

# WELLNESS GRANT PROGRAM

Chief Public Health Office

2018-2019



Health and Wellness



Santé et Mieux-être

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## Section 1: Background

### Key Terms

**Public Health** – organized efforts to monitor and prevent disease and promote and protect health so that fewer people become sick or injured and more people live healthier lives.

**Health Promotion** – enabling people to increase control over, and to improve, their health. (7)

**Social Determinants of Health** – the social, environmental and economic conditions in which people are born, grow, live, work, and age that shape health and wellbeing. These circumstances are shaped by the distribution of money, power, and resources.

**Health Inequities** – differences in health among populations that are avoidable and preventable, as they result from an unfair distribution of resources and opportunities.

**Population Health** – the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population.

**Health Equity** – all people (individuals, groups, and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic, and environmental conditions. (8)

**Primary Prevention** – efforts to prevent disease or injury before it ever occurs.

## 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. Health Promotion is the process of enabling people to increase control over, and to improve, their health (7). It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. The Health Promotion unit, in the CPHO, is responsible for advancing policies and processes that strengthen the skills and capabilities of individuals and foster social, environmental and economic conditions – known as the **Social Determinants of Health (SDH)** – that promote healthy and resilient populations.

The SDH shape the environments, opportunities, resources, and skills people need to be healthy. The unequal distribution of the SDH throughout the population creates health differences among groups of people. **Health Inequities** refer to those differences in health that are avoidable and preventable, as they result from an unfair distribution of resources and opportunities. Using a **population health** approach, the CPHO and the Health Promotion unit aim to improve the health and wellbeing of all Islanders and reduce health inequities among population groups. A population health approach can mean ensuring an intervention is universally available or tailoring an intervention to a specific group of people experiencing health inequities.

Health promotion action in the CPHO is guided by the five strategies identified in the internationally-recognized **Ottawa Charter for Health Promotion**: develop personal skills, create supportive environments, build healthy public policy, reorient health services and strengthen community action. (3) Health promotion action can address gaps or inequities in the SDH and/or promote and leverage existing strengths or resources that contribute to communities' health and wellness. Participation and collaboration between individuals, communities, organizations, businesses, and governments is essential to sustain health promotion action. Health promotion action works toward the goal of **health equity**. Health equity means all people (individuals, groups, and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic, and environmental conditions. (8) We hope the Wellness Grant Program will serve as a catalyst for some of this work.

### SOCIAL DETERMINANTS OF HEALTH (SDH)

- Income & social status
- Social support networks
- Employment & working conditions
- Physical environments
- Education & literacy
- Personal health practices & coping skills
- Biology & genetic endowment
- Healthy child development
- Social Environments
- Health services
- Gender
- Culture

## Context

Most of the resources allocated for health and wellness in PEI are spent on health services addressing illness and disease. While it is important to provide high quality services to those who require health care, many chronic diseases are preventable as they are linked to four modifiable risk factors: poor diet, physical inactivity, tobacco use, and harmful use of alcohol (1). These risk factors are associated with four chronic disease clusters: cancer, cardiovascular disease, pulmonary disease, and diabetes. Poor mental health also contributes to and is associated with these non-communicable disease clusters. The burden of chronic disease poses challenges for

sustaining PEI's health care system, and is preventing Islanders from attaining and maintaining optimal health, wellness, and productivity.

In January 2015 the DHW 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 CPHO's Health Promotion unit is responsible for advancing work in these areas.

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 of sex, age, and household income were used to analyze PEI health trends. The report indicates that the SDH have a significant influence on the health of Islanders and highlights the health inequities that exist between Islanders and Canadians as well as within our Island population.

For instance, Islanders with the lowest income are less likely to report excellent or very good health compared to Islanders overall. The number of people diagnosed with cancer in PEI is likely to rise due to our aging population and population growth. Over 1 in 3 Islanders report having a chronic condition. Compared to the Canadian average, there is a higher prevalence of diabetes, heart disease, COPD, obesity, and high blood pressure among Islanders. Islanders consume fewer fruits and vegetables and more likely to smoke, be inactive, and binge drink than the average Canadian. In 2017, the CPHO released *The Children's Report*, which explored the relationship between the SDH, health equity, health behaviours, and health outcomes for Island children. The report's findings indicate that certain risk factors and health outcomes for children follow the same pattern as the adult population. For instance, children living with the lowest family affluence, and highest material and social deprivation experience greater health risk factors. The Children's Report identified risk factors in additional domains related to healthy development, which have a cumulative effect and interact with the SHD resulting in additional risks to well-being.

