

# WELLNESS GRANT PROGRAM

Chief Public Health Office

2017-2018



Health and Wellness



Santé et Mieux-être

# TABLE OF CONTENTS

- Section 1: Overview** .....3
  - Introduction* .....3
  - Context* .....3
- Section 2: Funding Program & Priorities** .....4
  - Project Focus*.....5
- Section 3: Eligibility Requirements & Funding**.....7
  - Eligible Applicants*.....7
  - Eligible Expenses*.....7
  - Non-Eligible Expenses*.....7
  - Funding Amount* .....7
- Section 4: Application - Submitting a Statement of Intent (SOI)** .....8
  - Application Process*.....8
    - Stage 1: Statement of Intent (SOI).....8
    - Stage 2: Consultation/Project Development.....8
    - Stage 3: Final Proposal.....8
  - Application Requirements* .....9
    - 1. Statement of Intent (SOI) Template .....9
    - 2. Budget Forecast.....9
    - 3. Letters of Engagement.....9
  - Deadline for Submission* .....9
  - Submitting your Application* .....9
- Section 5: Project Assessment Process** ..... 10
  - Assessment Criteria* ..... 10
- REFERENCES** ..... 11
- APPENDIX A**..... 12
  - Statement of Intent (SOI) Template* ..... 12
- APPENDIX B**..... 14
  - Budget Forecast Template* ..... 14

## Section 1: Overview

### Introduction

The Chief Public Health Office (CPHO) promotes, prevents and protects the health of Islanders so that fewer people become sick or injured and more people live healthier lives. **Public health** aims to provide the maximum benefit for the largest number of people. Using a **population health** approach it aims to improve the health of the entire population and to reduce health inequities among population groups.

The **Health Promotion** unit, in the CPHO, is responsible for advancing policies and processes that enable people to increase control over, and to improve, their health. Health Promotion represents a comprehensive approach to bringing about social change in order to improve health and wellbeing. Health promotion action is directed at strengthening the skills and capabilities of individuals and at changing social, environmental and economic conditions (also known as the *Social Determinants of Health (SDH)*) to alleviate their impact on public and individual health. The objective of health promotion is wellness, embodied in healthy and resilient populations. Participation is essential to sustain health promotion action.

### Context

Chronic disease is the leading cause of preventable disease and disability worldwide and in PEI. The World Health Organization has identified four common behavioural risk factors: poor diet, lack of physical activity, tobacco use and excessive alcohol consumption. These four risk factors are associated with four disease clusters: cardiovascular disease, cancer, chronic pulmonary disease and diabetes that account for 80% of death from non-communicable diseases. (1) Mental illness also contributes to and is associated with these non-communicable disease clusters.

In January 2015 the Department of Health and Wellness launched a PEI Wellness Strategy (2) that focused on five important areas: healthy eating, physical activity, living tobacco free, consuming alcohol responsibly and mental health. The Health Promotion unit in the Chief Public Health Office, Department of Health and Wellness, is responsible for advancing work in these areas. The internationally-recognized **Ottawa Charter for Health Promotion** identifies five strategies for advancing health promotion work: develop personal skills, create supportive environments, build healthy public policy, reorient health services and strengthen community action. (3)

In 2016 the Chief Public Health Officer's Report *Health for All Islanders* was released. It explored the relationship between the SDH, health equity, health behaviours and population health outcomes. In particular, the socioeconomic factors: sex, age and household income were used to analyze PEI health trends. The following are some key findings of Islander's health status and determinants (1):

- Smoking is a major risk factor for PEI's top 4 causes of death. Smoking rates are higher in PEI than in Canada.
- Islanders with the lowest income are less likely to report excellent or very good health compared to Islanders overall.
- Islanders are more likely to be obese than Canadians. 63.2% of Islanders are either overweight or obese.
- Over 1 in 3 Islanders report having a chronic condition.

