Cancer Screening Health Promotion
Environmental Scan Framework
ACKNOWLEDGEMENTS

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Cancer Screening Health Promotion Environmental Scan Framework

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A. BACKGROUND ON THE CANCER SCREENING HEALTH PROMOTION ENVIRONMENTAL SCAN FRAMEWORK

The Cancer Screening Health Promotion (CSHP) Environmental Scan was initiated in April 2009. The goal of the CSHP Environmental Scan was to gather and summarize evidence that reflects the current breast, cervical and colorectal cancer screening health promotion needs across Alberta. The CSHP Environmental Scan aims to use evidence from the literature, available data, and information on existing initiatives, to provide recommendations to enhance current and future cancer screening health promotion initiatives in Alberta.

The Alberta Health Services (AHS) Screening Programs Health Promotion Unit (SP-HPU) has created a CSHP Environmental Scan framework (Figure 1). The framework includes multiple components and approaches from the situational analysis framework developed by the former Alberta Cancer Board Prevention department and community health frameworks including the Community Health Promotion Model, Community-As-Partner Model, and Strengthening Community Action Framework. The Situational Analysis framework was used to conduct situational analyses in the areas of tobacco reduction, skin cancer prevention, and nutrition/physical activity. The Community Health Promotion model, Community-As-Partner model, and Strengthening Community Action Framework are also described in this section.

B. THE CANCER SCREENING HEALTH PROMOTION ENVIRONMENTAL SCAN FRAMEWORK

The framework is intended to be an overview of the Environmental Scan process. The process is composed of four phases: 1) Initial Scan of Existing Values, Assumptions, and Evidence; 2) Experiential Knowledge; 3) Future Directions; 4) Updating Values, Assumptions, and Evidence. The overall process is cyclical indicating that the environmental scan is a continual and dynamic process. This is consistent with various community health models. The cyclical process reflects the need to update the environmental scan findings on an ongoing basis to reflect changes in community needs and circumstances. As well, the cyclical process also allows for evaluation of trends and impacts by comparing evidence of the current state of cancer screening health promotion to evidence from previous environmental scans.
PHASE 1: INITIAL SCAN OF EXISTING VALUES, ASSUMPTIONS, & EVIDENCE (secondary data collection)

PHASE 2: EXPERIENTIAL KNOWLEDGE (primary data collection)

PHASE 3: FUTURE DIRECTIONS (data analysis and synthesis)

PHASE 4: UPDATING VALUES, ASSUMPTIONS, EVIDENCE & EXPERIENCE

Figure 1: Cancer Screening Health Promotion (CSHP) Environmental Scan Framework

Strengthening Community Action Framework (Maloff & Penman, 2000)

Community-As-Partner Model (Anderson & McFarlane, 2000)
& Community Health Promotion Model (Stamler and Yiu, 2008)
The first phase of the CSHP Environmental Scan Framework is to gather and analyze health promotion and cancer screening, values, assumptions, and evidence. This involves mainly secondary data obtained for the peer-reviewed literature, various surveys such as Census data, and internal program documents and studies. Examples of activities and deliverables from the first phase are provided in Figure 2.

Defining cancer screening health promotion values and assumptions includes understanding values and assumptions related to cancer screening (e.g. criteria and components of organized cancer screening programs), health promotion (e.g. health promotion principles described in the Ottawa Charter for Health Promotion and various health promotion theoretical frameworks), and AHS (e.g. description of AHS Screening Programs and AHS Screening Programs Health Promotion Unit).

Evidence related to cancer screening health promotion can be categorized according to the different dimensions of the CSHP model (What, How, Who). The “What” dimension refers to what determines cancer screening or what should be the focus of cancer screening health promotion interventions? This involves examining determinants of cancer screening described in the peer-reviewed literature, analyzing demographic, lifestyle and behavioural data related to these determinants, compiling data related to cancer screening such as incidence, mortality, screening rates, and knowledge, attitudes, and behaviours (KAB), and also general healthcare service and access data. The “How” dimension refers to how should cancer screening be promoted? This involves examining the peer-reviewed literature related to interventions that promote cancer screening, defining a Cancer Screening Health Promotion approach by compiling literature to support the SP-HPU’s different action areas, and recognizing what has been and is currently being done to promote cancer screening in Alberta. The activities and deliverables under the “How” dimension also provide information on the “Who” dimension. This dimension describes who is and needs to be engaged in cancer screening promotion.
Figure 2: Cancer Screening Health Promotion (CSHP) Environmental Scan (ES) Framework Phase 1

