

Health Promotion as Relapse Prevention

Using health promotion strategies and principles to strengthen the base on which to build a solid, stable recovery.

- The purpose of this presentation is to address the complexities of applying the strategies and principles of health promotion in treating people suffering from substance addiction and behavioural dependency.
- More specifically, I will be talking about a group of men recovering from drug and alcohol addiction while living in Jellinek House, a transitional facility in Edmonton, Alberta.
- This afternoon I will be focusing on the issue of diet and nutrition and looking at how a health promotions facilitator could apply strategies found in the World Health Organization's Ottawa Charter (WHO, 1986) and use the principles of empowerment, equity and participation to improve the residents overall health and prevent relapse.

Disclosure:

- Not officially representing University of Alberta.
- Not officially representing Jellinek Society.

I am finishing a Masters of Public Health degree in Health Promotions while managing a recovery house; any opinions expressed are my own and evidence presented is based on my own observations unless otherwise cited.

Health Promotion is *NOT* Health Education!

- Health education is only one strategy of health promotion: it is usually a very visible and tangible aspect of most programs and as such it is what most people associate with health promotion.
- However, in reality health promotion focuses mostly on broad, community-level interventions that influence the environmental contexts in which people live.

Definition of Health Promotion:

- *Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.* (WHO, 1986)
- Health promotion represents a comprehensive social and political process, it not only embraces actions directed at **strengthening the skills and capabilities of individuals**, but also action directed towards **changing social, environmental and economic conditions** so as to alleviate their impact on public and individual health. (WHO, 1986)

Ottawa Charter three basic strategies for health promotion:

- **Advocacy** for health to create the essential conditions for health (as indicated on previous slide).
- **Enabling** all people to achieve their full health potential.
- **Mediating** between the different interests in society in the pursuit of health.

(Reference: Ottawa Charter for Health Promotion. WHO, Geneva, 1986)

Five “priority action areas” or “strategies” of health promotion:

- Build healthy public policy
- Create supportive environments for health
- Strengthen community action for health
- Develop personal skills
- Re-orient health services

The *three* I will be talking about today in relation to relapse prevention are the strategies of creating supportive environments, developing personal skills and strengthening community action.

Health Promotion Principles:

- **Social Equity:** develop strategies to reach those most at risk.
- **Empowerment:** process through which people gain greater control over decisions and actions
- **Participation:** engage people early in development of initiatives, in defining their concerns and finding ways to address them.

Health Promotion Principles: (cont.)

- **Holistic and positive conceptualization of 'health':** deliver positive messages in health's many dimensions including physical, social, psychological, spiritual and cognitive.
- **Actions on the broad determinants of health:** potentially modifiable determinants of health such as income and social status, education, employment and working conditions, access to proper health services etc.

Health Promotion Principles: (cont.)

- **Building on existing strengths and assets:** recognizing, valuing and strengthening individual and community assets, capacities and resources.
- **Multisectoral collaboration / complementary strategies:** Health promotion is most effective when multiple strategies at different levels of actions are employed.

(Taken from lecture notes, by Lori Littlejohns, University of Alberta, 2011)

The House



Jellinek House provides short term residential support and programming to men in early recovery, so they can learn to deal with the multitude of stresses on them and can re-enter the community sober, successful and self-reliant.

Located in Oliver, a fairly affluent, densely populated neighbourhood just west of Edmonton's downtown core, the house has been serving Edmonton's addictions community for over fifty years. Funding for the house is approximately 30% from Alberta Health Services (AHS), 20% from the monthly room and board collected from the residents and 50% comes from donations from the private sector, with the bulk of that coming from the United Church.

The Residents



The basic requirements for men to live at Jellinek are thirty days of sobriety/clean time before moving in, the desire to stay totally abstinent from all drugs and alcohol while living in the house, participation in twelve-step meetings at the house and

out in the community, be working or actively looking for work or going to school and to follow the house rules and do their assigned chores. They must also be eighteen years of age and have no serious concurrent mental health issues, as the house is not staffed to handle potential problems in this area.

Diet and Nutrition as a Priority for Action:

Beginning in March, 2011 a suggestion box was hung in Jellinek House for residents to place anonymous comments, complaints, ideas or proposals having to do with the house, the staff, the programs or any other aspect of their recovery.



No specific instructions were given other than their feedback would be appreciated and that any input was valuable to the staff and instrumental to the smooth running of the house. At month's end, seventeen suggestions had been submitted: seven pertained to the behaviour of other residents, two concerned programming and eight focused on diet and nutrition.

Health Promotion Strategy #1 – Create a Supportive Environment

In order to provide a safe and supportive environment for the residents, the philosophy of the society has always been based on the principles of **social model recovery** in which the men are empowered through participation and interaction with one another and the **mutual aid recovery model** of the twelve step programs of Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and other twelve step recovery programs.

Residents are assisted in establishing a balanced lifestyle, through finding and stabilizing in employment, through participation in recreational activities and by developing positive relationships and attitudes towards their responsibilities. Using this social model of recovery, Jellinek House has provided a safe and supportive setting for hundreds of men's recoveries over the years.



Equity is a crucial aspect of creating a healthy, supportive environment (Stokols, 1996).

- Equity in health promotion revolves around the health worker deciding what is or is not fair, pointing out the social inequities in target environments and then addressing any underlying causes leading to differences in health outcomes.

(Labonte & Laverack, 2008).

What was done:

Goal: Create an equitable, supportive environment conducive to health promotion principles.

- E.g. - Residents of Jellinek House were asked to participate in their programs by writing suggestions and comments out and placing them anonymously in a box.
- The anonymous suggestion box system was used to promote fairness; it is a more equitable method of data gathering than a round table discussion or open forum.
- Suggestions from residents help staff identify weaknesses in the program and gaps in equality with “normies”.