- About 1 in 10 Islanders aged 20+ have diabetes. This is higher than the Canadian average.
- Almost 1 in 3 Islanders aged 20+ have high blood pressure. This is higher than the Canadian average.
- About 1 in 12 Islanders aged 20+ have heart disease. This is higher than the Canadian average.
- Almost 1 in 10 Islanders aged 35+ have COPD.
- The number of people diagnosed with cancer in PEI is likely to rise due to our aging population and population growth.
- Islanders consume less fruits and vegetables than the average Canadian. Men and middle aged Islanders are less likely to eat at least 5 or more fruits and vegetables per day.
- Islanders are more inactive than the average Canadian and rates of inactivity have been increasing. Inactivity increases with age.
- Of Islanders who consume alcohol, 26% would be considered heavy drinkers. Males and younger Islanders are more likely to be heavy drinkers.
- Smoking rates in PEI are higher than in Canada. Rates are highest among males, the middle-aged and those with the lowest income.
- Young adults are more likely to want to improve their health in the coming year.
- Islanders have a strong sense of community belonging which increases with income. Island young adults experience less sense of community.
- The Social Determinants of Health have a significant influence on the health of Islanders.
- Health inequity exists both between Islanders and Canadians as well as within our Island population.

Despite the above findings, almost 60% of Islanders intended to do something to improve their health within the next year. However, making positive changes on one's own can be difficult. Many initiatives that address these issues and the SDH are already taking place across PEI but we know more work is needed. A multi-sectoral approach of leadership, collaboration, and engagement among individuals, communities, organizations, business and government is required. We hope these grants will serve as a catalyst for some of this work.

## Section 2: Funding Program & Priorities

The Department of Health and Wellness invites eligible organizations and groups to submit a **Statement of Intent (SOI)** to advance innovative, population-level interventions to promote wellness and healthy living and prevent chronic disease. Collaborative approaches that involve many stakeholders and community partners are required to address the complex social issues of sedentary behavior, obesity, etc. and prevent chronic diseases.

For the last two years the DHW has funded more than 40 projects through the Wellness Grant Program. The Statement of Intent funding model is recognition that active engagement and partnerships are necessary to support and sustain behavior change that will positively impact health. A large proportion of PEI's chronic diseases can be prevented or delayed. The **purpose** of this Statement of Intent is to gather project ideas from organizations and work with them to further develop ideas, partnerships, and identify impact and measurable results for long-term sustainability.

## Project Focus

The World Health Organization has identified seven key principles of health promotion (4):

### World Health Organization Principles of Health Promotion

<b>Empowerment</b>	Health promotion initiatives should enable individuals and communities to assume more power over the personal, socio-economic and environmental factors that affect their health.
<b>Participative</b>	Health promotion initiatives should involve those concerned in all stages of planning, implementation and evaluation.
<b>Holistic</b>	Health promotion initiatives should foster physical, mental, social and spiritual health.
<b>Inter-sectoral</b>	Health promotion initiatives should involve the collaboration of agencies from relevant sectors.
<b>Equitable</b>	Health promotion initiatives should be guided by a concern for equity and social justice.
<b>Sustainable</b>	Health promotion initiatives should bring about changes that individuals and communities can maintain once initial funding has ended.
<b>Multi-strategy</b>	Health promotion initiatives should use a variety of approaches in combination with one another, including policy development, organizational change, community development, legislation, advocacy, education and communication.

The above principles should guide a Statement of Intent (SOI) and the four areas below must be represented in your proposed project:

#### 1. PEI Wellness Strategy

One or more of the five action areas of the PEI Wellness Strategy:

- Healthy Eating
- Physical Activity
- Living Tobacco-Free
- Responsible Alcohol Use
- Mental Well-Being

#### 2. The Ottawa Charter for Health Promotion

Commit to advancing one or more of the strategies for health promotion:

- Building Healthy Public Policy
- Creating Supportive Environments
- Strengthening Community Action
- Developing Personal Skills
- Re-orienting Health Services

#### 3. Primary Prevention intervention

*Primary prevention* aims to prevent disease or injury before it ever occurs. This is often referred to as “upstream”. This is done by preventing exposures to hazards that cause disease or injury, altering

unhealthy or unsafe behaviours that can lead to disease or injury and increasing resistance to disease or injury should exposure occur. (5)

The following example helps to illustrate the three levels of prevention: primary, secondary and tertiary.