**ES PHASE 1: INITIAL SCAN OF EXISTING VALUES, ASSUMPTIONS & EVIDENCE**
(secondary data collection)

Elements from Cancer Screening Health Promotion Model with specific examples

<table>
<thead>
<tr>
<th>Values &amp; Assumptions</th>
<th>Cancer Screening</th>
<th>Health Promotion</th>
<th>Alberta Health Services (AHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Organized cancer screening criteria &amp; components</td>
<td>Ottawa Charter for Health Promotion</td>
<td>Description of AHS provincial organized screening programs</td>
</tr>
<tr>
<td></td>
<td>Health promotion, community health, &amp; behaviour change theoretical frameworks</td>
<td>AHS Screening Programs Health Promotion Unit Strategic Activities</td>
<td></td>
</tr>
</tbody>
</table>

**Evidence**

<table>
<thead>
<tr>
<th>What</th>
<th>How</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature review of cancer screening determinants</td>
<td>Literature review of cancer screening promotion interventions</td>
<td>Description of cancer screening health promotion activities in Alberta</td>
</tr>
<tr>
<td>Demographic, lifestyle, &amp; health behaviour data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer incidence, mortality, screening data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer screening knowledge, attitudes, behaviours (KAB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General healthcare access and service data</td>
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</tbody>
</table>
Cancer Screening Health Promotion Environmental Scan Framework

The second phase of the framework involves primary data collection through surveys and interviews in order to gather experiential knowledge related to cancer screening promotion. The focus of this phase is to understand the experiences of those who have worked or are working in cancer screening promotion. This phase is important for a number of reasons. First, it validates and fills gaps in the findings from the first phase of the environmental scan. While the data collected in phase 1 provides some insight on cancer screening promotion needs, the data collected in phase 2 can be used to provide a more complete picture of what is currently happening and what can be done to promote cancer screening. Second, it emphasizes the importance of two-way communication and partnerships in cancer screening promotion. In Figure 3, this two-way communication is depicted using a double-headed arrow between dissemination and feedback. This phase brings together different groups working in cancer screening promotion and lays the groundwork for future partnerships and collaborations at multiple levels within the population. These collaborations increase the effectiveness of cancer screening promotion interventions by ensuring that appropriate groups are involved in delivering appropriate interventions to the appropriate populations in the appropriate manner.

Examples of activities included in phase 2 as part of the dissemination process are reviews by groups internal and external to AHS Screening Programs as well as various deliverables that are available to interested groups. Feedback will be gathered through surveys and interviews with collaborators and different workshops and webinars that examine both the environmental scan findings and process.

The third phase of the CSHP ES framework involves synthesizing the secondary data collected in phase 1 and the primary data collected in phase 2 in order to provide suggestions for future directions in cancer screening promotion.

In the fourth phase, the values, assumptions, and evidence are updated in response to newly available information as well as feedback obtained through phase 2 and the Environmental Scan process begins again. At this point, certain activities in the process may be conducted simultaneously. For example, new evidence may be collected for some aspects of the environmental scan while deliverables are being created for other aspects of the environmental scan, and feedback is gathered on other aspects of the environmental scan. This element makes the environmental scan process dynamic, comprehensive, and relevant to the current cancer screening promotion environment.
Figure 3: Cancer Screening Health Promotion (CSHP) Environmental Scan (ES) Framework Phase 1

ES PHASE 2: EXPERIENTIAL KNOWLEDGE (primary data collection)

Experience

Dissemination
- Internal review by Screening Programs staff & consultants
- External review by Screening Programs provider and community collaborators
- Published deliverables (print & web-based)

Feedback
- Collaborator surveys
- Collaborator individual interviews
- Servicer provider surveys
- Workshops & Webinars
C. COMMUNITY HEALTH MODELS

Community health models describe the process for developing and implementing interventions in communities, taking into account community needs, resources and limitations. The CSHP Environmental Scan Framework incorporates principles from the following three community health models:

