

Wellness Grant Program Health Promotion Impact Grant

2019-2020 Application Form

The purpose of the Department Health and Wellness (DHW) *Health Promotion Impact Grant* is to fund targeted initiatives and interventions that address modifiable risk factors for chronic disease in PEI. These grants can be used to scale or adapt existing best-practices to a new community or population, deliver evidence-based programming, or develop healthy public policy that can make measurable impact on identified population health inequities in PEI.

This grant is available to organizations with established partnerships and the sufficient human resources, capacity and expertise to conduct evidence-based program and policy development, delivery, and evaluation. Proposals for the *Health Promotion Impact Grant* must support community capacity-building and demonstrate a multi-sectoral approach to addressing a complex population health issue.

Project proposals must have: clearly defined and realistic goals, methodology, and measurable outcomes; the potential to achieve a population-level impact; and the demonstrated ability to facilitate or make progress towards cultural, behavioural, environmental, and/or structural change at the community level. Each proposal must present evidence-based approaches to address one of the health behaviours under the Chief Public Health Office's Wellness Strategy Pillars (one grant will be awarded under each health behaviour pillar).

The application deadline for the Health Promotion Impact Grant is **Friday, July 19, at 4:00pm**. Late applications will not be accepted. Please submit your application to the Health Promoter in your region (see below). A process and timeline for what to expect can be found in the next section. An application guide can be found in the last section. Please contact the Health Promoter in your region if you have any questions (see contact information in footer).

Application Check-list

FOR INTERNAL USE (do not fill out)

Project Title and Organization:

Date and time application received:

Application Complete (signatures):

Adjudication Committee Decision:

Health Promoter Assigned to Project:

Health Promoter Contact Information

Erin Cusack
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The Process!



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A. Applicant Information	
1. Project Contact Name:	
2. Organization Name:	
3. Address:	
4. Telephone No:	
5. Email:	
6. Preferred method of contact: Email <input type="checkbox"/> Phone <input type="checkbox"/>	
7. Type of Business or Organization (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. Project Information
1. Project Title:
2. Project Duration:
Expected Start Date:
Expected End Date:
3. Total Estimated Project Costs:
4. Total Funding Request from the Health Promotion Impact Grant:
5. Community where proposed project will take place:

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C. Partnerships and Collaboration

Project partners must sign this section of the application and demonstrate their level of engagement in the proposed project. This section must be completed and submitted by the project partner. A minimum of two partner organizations are required to be eligible for this grant; if your project has more than two project partners, please attach additional information to your application.

Project partners must complete this section, sign, and submit directly to the Health Promotion Team. If this section is filled out by the project lead, the application will not be accepted.

Legal Name of Partner Organization #1:

Registered Business or Charity Number:

Expected Role of Partner Organization #1 – How is my organization partnering with the lead on this project? What is my role? How am I contributing?

History – What is the history between your organization and the project lead organization? Has your organization previously supported or lead population health initiatives?

Sustainability – How will you continue these partnerships after the funding period?

Signature of Partner Organization #1

Project Partner

Name Print: _____

Title: _____

Date: _____

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Legal Name of Partner Organization #2:

Registered Business or Charity Number:

Expected Role of Partner Organization #2 – *How is my organization partnering with the lead on this project? What is my role? How am I contributing?*

History – *What is the history between your organization and the project lead organization? Has your organization previously supported or lead population health initiatives?*

Sustainability – *How will you continue these partnerships after the funding period?*

Signature of Partner Organization #2

Project Partner

Name Print: _____

Title: _____

Date: _____

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D. Proposed Project Plan

1. Project Criteria – which Wellness Strategy Pillar, and associated goal, does your proposed project plan address?

Promote responsible alcohol use (Pillar: Responsible Alcohol Use)

Goal: reduce the harms associated with alcohol use through the promotion of Canada's Low Risk Drinking Guidelines and/or create social environments that support a culture of responsible alcohol use and/or of abstinence.

Prevention of tobacco use and smoking cessation (Pillar: Tobacco Reduction)

Goal: prevent the uptake of vaping among youth or support cessation efforts of tobacco users in high-priority adult populations.

Enhance social connectedness and sense of belonging in communities (Pillar: Mental Wellness)

Goal: Foster increased intergenerational and/or intercultural social and community connectedness.

Environments that support physical activity (Pillar: Physical Activity)

Goal: Create physical and social environments that encourage physical activity, make it easier to be physically active, and build physical literacy among populations that experience health inequities.

Healthy eating policy and food systems change (Pillar: Healthy Eating)

Goal: Develop policies and address food systems to make it easier, more affordable, and more accessible to eat healthier, local foods. This could be through local procurement initiatives, organizational health eating policies, and initiatives to reduce barriers and/or develop solutions to increase access to healthy foods for food insecure populations.

2. WHAT is your proposed project plan and how does it meet the project criteria and goals?

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3. WHO is being impacted?

- a) *What population do you expect to reach through this project?*
- b) *Why is this population an important target for the health behaviour your project addresses?*

4. WHY is this project needed?

- a) *What evidence identifies a need in this area and population? (please include references)*
- b) *How do you know this project is important to this health behaviour and population?*

5. WHERE will this project take place?

- a) *In what setting will the proposed project take place (e.g. school, workplace, community, etc.)?*

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6. HOW will you implement your project to ensure success and sustainability?

- a) *What resources, people and supports are needed to implement the project and to sustain the project goals beyond this funding arrangement?*

7. List the goals and desired outcomes of your project.

8. HOW will you know or demonstrate that you have met the desired outcomes of your project?
(be as specific and measurable as possible)

9. HOW will your project have an impact on Islanders and/or your community? HOW will your project make a difference?

10. HOW will this impact on your community be measured? (be as specific and measurable as possible)

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11. a) How do you plan to remove barriers for participation?
b) How do you plan to address possible challenges?

12. List your planned project activities, approximate dates and (if applicable) communications.

Project Activity Name	Expected Dates	Communications (E.g. promotion of your activities)

Please indicate if there is any additional information that we should know about your proposed plan.

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B. Budget Forecast

If you require additional space for expenses, add rows manually to this table or attach your complete budget to your application. Refer to Section D, Question 7 for your project activities.

Project Expenses <i>(List each eligible expense separately and identify quantity if relevant)</i>	Estimated Cost (\$) <i>(Identify the expected cost of each expense)</i>
TOTAL	

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E. Signatures

Primary applicant/project leads must sign this application to complete the application.

Project Lead/Principal Applicant

Name Print: _____

Organization Name: _____

Title:

Date:

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APPLICATION BACKGROUND AND HELPFUL LANGUAGE

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.

Background

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.

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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.

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.

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

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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

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*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)*

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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.

Assessment Criteria

1. Organizational capacity (5 points)

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

2. Project Plan (40 points) and Budget (20 points): (60 points total)

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.

The budget must be: clear, reasonable, well-researched, and good value for money.

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

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

5. Evaluation (20 points)

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

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.

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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>

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.
2. **Government of Prince Edward Island.** Wellness Strategy. Department of Health and Wellness. [Online] 2015. [Cited: May 11, 2017.] Available from: <https://www.princeedwardisland.ca/sites/default/files/publications/wellnessstrat.pdf>
3. **Public Health Agency of Canada.** Population Health Approach – Ottawa Charter for Health Promotion: An International Conference on Health Promotion [Internet]. [Cited: May 11, 2017.] Available from: <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf>
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