### Going “upstream”

To help explain the difference, take this example. Let’s say you are the mayor of a town near a swimming hole used by kids and adults alike. One summer, you learn that citizens are developing serious and persistent rashes after swimming as a result of a chemical irritant in the river. You decide to take action.

If you approach the company upstream that is discharging the chemical into the river and make it stop, you are engaging in primary prevention. You are removing the hazardous exposure and preventing rashes in the first place.

If you ask lifeguards to check swimmers as they get out of the river to look for signs of a rash that can then be treated right away, you are engaging in secondary prevention. You are not preventing rashes, but you are reducing their impact by treating them early on so swimmers can regain their health and go about their everyday lives as soon as possible.

If you set up programs and support groups that teach people how to live with their persistent rashes, you are engaging in tertiary prevention. You are not preventing rashes or dealing with them right away, but you are softening their impact by helping people live with their rashes as best as possible.

For many health problems, a combination of primary, secondary and tertiary interventions are needed to achieve a meaningful degree of prevention and protection. However, as this example shows, prevention experts say that the further “upstream” one is from a negative health outcome, the likelier it is that any intervention will be effective.

**Source:** *At Work*, Issue 80, Spring 2015: Institute for Work & Health, Toronto

#### 4. Population-health approach

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and environmental factors. A population health approach addresses the range of individual and collective factors that determine health. Population health strategies are designed to affect whole groups or populations of people. (6)

## Section 3: Eligibility Requirements & Funding

### Eligible Applicants

- Non-profit organizations, community-based coalitions, networks, municipal governments, band/tribal councils and other Aboriginal organizations, in PEI, are eligible for funding.
- Organizations must have capacity to enter into a legal agreement to receive funding (i.e. a charitable organization number or a provincial incorporation number).
- Individual projects (i.e. projects that are forwarded by individuals not affiliated with a non-profit organization) are not eligible.

To build capacity for all organizations in the community, preference may be given to project-based organizations that do not have established core-funding provided by the Federal or Provincial government.

Community partnerships and multi-sectoral collaboration must be evident in the application.

Eligibility is based on the proposals ability to demonstrate how they meet the funding priorities in Section 2.

\*Multi-year funding proposals will not be considered.

### Eligible Expenses

- Materials, supplies and small equipment
- Training delivery costs (individual conference attendance costs: registration/travel/ accommodations are excluded)
- Professional fees (related to the project only; cannot include overhead/administrative fees/honoraria of organization staff, or expressed as a percentage of ongoing activities of an organization)
- Product Development
- Promotion and Marketing initiatives
- Travel (in province only)
- Facility rental (excludes space already owned by organizations involved in the project)
- Evaluation

### Non-Eligible Expenses

- Salaries and benefits
- Research activities (excludes community needs or strength-based community assessments)
- Costs of goods and services that are the responsibility of other levels/departments of government
- Costs of ongoing activities for an organization (core operations)
- Stand-alone/One-time only activities such as awareness raising events, expos, conferences, etc.
- Capital and infrastructure costs
- Fundraising events, prizes or contest money
- Scholarships or bursaries
- Unidentified miscellaneous costs

### Funding Amount

Projects are eligible to receive up to \$10,000.

## **Section 4: Application - Submitting a Statement of Intent (SOI)**

### **Application Process**

The application process will consist of three stages:

1. Statement of Intent
2. Consultation/Project Development
3. Final Proposal

#### **Stage 1: Statement of Intent (SOI)**

The purpose of the Statement of Intent is to identify projects that have potential for submission of a proposal. The Statement of Intent stage is to be viewed less as a competitive process and more as an opportunity to share your ideas and concepts for a primary intervention initiative. However, not all organizations that submit a SOI may move to the second stage of the application process.