Community-As-Partner Model

The Community-As-Partner model is a popular health promotion model from the field of community health nursing. The Community-As-Partner model is founded on Neuman's 1972 model, which proposes that client problems be viewed from a total-person approach.\(^2,4\) The first version of the Community-As-Partner model was titled the Community-As-Client model.\(^2,5\) The change in name reflects an interest in increasing public participation in healthcare decision-making. The model includes two key focuses: 1) community, and 2) problem-solving. The community focus is depicted as a wheel with the core of the wheel formed by the people who compose the community (Figure 4). Surrounding the core of people in the community are dotted lines, which reflect the community’s assets and health care supports.\(^2\) The community includes eight subsystems which represent different determinants of health: physical environment, education, safety and transportation, politics and government, health and social services, communication, economics, and recreation. All of the subsystems are interconnected. The wheel is outlined by a solid line, which represents the community’s normal health status, and a dotted line, which represents the health of the community in response to short-term crises, whereby temporary responses can elevate major health impacts resulting from the crisis.\(^2\)

The wheel provides a framework to guide the community assessment process. The analysis component of the model includes understanding stressors and degree of reaction, and guides the diagnosis component, which defines health promotion goals and interventions. Stressors are factors or events that cause tension and disrupt the community.\(^2\) Degree of reaction is the amount of disruption that will result from the stressor. Potential interventions include primary prevention strategies that focus on risk factors and health promotion, secondary prevention strategies that focus on treating and early responses to stressors, and tertiary prevention strategies that focus on returning the community to a stable level of health after a stressor. The aim of the model is system equilibrium including continued preservation and promotion of the community’s health.
Figure 4: Community-As-Partner Model

- Stressor
- Analysis
- Community health diagnosis
- Plan
- Interventions
  - Primary prevention
  - Secondary prevention
  - Tertiary prevention
- Evaluation
- Degree of reaction

<table>
<thead>
<tr>
<th>People</th>
<th>Physical Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recreation</td>
</tr>
<tr>
<td></td>
<td>Economics</td>
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<tr>
<td></td>
<td>Communication</td>
</tr>
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<td></td>
<td>Health &amp; Social Services</td>
</tr>
<tr>
<td></td>
<td>Politics &amp; Government</td>
</tr>
<tr>
<td></td>
<td>Safety &amp; Transportation</td>
</tr>
</tbody>
</table>

Figure 4: Community-As-Partner Model (2023)
Community Health Promotion Model

The Community Health Promotion Model provides a holistic approach to health promotion, emphasizing socioeconomic factors that contribute to an individual’s and community’s health, in addition to genetic, health service, and lifestyle determinants of health. The model is based on the Lalonde Report, Public Health Agency of Canada determinants of health, Epp’s health promotion strategies, the Ottawa Charter for Health Promotion, and primary care principles as described by the World Health Organization during the 1978 International Conference on Primary Health Care in Alma-Ata. The Community Health Promotion Model guides community planning, interventions, and evaluations in order to improve quality of life and health equity in the community. In the model, interventions are based on understanding the community’s health needs. Interventions aim to reduce health inequities and improve the community’s health and quality life by improving primary prevention practices and enhancing coping skills. Evaluation of the interventions is used to monitor progress, and if necessary, provide suggestions for improvement. The whole process is cyclical to ensure that interventions reflect changes in the community’s needs. The Community Health Promotion Model is depicted in Figure 5 and the components are described in Table 1.

Figure 5: Community Health Promotion Model

![Community Health Promotion Model Diagram]
Table 1: Components of the Community Health Promotion Model

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
</table>
| Assessment  | • Focus on purpose of assessment  
• Assess what determines the health of the community |
| Analysis    | • Identify community strengths and needs  
• Formulate community diagnose |
| Planning    | • Address health promotion challenges:  
  • reduce inequities  
  • increase prevention  
  • enhance coping |
| Interventions | • Implement primary, secondary, and tertiary prevention:  
  • Health promotion  
  • Accessibility  
  • Inter-sectoral collaboration  
  • Public participation  
  • Appropriate technology  
  • Public policy  
  • Supportive environments |
| Evaluation  | • Gather evidence  
• Monitor results for progress and changes |

**D. STRENGTHENING COMMUNITY ACTION FRAMEWORK**

In 1999, the *Strengthening Community Action Framework for Health and Wellness* was created and adopted by the former Calgary Health Region (known as the Calgary Regional Health Authority at the time). The framework was based on key aspects of community development, social action and health promotion described in the Canadian and international literature. In the framework, the importance of strengthening community action in health is emphasized as a means to improve priority setting, efficient use of limited resources, and community participation in health matters. The framework establishes a common language and context for strengthening community action in healthcare, describes key issues related to community development and social action, and guides health practitioners involved in strengthening community action. Tables 2-4 summarize the underlying principles of the framework, key community development concepts, and skills and knowledge areas necessary for community action to be realized, as described in the original framework.