Outcome: Minimize disparities in health outcomes between the men in the house and any other Canadian citizen, and the control of how to best make that happen is left up to the men themselves.

Health Promotion Strategy # 2 – Develop Personal Skills

Personal and social development is crucial to recovery from drug and alcohol addiction and many recovery homes implement a **life skills** component into their programs. Many men with histories of drug and alcohol abuse, lack the life skills necessary to live happy and successful lives, regardless of age and background.



These deficient life skills are also a direct detriment to the **social determinants of health**. E.g. A person with rage issues will not be able to hold a job, no job will keep them in low SES which increases likelihood of health issues as well as relapse potential.

Teaching people in recovery basic life skills prepares them for what a clean and sober life has in store; it empowers them to take control of their new, healthy lives.

Empowerment is imperative when developing personal skills (Labonte & Laverack, 2008).

How do we reconcile empowerment with a 12-step environment?

- “We admitted we were powerless over alcohol—that our lives had become unmanageable” (Alcoholics Anonymous, 1939/2001, pg. 59)
- The ultimate goal remains the same, and that is for people in recovery to regain control over their lives and go on to become happy and healthy members of society. Whether the process of that happening is framed as empowerment through the development of life skills (health promotions) or as reliance on a higher power (twelve-step model) or both are incorporated into the architecture of a single program and called something different is academic.

What was done:

Goal: Set up Jellinek House as a support framework that does not take away from the residents' capacity to take responsibility for their own future.

- To empower and develop the personal skills of the residents at Jellinek house, distributed the booklets *Food Fit – 10 smart bites to a healthier U* and *Food Smart – Your guide to eating well* (Alberta Healthy U, n.d.) to all the men and went over the material about making healthy food choices with them.
- Provided healthier food options for residents to prepare themselves for breakfasts, lunches and on weekends.

Outcome: Increase in the amount of fruit being eaten as well as a decrease in the consumption of desserts and high sodium/high fat foods. A second outcome was community food sharing and preparation of healthy meals.

Health Promotion Strategy # 3 – Strengthen Community Action

- Health promotion strategies must focus on community action, not individuals to be most effective.

(WHO, 1986)

- Community empowerment and participation comes from groups of individuals working together to take ownership and control of the things that effect their day to day lives.



- Participation strengthens social networks and improves social supports between the target population and the health promoters; unexpected results can come from transformative participation interventions .

E.g. From the suggestion box designed to address general concerns, cooking groups were formed and communal meals were prepared in an attempt to increase the overall quality of the eating habits of the house.

What could be done:

Goal: Increase the ownership and control of residents' endeavours and destinies through active participation.

- This summer the idea to plant a vegetable garden was brought forward. This initiative would be health promoting and build a strong sense of community on several levels:
 - It would take a group effort to write up a convincing and appropriate document to submit to all the stakeholders involved in the decision making process that would allow a garden to be grown on the property.
 - If approved, a box garden would require building materials and garden supplies that would need to come from the society and/or the community.
 - As an example of larger community involvement, several ex-residents and people who attend the open meetings at the house own landscaping companies and could be approached for possible support.

What could be done: (cont.)

- Another consideration would be upkeep; Jellinek is transitional housing, so the residents who built the garden would not necessarily be the ones who planted it or harvested etc. An equitable system of engaging residents in participating in the process when they first come in to the house to ensure the garden was looked after at all times would need to be implemented.
- Access to the garden would be open everyone in the house.

Desired Outcome: Once a vegetable garden was built and a system was in place to keep it running smoothly, it would provide not only a seasonal supply of fresh vegetables to supplement the residents diets, but also a health promoting sense of community action through empowerment, equity and participation.

How does all of this reduce relapse?

Hypothesis: The strategies and principles of Health Promotion will decrease relapse in drug and alcohol addicted populations by providing a solid base from which to build a strong and healthy recovery.

Evidence: Qualitative observation and analysis of Jellinek residents and preliminary quantitative data suggest that the hypothesis holds true.

Evaluation: Jellinek House has not implemented sufficient programs or made enough decisions based on the strategies and principles of health promotion to draw any definitive conclusions, nor has the house had enough men complete their residency since these ideas have come into practice to produce reliable data.

Conclusion:

Taken all together, these three Ottawa Charter strategies of creating a supportive environment, helping develop personal skills and strengthening community action can be use as a framework to help Jellinek Society move forward with a new, heath promoting approach to diet and nutrition at the house.

Using a multisectoral collaboration approach, the residents, executive director, board of directors, cook and residential manager will all need to proceed with the principles of participation, empowerment and equity foremost in their designs.

Final things to consider when using health promotion strategies as relapse prevention:

- Sustainability?
- Unintended consequences?
- Are we victim-blaming or labelling?
- Are we contributing to the confusion of the primary health message?

(Taken from lecture notes, by Lori Littlejohns, University of Alberta, 2011)

Questions?

If you have any questions or would like a copy of these slides, please feel free to email me at: aherne@ualberta.ca

References

Jellinek Society (n.d.) About Jellinek Society. Retrieved from <http://www.jellineksociety.ca/page/page/2854147.htm>

Labonte, R. & Laverack, G. (2008) Health Promotion in Action. Palgrave Macmillan, Basingstoke, Hampshire.

Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *American Journal of Health Promotion*, 10, 282-98.

World Health Organization (1986). Ottawa Charter for Health Promotion. Retrieved from: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

World Health Organization (1991). Sundsvall statement on supportive environments for health. Geneva. Retrieved from: <http://www.who.int/healthpromotion/conferences/previous/sundsvall/en/index.html>