#### **Stage 2: Consultation/Project Development**

Organizations with a Statement of Intent (SOI) deemed to best fit the overall goals and priorities (Section 2) will be contacted and provided with DHW staff support to further develop the project and finalize a proposal for submission and funding. In this case, multiple applicants who share similar ideas for a project may be brought together to discuss project goals and potential for collaboration, further enhancing opportunities for multi-sectoral partnership and community action.

\*Applicants who reach this stage must be interested in working with DHW staff and other stakeholders to develop a comprehensive proposal that could be considered for funding.

#### **Stage 3: Final Proposal**

Following consultation and assistance with project development, applicants will be encouraged and supported in their proposal for funding consideration. At this stage, applicants will be expected to elaborate on the project described in the SOI or submit a revised collaborative project prepared by multiple partners, for funding consideration. Proposals will undergo a final review process of outcomes, deliverables and budget. Successful applicants will be awarded funding.

By this stage, the assumption is that the support and direction offered by DHW staff and the collaborative efforts of all involved will result in a successful funding application. However, submitting a final proposal does not guarantee funding if the final proposal cannot meet the priorities in Section 2. The number of projects that can be supported and the degree of support a project receives will be determined by the program budget. As determined by the review committee, approved funding amounts may be different from proposal amounts.

Organizations with approved projects will be required to sign a project contract. Successful applications will receive 80% of the total grant at the beginning of their project. The final 20% will be released when the final report and final expenditure report (with receipts) has been received by the Department of Health and Wellness.

## Application Requirements

### 1. Statement of Intent (SOI) Template [Appendix A]

The Statement of Intent (SOI) Template contains organizational and project information. You must submit the attached template as your funding application. Please feel free to attach additional information (e.g. research reports, environmental scans, assessments, pilot project/evaluation results, etc.) as evidence to support your project idea.

### 2. Budget Forecast [Appendix B]

In addition to the SOI, you must provide a budget forecast (a statement of expenses and revenues) for the project. The budget should include all sources of funding and/or in-kind support. While details will be important in the assessment of your application, it is recognized that this could change when the project moves through Stage 2 and 3.

\*The review committee reserves the right to increase funding for projects where multiple applicants have been convened to further develop a project idea (Stages 2 & 3).

### 3. Letters of Engagement

Two letters of engagement from partners involved in your project must be included with the application. The partner letter must identify the role the organization will play in the project and the contribution it will make to the project (e.g. content expertise, funding, space, evaluation, etc.).

## Deadline for Submission

An initial deadline for this Statement of Intent process has been set for **June 30<sup>th</sup>** at 4:00 p.m. All applications must be received, in full, by this date/time.

All applications will be acknowledged by email. Please ensure your email address is included in your SOI application so we may contact you.

Applications will be accepted after this deadline. However, those received by June 30<sup>th</sup> will be assessed first and considered for Stage 2. Applications received after this date will be held for consideration and assessment at a later date; pending funds remaining.

## Submitting your Application

Your application must contain the following:

- q Statement of Intent
- q Budget Forecast
- q 2 Letters of Engagement
- q Optional: Additional documentation

All applications must be submitted via email to [lanoonan@gov.pe.ca](mailto:lanoonan@gov.pe.ca). All documents must be in Microsoft Word or PDF format.

If desired, additional or hard copy documents can be sent via fax to: 902-620-3354, or by post, to:

Chief Public Health Office  
c/o Laura Lee Noonan  
16 Fitzroy Street, P.O. Box 2000  
Charlottetown, PEI C1A 7N8

## Section 5: Project Assessment Process

Submitted applications will be screened to ensure eligibility and completeness by the CPHO, and will be reviewed by a committee to determine each application's ability to meet the priorities for funding and assessment criteria.