Overall, Islanders have a strong sense of community belonging and almost 60% of Islanders reported that they intended to do something to improve their health within the next year. We know a large proportion of PEI's chronic diseases can be prevented or delayed. Many initiatives that address health outcomes and the SDH are already taking place across PEI but we know more work is needed to address chronic disease "upstream". An "upstream" approach aims to prevent disease or injury before it ever occurs. In health promotion work, we refer to this as **primary prevention**\*. It is our hope that the successful Wellness Grant projects will build on Islander's sense of community and readiness and develop upstream projects to promote wellness and healthy living and prevent chronic disease.

#### \*Health Promotion Levels of Prevention

**Primary** - prevents disease, illness, or injury before it happens.

**Secondary** - early detection of disease, illness or injury and reducing its severity.

**Tertiary** - treating an existing disease, illness or injury.

*Example: An industrial company is releasing a contaminant into a river that is causing swimmers in the river to get rashes.*

*Enforcing a policy that prohibits the company from dumping the contaminant (thus preventing rashes) is **primary prevention**. Having a lifeguard check swimmers for rashes and treat immediately is **secondary prevention**. Setting up a support group to help people deal with persistent rashes is **tertiary prevention**. (9)*

## Section 2: Funding Program & Priorities

The DHW recognizes the value and importance of health promotion to reduce our reliance on the health system and positively influence healthier lifestyles and community well-being. The Wellness Grant program has been designed to support community-based health promotion efforts that enhance community resources, systems, and networks that can positively influence health outcomes and make healthy choices easier for all Islanders.

The Wellness Grant program provides opportunities for active engagement and local partnerships that will support and sustain projects that improve the health of Islanders. The program aims to support collaborative approaches that involve many stakeholders and community partners to address the social determinants of health and prevent chronic diseases.

Over the last three years, the Wellness Grant Program has funded 44 projects. The DHW invites eligible organizations and groups to submit an **Initial Application** to advance innovative, population-level interventions to promote wellness and healthy living and prevent chronic disease.

### Project Focus

Your application and proposed project must address the following three areas:

#### 1. PEI Wellness Strategy

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

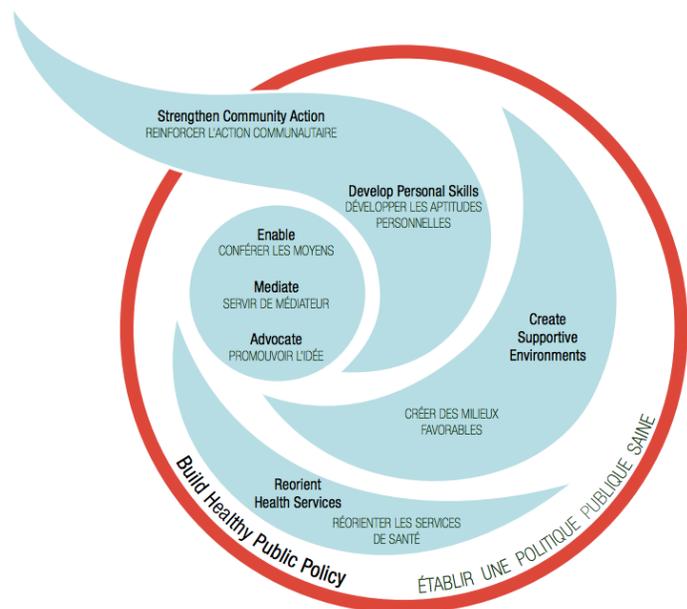
- Healthy Eating
- Physical Activity
- Living Tobacco-Free
- Responsible Alcohol Use
- Mental Well-Being

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

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

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

Advancing the Ottawa Charter strategies for health promotion involves *advocating* for conditions that support health, *mediating* between different groups and



interests, and *enabling* people and communities to live their healthiest lives. Refer to Appendix B for further details about actions to advance the Ottawa Charter strategies for health promotion.

