Saskatchewan
Health

Healthier Places to Live, Work and Play

A Population Health Promotion Strategy for Saskatchewan

Healthy People. A Healthy Province.

Healthier Places to Live, Work and Play...
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Forward

A MESSAGE FROM THE MINISTER OF HEALTH

The Action Plan for Saskatchewan Health Care recommended the development of a provincial population health promotion strategy. I am very pleased to present *Healthier Places to Live, Work and Play… A Provincial Population Health Promotion Strategy for Saskatchewan.*

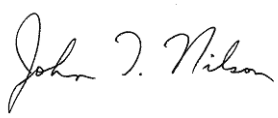
Our health needs have undergone dramatic changes in the last few decades. We know that we can enhance health promotion and illness prevention by placing more attention on primary prevention and population health promotion. We must balance the urgent needs of the acute care sector with the long-term benefits of a population health promotion approach. The time is right for investing in the long term. By strengthening our efforts in population health promotion, we are working to build healthy lives, healthy families and healthy neighborhoods and communities across the province.

This strategy is the result of comprehensive and broad consultation designed to identify the top priorities for population health promotion in this province. Health and human services representatives have identified four priority areas for focus in the area of health promotion:

Mental well-being
Accessible nutritious food
Decreased substance use/abuse
Active communities.

Population health promotion is about creating the conditions that support the best possible health outcomes for everyone. Promoting health is a shared responsibility that requires the co-ordinated action of many sectors, working together, to improve health and well-being. My department and the health regions will focus on these priority areas. We will engage other sectors in building community capacity for solutions, creating supportive environments for healthy choices and developing healthy public policy to address these issues.

I would like to take this opportunity to acknowledge and thank the many people who provided input into the development of *Healthier Places to Live, Work and Play… A Population Health Promotion Strategy for Saskatchewan.* We have relied on community wisdom to select the priority areas for the provincial strategy. We are confident that in working together to address these priorities we will promote safe and healthy communities.



John T. Nilson, Q.C.
Minister of Health

Acknowledgements

Healthier Places to Live, Work and Play… A Population Health Promotion Strategy for Saskatchewan has been a collaborative process that has benefited from the expertise of partner agencies, including Saskatchewan health regions. The provincial strategy was developed with broad consultation and advice from human service representatives and organizations across the province.

Saskatchewan has provided leadership in the area of population health promotion throughout the years. The establishment of a Provincial Reference Group to guide the process for development of this provincial strategy drew on the wealth of health promotion leadership within this province. Sincere thanks are extended to the following agencies who participated on the Provincial Reference Group:

Prairie Region Health Promotion Research Centre

Population and Public Health Branch, Manitoba/Saskatchewan Region, Saskatchewan Office, Health Canada

Saskatchewan Culture, Recreation and Youth

Métis Nation of Saskatchewan

Saskatoon Health Region

Sunrise Health Region

Five Hills Health Region

Cypress Health Region

Keewatin Yatthé Health Region

Mamawetan Churchill River Health Region

Human Services Integration Forum.

Health regions were critical to the success of the consultation process and the development of the strategy. They worked collaboratively with Saskatchewan Health to co-ordinate the eleven regional consultations and were key in ensuring broad representation from both the health sector and their intersectoral partners including education, social services, youth serving agencies, sport and recreation, the faith community, seniors groups, agencies representing people with disabilities, municipal governments and local Métis and First Nations agencies.

We would also like to extend our appreciation to the many provincial government departments and their provincial interest groups who met with us and provided valuable input into the development of the provincial strategy. We are very fortunate in this province to benefit from a number of complementary provincial initiatives that contribute to the overall health and well-being of Saskatchewan citizens.

The strategy development process has benefited from consultation and collaboration. As we work to implement *Healthier Places to Live, Work and Play… A Provincial Population Health Promotion Strategy for Saskatchewan*, we will rely on the spirit of collaboration from health and human services partners, a spirit that is part of a rich Saskatchewan tradition.

Executive Summary

The Population Health Promotion Strategy for Saskatchewan provides a framework for population health promotion at the local, regional and provincial levels. It builds upon the work already being done across the province in health promotion and disease prevention, and challenges communities to move beyond traditional health education approaches to create environments where residents may find it easier to take positive actions for their health.

The Strategy emphasizes "upstream" approaches that work to address root causes of ill health by focusing on changing the **conditions** and **environments** in which people live, work and play. By developing healthy public policy, creating supportive environments and strengthening a community's ability to take action on issues, the Strategy will work to remove or reduce barriers that make it harder for some people to be healthy than it is for others. The future envisioned for Saskatchewan as a result of the Provincial Population Health Promotion Strategy is healthier places to live, work and play.

Along with outlining the vision, framework and priority issues for population health promotion work in the province, the Strategy also:

- defines and directs Saskatchewan Health initiatives in population health promotion;
- supports health regions and their partners to do population health promotion work;
- engages a variety of sectors and organizations in working toward joint solutions in addressing issues that affect health;
- builds on community strengths and existing resources; and
- contributes to and supports other key government initiatives such as School^{PLUS}, Primary Health Care, A Physically Active Saskatchewan!, A Strategy to Get Saskatchewan In Motion, and the Integrated Pan Canadian Healthy Living Strategy.