### Assessment Criteria

#### 1. Organizational capacity (15 points)

- Organizational capacity and infrastructure support
- A history of leading or supporting similar initiatives
- Ability to sustain the project

#### 2. Project Intent (40 points)

- WHAT: the intervention and its intended impact
- WHY: the reason that led to the proposed intervention
- WHO: the target populations to be reached through the intervention
- WHERE: the geographic location(s) and the setting(s) where the intervention will take place (e.g. workplace, community)
- HOW: the proposed plan and key activities contributing to successful implementation

#### 3. Project Focus (alignment with program focus areas outlined in Section 2): (25 points)

- Wellness Strategy action area(s)
- Ottawa Charter strategy identified
- Primary Prevention Intervention
- Population-health approach

#### 4. Collaboration and Multi-sectoral Partnerships (10 points)

- Engagement or involvement with other sector organizations
- Role and contribution of each partner

#### 5. Evaluation (5 points)

- Indicators of success identified
- Methods used to measure success are appropriate

#### 6. Budget (5 points)

- Clear
- Reasonable
- Good value for money

## REFERENCES

1. **Chief Public Health Office.** *Promote, Prevent, Protect: Prince Edward Island Chief Public Health Officer's Report 2016 Health for All Islanders.* Charlottetown: Department of Health and Wellness, Government of PEI, 2016.
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5. **Institute for Work and Health.** What researchers mean by ... primary, secondary and tertiary prevention [Internet]. [Cited: May 11, 2017.] <https://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention>
6. **Health Canada.** Population Health: The Population Health Template. [Online] 2001. [Cited: May 11, 2017.] Available from: <file:///C:/Users/lanoonan/Downloads/-sites-webphac-htdocs-archives-discussion-eng.pdf>

## APPENDIX A

### Wellness Grant Program 2017-2018

#### STATEMENT OF INTENT (SOI) TEMPLATE

Statement of Intent (SOI)		
<b>Organizational Information</b>		
1. Legal Name of Organization:		
2. Registered Charity Number or PEI Incorporation Number:	3. Year organization was founded:	
4. Capacity of Organization		
# Full-time Staff:	# Part-time Staff:	
4. List all Board members, role, and provide contact information for one:		
<b>Project Contact Information – to be contacted for further information about the application</b>		
1. Name:		
2. Title:		
3. Address:		
4. Telephone No:	Fax No:	
5. Email:		
<b>Project Information</b>		
1. Project Title:		
2. Project Duration		
Start Date:	End Date:	Total Weeks:
3. Total Project Costs:		
4. Funding Request from Wellness Grant Program:		

<b>Statement of Intent (SOI)</b>
<b>Project Focus</b>
1. Wellness Strategy Area(s):
2. Ottawa Charter Strategy focus:
3. Primary Prevention Intervention – Explain your intervention or the action you want to take:
4. What factors (social, economic or environment) do you hope to address through this project:
<b>Project Intent</b>
5. <b>WHAT</b> is the intended impact of the project or intervention?
6. <b>WHY</b> is this intervention/project needed?
7. <b>WHO</b> will you reach through this project (what target populations)?
8. <b>WHERE</b> will the intervention take place (location)? In what settings (workplace, community)?
9. <b>HOW</b> will you implement this project? What is the proposed plan and key activities that will contribute to its success?
<b>Partnerships and Multi-sectoral Collaboration</b>
10. Who are the partners or other organizations engaged in this project? What is their role and contribution to the project?
<b>Evaluation</b>
12. How will you know that your project has been a success? (What are your indicators of success?)
13. How will you measure success? What methods will you use?

## APPENDIX B

### BUDGET FORECAST TEMPLATE

Budget Forecast				
Project Expenses	Estimated	Funding Sources		
List <b>each</b> eligible expense separately (identify quantity if relevant)	<b>Cost</b>	Grant	Other Cash	In-Kind
<b>TOTAL</b>				