### 3. An “Upstream” Approach

*Demonstrate taking an “upstream” (primary prevention) approach to address at least one of the five Action Areas of the Wellness Strategy: healthy eating, physical activity, tobacco-free living, responsible alcohol use, and mental health.*

An upstream or primary prevention approach aims to:

- address the SDH;
- build up protective factors, resources, and supports for good health;
- prevent exposure to hazards that cause disease or injury;
- alter unhealthy or unsafe behaviours that can lead to disease or injury; and/or
- increase resistance to disease or injury should exposure occur. (5)

The table below provides examples of upstream approaches to the five action areas of the Wellness Strategy.

Wellness Strategy Action Area	Upstream/Primary Prevention Examples
Healthy Eating	<ul style="list-style-type: none"> <li>• Policies or programs to make healthy foods the easiest, most accessible option.</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• Efforts to ensure the built environment has accessible, safe areas that encourage walking, biking, active transportation etc.</li> </ul>
Tobacco-Free Living	<ul style="list-style-type: none"> <li>• Education efforts to prevent the uptake of smoking and support tobacco-free environments.</li> </ul>
Responsible Alcohol Use	<ul style="list-style-type: none"> <li>• Education efforts to promote the Low-Risk Alcohol Drinking Guidelines.</li> <li>• Policies/Initiatives to discourage excessive alcohol use – ex: limiting quantities served and increasing access to non-alcoholic alternatives at social/community events.</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• Evidence-supported activities to promote community connections, social support, resiliency, and coping skills.</li> </ul>

## Section 3: Eligibility Requirements & Funding

### Eligible Applicants

- Organizations with a registered charity number, business number, and/or incorporated number
- Mi'kmaq First Nations and other Indigenous Organizations

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. Funding is only available to cover project costs until March 15, 2019.

## Ineligible Expenses

- Salaries and benefits
- Organizational overhead fees
- Research activities (excludes community needs or strength-based community assessments)
- Individual conference attendance costs, including registration, out-of-province travel, accommodations, etc.
- Costs of goods and services that are the responsibility of other levels/departments of government
- One-time only activities such as awareness raising events, expos, conferences, etc.
- Capital and infrastructure costs
- Fundraising events, prizes or contest money
- Scholarships and/or bursaries
- Unidentified miscellaneous costs

## Funding Amount

Projects are eligible to receive up to \$5,000.

## Section 4: Application Process

### The application process will consist of three stages:

1. Initial Proposal
2. Adjudication and Feedback
3. Final Proposal

#### Stage 1: Initial Proposal

Organizations are invited to complete the funding application form outlined below. In advance of the application deadline, DHW Health Promotion staff will be available to support the development of project proposals for submission and funding. For question or support contact:

Melissa Munro-Bernard, Health Promoter  
902-368-6523  
[mmmunrobernard@ihis.org](mailto:mmmunrobernard@ihis.org)

Erin Cusack, Health Promoter  
902-620-3899  
[eecusack@ihis.org](mailto:eecusack@ihis.org)

#### Stage 2: Adjudication and Committee Feedback

An adjudication committee will meet to review the applications and provide substantive feedback to applicants, where required. This process is intended to provide applications with the opportunity to work with DHW staff to further develop ideas, partnerships, and to identify impact and measurable results for long-term sustainability based on the adjudication feedback.

#### Stage 3: Final Proposal

Applicants will be asked to make revisions to identified areas of the project proposal, as needed. At the discretion of the review committee, project budgets may be altered and approved funding may differ from the

proposed amount. Proposals will undergo a final review of any revisions made to the project proposal. Successful applicants will then be awarded funding.

*Please note:*

The number of projects supported, and the degree of support a project receives, will be determined by the overall program budget. Successful applicants will be required to sign an agreement with government. Organizations 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 and approved by the DHW.

## Application Requirements

### 1. Application Form

Fill out the attached application form.

### 2. Budget Forecast

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. (Appendix A)

### 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: 1) the role the organization will play in the project and 2) the contribution it will make to the project (e.g. content expertise, funding, space, evaluation, etc.).

