

Appendix 4

Literature Review of Effectiveness of Health Promotion

From:
“The Mandatory Health Programs and Services in Ontario:
Overview of the Research Literature on the Effectiveness
of Public Health Interventions”
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The needs/impact-based planning method (NIBMP) used by the Ontario Ministry of Health categorizes the effectiveness of health promotion interventions in the following manner:

- Works Well (WW): Research/evaluative evidence confirms that a strategy or group of strategies work effectively.
- Works (W): Research/evaluative evidence suggests that a strategy or group of strategies may work effectively.
- May Work (MW): Research/evaluative evidence suggests that a strategy or group of strategies may work. In this case, the evidence may be equivocal, conflicting or derived from a non-comparable jurisdiction. Evaluation of effectiveness must be an integral component of the strategy, if implemented.
- Does Not Work (DW): Research/evaluative evidence show that the strategy or group of strategies does not work or causes more harm than good.

The risk factors for ischemic stroke (and to a certain extent, hemorrhagic stroke) are similar to those of all cardiovascular disease. In their overview and analysis on the effectiveness of public health interventions, the Central West Health Planning Information Network found that much of the research to date on the prevention of cardiovascular disease has focused on risk factor reduction (e.g. tobacco use, dietary fat, cholesterol/triglycerides, physical inactivity and obesity) rather than reductions in the incidence or prevalence of disease.

Programs were analyzed according to their primary approach: education and advocacy, policy and enforcement, or strategies for creating or nurturing supportive environments.

Overall, there is a trend for the research literature to show that education and advocacy programs for the reduction of risk factors to be effective. More journal articles report that that these programs work well, work or may work than have been shown to not work (93 vs. 22). However, there is little data on the effectiveness of policy/enforcement strategies for the reduction of risk factors relevant to stroke, particularly in the area of activity. In terms of supportive environmental strategies there are more journal articles showing that they work well, work or may work than show they don't work (76 vs. 9). Optimizing health promotion efforts are thought to be achieved through a combination of programs and methods (which, as described below, is the approach of the Ministry of Health and Long-term Care).

Literature on Effectiveness of Public Health Strategies:

1. Education/Advocacy Strategies

Risk Factor	Works Well (# articles)	Works (# articles)	May Work (# articles)	Doesn't Work (# articles)
Inactivity – adults		1	9	1
Inactivity – youth		1	3	
Inactivity - children		3	3	
Overweight		2	2	
ETS/ Smoking	8	9	2	9
> 30% fat		5	1	2
< 5 fruits & vegetables	1		4	
Healthy eating		1	10	1
Alcohol abuse	3	3	9	7
Summary: Heart Disease/High Blood Pressure	3	4	5	2