The framework identifies the following five strategies used to support community action initiatives: grassroots organizing, professionally-driven organizing, coalitions/partnerships, building community identity, and political/legislative actions. These strategies require organizations to recognize that advancing the health of the community involves collaborating with community groups and organizations outside the healthcare system. As
well, organizations need to ensure that staff have access to and are able to use necessary resources and expertise, and have the skills and knowledge necessary to carry out community action efforts. Finally, evaluation of community action efforts differs from clinical/scientific measurements. Evaluation methods need to be validated both locally and in the published literature. 

Table 2. Underlying Principles of the Strengthening Community Action Framework for Health and Wellness

<table>
<thead>
<tr>
<th>Principles</th>
<th>Definition and key points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participation</strong></td>
<td>“Community participation is the process by which individuals and families assume responsibility for their own health and welfare and for those of the community and develop the capacity to contribute to their and the community’s development.”(^{11}) Participation should reflect the community’s range of views and demographics and diversity. Participation ranges from information exchange and learning to decision-making responsibilities.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>“… working together in a manner that fosters sharing responsibility, authority, and accountability.”(^{12}) Collaboration involves creating a shared vision and building an interdependent system to address issues and opportunities.(^{13}) Features of collaboration include “stakeholder interdependence, constructive conflict resolution, ownership of decisions, and collective responsibility for managing, commitment to a dynamic process.”(^{14})</td>
</tr>
<tr>
<td><strong>Empowerment</strong></td>
<td>“… a social action process that promotes participation of people, who are in positions of perceived and actual powerlessness, towards goals of increased individual and community decision making and control, equity of resources and improved quality of life.”(^{15})</td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td>Community development is a long-term process. Therefore, impact is not measurable in the short-term as is often demanded in healthcare.</td>
</tr>
</tbody>
</table>
Table 3. Key community development concepts

<table>
<thead>
<tr>
<th>Concept</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Group development</td>
<td>Individual work facilitates broader group participation and skill development through creation of “collectives” including groups, coalitions, and partnerships.</td>
</tr>
</tbody>
</table>
| Empowerment education    | Education is based on group knowledge developed from sharing experiences, understanding the social environment, and examining root causes through listening, dialogue, and action.  
                           | 16                                                                                                                                                                                                       |
| Culturally-relevant      | Culture influences attitudes towards health issues, prevention methods, treatment methods, and dependence on providers.  
                           | 17                                                                                                                                                                                                       |
| practice                 | Health workers need to ensure that actions are consistent with a community’s cultural framework.                                                                                                                                                                       |

Maloff (2001) also describes challenges for community action including sustainability, issue selection, accountability, societal trends, and expectation. Community action efforts that are built on relationships, rather than issues, are generally more sustainable. Community action is most successful when the community selects the issue of interest and has ownership over the issue. Accountability is often related to resource distribution. Thus, the organization is required to balance the community and organizational needs so that resources are distributed and used efficiently and effectively. Societal trends often shape individual’s perceptions towards others and relationships between individuals, communities, and governing bodies. These trends can facilitate or hinder community action efforts. Similarly, high expectations of community action outcomes by communities and healthcare practitioners can lead to disappointment. This may be because community action may not work or have enough support in some communities, involves high costs, has long-term outcomes with few short-term rewards, may emphasize differences rather than similarities between community and professional goals, and challenge power differentials in communities.

Though there are a number of theoretical and organizational models describing the process of community action and community development, the Strengthening Community Action Framework for Health and Wellness is chosen as the most pertinent to cancer screening in Alberta as it is a locally developed model that draws from the Population Health Promotion Model upon which the Cancer Screening Health Promotion Model is based.
Table 4. Required Skills and Knowledge Areas from the Strengthening Community Action Framework for Health and Wellness³

<table>
<thead>
<tr>
<th>Skills/Knowledge areas</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Facilitation**       | Facilitation is part of developing group processes including consensus building, conflict resolution, strategic visioning and meeting skills.  
                         | Facilitation involves overseeing how members interact, make decisions, and participate while remaining neutral towards the discussion content. |
| **Community assessment** | Community assessments created using methods like asset mapping and network analysis. |
| **Adult education**    | Group learning and effectiveness requires understanding contexts of adult learning, characteristics of adult learners, and adult learning processes. |
| **Participatory Action Research** | Structured Participatory Action Research (PAR) methodology and processes employed to include communities in research process. |
| **Diversity Training** | Training aims to increase understanding of contexts and norms of cultures and culturally appropriate methodologies and group techniques. |
REFERENCES


