HEALTH PROMOTION CANADA | PROMOTION DE LA SANTÉ CANADA

Pan-Canadian Health Promoter Competencies' Toolkit – Product Example:
Write Clear and Concise Briefs for Health Promotion Issues (Competency 4.3)

DECISION NOTE

Future direction of the HeartMobile Program

Decision Required:
To confirm the future direction of Public Health Unit's HeartMobile Program

Background

- The HeartMobile (HM) Program was developed and officially implemented in April 1992.
- The program was developed as part of the "Healthy at Heart" initiative, and was designed to increase knowledge of cardiovascular disease (CVD) risk factors in males and females between the ages of 18 and 65 years.
- Currently as a Workplace Health initiative, the HM targets businesses in the Region.
- The program offers an individualized and interactive experience, providing participants with instant feedback in the following seven modules or stations :
  - Cholesterol screening
  - Blood pressure testing
  - Tips on managing stress
  - Healthy food choices
  - Active living information
  - Body mass index score
  - Computerized Health Risk Assessment (HRA).

Context

- In 2009, the HM's reach extended to 2628 residents, accessed through 51 workplaces. This is similar to the average reach over the last 5 years, as illustrated in Table 1.

Table 1. HeartMobile Reach in Peel region

Year	Number of Workplaces	Total Number of Participants
2005	62	2348
2006[1]	73	3562
2007	69	3403
2008	67	3157
2009	51	2628
Average (Between 2005-09)	**64**	**3020**

[1] Public Health Unit stopped charging for the HM program in 2006

The Pan-Canadian Committee on Health Promoter Competencies gratefully acknowledges the funding support provided by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

- The average cost of the HM has remained $** over the last ** years.
  In 2009, the total cost of the program consisted of:
  - Coordinator: $**
  - Support Staff (e.g. **): $**
  - Supplies: $**
  - Maintenance of Truck: $**
- Currently, all HM related programming is on hold until further direction is received. There are 24 workplaces on the waitlist; the HM Coordinator is completing HM-related data entry and other tasks needed to support the Comprehensive Workplace Health (CWH) Team.

2010 HeartMobile Evaluation

- The HM was first evaluated in 1996, and more recently in 2009-2010. Overall results from the 2010 evaluation report indicate:
  - High levels of participant satisfaction
  - Self reported increase in knowledge and behaviour change among participants
  - Participants identified the provision of individualized information and the mobile nature of the HM as the most important program features
- Building on the strengths and areas for improvement identified by participants and HM staff, the report provided the following recommendations for Public Health Unit to consider:
  1. Continue commitment to mobile workplace heart health services
  2. Consider options to address current program operational issues (e.g. congestion, privacy)
  3. Set strategic priorities and directions for the program
  4. Establish a staff working group to ensure messaging is current and consistent
  5. Increase opportunities for private, one-to-one wrap up sessions at the end of each participant's visit.
  6. Address communication issues between the HM program and the CWH Team
- Limitations of this evaluation include the possibility of a selection bias among participants (i.e. volunteers) and the self-reported nature of the findings.

Analysis

Strengths of the Current HeartMobile Program

- The HM Program is well recognized in the community, especially within the private sector (i.e. workplaces).
- The HM has been strategically used as a first point of entry into workplaces for the CWH Team.
- There is a high level of client satisfaction with the program, especially with the individualized and instantaneous nature of biometric feedback participants receive on the HM truck.
- The biometric analysis allows HM staff to identify individuals with high risk factors for CVD and advise them to immediately seek help from appropriate health professional(s).

Issues with the Current HeartMobile Program

- The HM truck will need to be updated, and possibly replaced
- The HM Program may not be reaching high risk, marginalized populations:
  - There may be a bias in the workplaces that participate voluntarily - i.e. have capacity and policies to support employee wellbeing initiatives (e.g. corporate vs. small manufacturing)
  - Clients are volunteers, and therefore, may also present a selection bias
- Workplaces may use the HM Program as a "one-off", and not part of the CWH Model
- The HM Program has not undergone a rigorous evaluation for program impact and cost effectiveness

Table 2. Possible Options for Consideration:

1. HM Program Continued	2. HM Program Discontinued
a) Conduct rigorous evaluation to inform future direction	a) Integrate HM content into CWH model but stop providing biometric analysis
b) Revitalize HM Program based on 2010 Evaluation recommendations	b) Integrate HM content into CWH model and develop a more limited mobile clinic that performs biometric analysis, but as a tool within the CWH model
c) Rebrand into a new mobile program with comprehensive chronic disease mandate (emphasis on diabetes)	

Next Steps

Based on the direction received from the Medical Officer of Health, staff will complete an Options Paper to further explore the future direction of the HM Program.