### 4. Optional: Supporting Documentation

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.

## Deadline for Submission

The deadline for submission is **Friday, July 6<sup>th</sup> at 4:00 p.m.** All applications must be received in full to be considered for funding.

## Submitting your Application

Your application must contain the following:

- q Application Form
- q Budget Forecast
- q 2 Letters of Engagement
- q Optional: Additional documentation

### E-mail applications:

Applications may be submitted via email at [lanoonan@gov.pe.ca](mailto:lanoonan@gov.pe.ca).

Please include the program name in the subject line.

**Regular mail:**

Applications may be submitted via regular mail to:

Wellness Grant Program  
c/o Laura Lee Noonan  
Chief Public Health Office  
16 Fitzroy Street, P.O. Box 2000  
Charlottetown, PEI C1A 7N8  
(902) 620-3517  
(902) 620-3354

## Section 5: Project Assessment Process

Submitted applications are screened to ensure they meet eligibility requirements. An adjudication committee reviews eligible applications based on the program goals and the assessment criteria below. The committee also determines the amount of funding awarded to projects.

### Assessment Criteria

#### 1. Organizational capacity (10 points)

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

#### 2. Project Focus (alignment with program focus areas outlined in Section 2): (15 points)

- Wellness Strategy action area(s)
- Ottawa Charter health promotion strategy
- Upstream Approach

#### 3. Project Plan (40 points)

The proposed plan should detail an 'upstream' primary prevention focused project or initiative that includes the following:

- WHO: target population (evidence-informed)
- WHY: identification of the population's needs (evidence-informed)
- WHERE: the geographic location(s) and the setting(s) where the intervention will take place (e.g. workplace, community)
- WHAT: a clear description of the project (including goals, activities, and desired outcomes)
- HOW: Describe how the key people, activities, and considerations necessary for successful implementation and sustainability of the project.

The proposed plan must demonstrate:

- Evidence-based rationale for the selected priority population and identification of needs
- Identification of key partners, stakeholders, community advocates/champions, etc.;
- Equity as a consideration in planning ; and

- Consideration of the services/supports/activities needed to sustain actions beyond the project timeline and a plan for capacity-building to support sustainability.

**4. Collaboration and Multi-sectoral Partnerships (15 points)**

- Engagement or involvement of other people or organizations
- Defined role and clearly identified contribution of each partner

**5. Evaluation (15 points)**

- Clear indicators of success identified
- Methods used to measure success are appropriate

**6. Budget (5 points)**

- Clear
- Reasonable
- Good value for money

## REFERENCES

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7. **World Health Organization.** Health Topics, Health Promotion. [Online]. 2018. Available from: [http://www.who.int/topics/health\\_promotion/en/](http://www.who.int/topics/health_promotion/en/)
8. **National Collaborating Centre for the Determinants of Health.** Glossary of Essential Health Equity Terms. [Online]. 2018. <http://nccdh.ca/resources/glossary/>
9. At Work, Issue 80, Spring 2015: Institute for Work & Health, Toronto/



Health and Wellness

## Wellness Grant Program

### Application Form

<b>Applicant Information</b>	
1. Project Contact Name:	
2. Organization Name:	
3. Address:	
4. Telephone No:	Fax No:
5. Email:	
6. Preferred method of communication:	
<input type="checkbox"/> Telephone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/> Other (specify)	
<b>Type of Business or Organization</b> (choose one and complete the required information):	
<input type="checkbox"/> Incorporated Company	Revenue Canada Business Number:
<input type="checkbox"/> Partnership	Revenue Canada Business Number:
<input type="checkbox"/> Registered Charitable Organization / Not-for-Profit	Charity Registration Number:
<input type="checkbox"/> Other (Please identify)	Registration Number:
<b>Partnerships and Collaboration</b> (corresponding letters must accompany your application)	
Legal Name of Partner Organization 1:	
Registered Business or Charity Number:	
<b>Describe how the organization is partnering with you on this project.</b> <i>What is their role? How are they contributing? How will you continue these partnerships after the funding period?</i>	
Legal Name of Partner Organization 2:	
Registered Business or Charity Number:	

