHOs
• Consistent and clear mandate for health promotion and supervisory guidance. • System of acknowledgement and accountability • Education about health promotion and EHO training programs and professional development • Practical information on how to engage in health promotion in the BC context • Resources (e.g., time, finances, personnel) • Strong relationships with local government and community groups

Next steps

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