**Describe how the organization is partnering with you on this project.**

*What is their role? How are they contributing? How will you continue these partnerships after the funding period?*

**Briefly describe any history your organization and/or partner organization(s) has supporting or leading similar population health initiatives (if applicable).**

### Project Information

**1. Project Title:**

**2. Project Duration**

**Start Date:**

**End Date:**

**Total Weeks:**

**3. Total Estimated Project Costs:**

**4. Total Funding Request from Wellness Grant Program:**

### Project Focus

**Wellness Strategy Area(s):**

- Healthy Eating**
- Physical Activity**
- Tobacco-free living**
- Responsible Alcohol Use**
- Mental Health**

**Ottawa Charter Action Area(s) for Health Promotion:**

- Building supportive environments**
- Strengthening Community Action**
- Health Public Policy**
- Reorienting Health Services**
- Developing Personal Skills**

### Project Plan

*Answer the following questions to demonstrate how your proposed project plan takes an 'upstream' primary prevention approach to addressing one or more identified areas of the PEI Wellness Strategy. (See page 7 for examples of what upstream approaches in different health behaviour areas may look like)*

**WHO is being addressed by this project:**

*What population do you hope to reach through this project? How (using what information or evidence) did you use to identify this population?*

**WHY is this project needed:**

*What are the specific needs or inequities of this population you hope to address?*

*How (using what information or evidence) did you identify these needs?*

*How do you know this project is important to your population?*

**WHERE will this project take place:**

*In what community and setting (e.g., workplace, community, school, etc.) will the proposed project occur?*

**WHAT is your proposed project?**

*Describe your full project plan, including goals, activities and desired outcomes (attach additional pages if needed).*

*Identify any possible challenges or barriers to participation some members of your target population may face.*

*Describe any plans you have to address these challenges/barriers (e.g., how will you ensure access, engage high risk/minority/under-served populations, mitigate barriers to participation, etc.?).*

**HOW will you implement the project to ensure its success and sustainability?**

*Describe the resources, people, and supports needed to sustain the project goals beyond the project timeline and a plan for capacity-building to support sustainability. (Keep in mind that some activities may change, be added, or be done differently in order to sustain the project goals).*

*Describe any plans you have for building capacity among your project partners and target population to ensure the goals of this project can continue to be met beyond its timeline?*

**Evaluation**

**Describe the results, or outcomes, you expect to achieve at the end of this project.**

*What will success look like for this project? How will the health and wellness of the population identified here be changed or improved?*

**Identify your criteria, or indicators, for judging success.**

*How will success be measured?*

## APPENDIX A

### BUDGET FORECAST TEMPLATE

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

## APPENDIX B

### Five Principles of the Ottawa Charter for Public Health

#### **Building Healthy Public Policy** (legislation, by-laws, fiscal measures, or organizational change)

- Advocating for health on the policy agenda in all sectors and at all levels.
- Making policy makers aware of and address the health consequences of policies.
- Coordinated action that leads to health, income and social policies that foster greater equity.

#### **Creating Supportive Environments**

- Creating social and built environments that are conducive to health and taking care of natural resources. (“Taking care of each other, our communities, and our natural environment.”)
- Fostering living, working, learning, and leisure environments that are safe, stimulating, satisfying, and enjoyable.

#### **Strengthening Community Action**

- Involving community in setting priorities, making decisions, planning strategies to achieve better health.
- Empowering communities to increase their ownership and control of their health.
- Drawing on existing human and material resources in the community to enhance self-help and social support.

#### **Developing Personal Skills**

- Providing information and enhancing life skills to empower people to make healthy choices.
- Enabling people to learn throughout life, to prepare for all its stages and to cope with illness and injuries.

#### **Reorienting Health Services**

- Working with community groups, health professionals, health service institutions and governments to move the health care system beyond clinical services toward health promotion.
- Advocating for services that are sensitive and respects cultural needs.
- Adopting health research and community priorities in professional education and training.

The full copy of the Ottawa Charter for Health Promotion: An International Conference on Health Promotion can be accessed here: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/ottawa-charter-health-promotion-international-conference-on-health-promotion.html>