Early in 2003, consultations were held across the province with health regions and their intersectoral partners. The purpose of the consultations was to draw on community wisdom to identify what issues were of greatest importance to communities and on which they were committed to take action. These became the priority issues.

Priority Issues	Priority Issue Goals
Mental Well-Being	To improve the conditions that support positive mental well-being for Saskatchewan residents by promoting: - resilience; - connectedness; and, - citizenship.
Accessible Nutritious Food	To increase opportunities for people to enjoy more nutritious food in homes and community settings. To reduce the economic, geographic, social and cultural barriers that limit healthy eating habits. To advocate for food policies that promote and protect the health of Saskatchewan residents.

Subsequently, goals for each priority issue were identified.

Priority Issues	Priority Issue Goals
Decreased Substance Use/Abuse	To reduce tobacco use and the harm it causes in the population and especially in children and youth. To reduce alcohol and drug use in the population and especially in children and youth.
Active Communities	To increase opportunities for regular, enjoyable physical activity in communities, schools and workplaces. To reduce the economic, environmental, social and cultural barriers that limit participation in physical activity. To create safe environments that encourage/ support physical activity.

Partnerships are integral to the development and implementation of the Strategy. To take action at the community level requires involvement of community leaders and citizens. The collaboration of multiple sectors is essential to the success of a provincial strategy because issues affecting health are too large and complex to be addressed by a single sector. Participation is needed from a variety of sectors and groups including education, social services, recreation, justice, municipal government, Métis government, First Nations government and community groups.

Saskatchewan Health, health regions and community partners have participated in developing the Strategy and will continue to have a role in implementation and evaluation. Saskatchewan Health has a central role in guiding and supporting population health promotion work in the province by building capacity, providing expertise and measuring progress. Health regions and their partners will develop and implement local population health promotion strategies to build on and support the provincial strategy.

Effective population health promotion programs are multi-faceted and long-term. This needs to be taken into consideration when evaluating outcomes. Since the ultimate benefits of improved health may take years, it is important to look at outcomes that contribute to successful change over time as well as changes in health status. The evaluation strategy will be developed in consultation with health region staff. Outcomes or objectives to evaluate change will need to be set for both Saskatchewan Health and health regions.

By working together in the Saskatchewan tradition, we can create a healthier province in which to live, work and play.

Part I - Background and Structure

The Population Health Promotion Strategy for Saskatchewan provides a framework for population health promotion work at the local, regional and provincial levels. It builds upon the work already being done across the province in health promotion and disease prevention, and challenges communities to move beyond traditional health education approaches to create environments where residents may find it easier to take positive actions for their health. It will also support many other government initiatives in the human services sector.

The plan for a Strategy was announced in *The Action Plan for Saskatchewan Health Care*, released December 2001. The *Action Plan* called for an increased focus on population health promotion throughout the province and recommended the development of a Provincial Population Health Promotion Strategy. Saskatchewan Health, working with Regional Health Authorities and a host of partners from many sectors, was given the task of creating a strategy to guide population health promotion activities across Saskatchewan. The top priority areas for population health promotion were to be identified and used by health regions as a foundation for their own regional population health promotion plans, which they would report on annually.

Population Health Promotion - An Overview

Health is about creating communities where it is easy for people to live, work and play in healthy ways. It is about making sure that people have a greater sense of control over their lives, are connected with their families and friends, and are involved in making healthy choices the easier choices.

The understanding of what keeps people healthy has grown. At one time people believed that the only answer was to treat individuals and cure disease - the treatment approach. In the 1970's this changed as people began to understand that what they eat, how active they are, and whether they use tobacco and alcohol also affect how healthy they are. This lifestyle approach focuses on helping individuals reduce their health risks by changing their behaviour.

Today it is recognized that the picture is even bigger. The population health approach takes into account that the health of the community and the province is influenced by many factors beyond health care and individual behaviour. People are much more likely to be healthy if they live in healthy communities where it is "easy" to be healthy. Do people have enough income, education, support from family and friends, or healthy environments such as smoke-free places?

> *In general, people with more education are healthier than people with less. People with secure, well paying jobs are healthier than those without them. Children born to middle class families are healthier than children born to the poor. It is not simply an issue of any one factor, but a combination of these factors that reduce our risk of disease or increase our chances at good health.*
> (Fyke, 2001 p. 35)

Population health promotion is based on a set of values. These values are the beliefs and standards that determine how we do our work. Some common values on which health promotion is based and which are inherent in the Strategy include:

- Respect for the worth and dignity of each individual, while at the same time giving priority to the common good when conflict arises;
- Support for community participation in decision-making;
- Sharing of resources to meet the needs of all members of our society;
- Pursuing social justice to reduce health inequities; and
- Caring for the environment so that the health and prosperity of the present generation are not purchased at the expense of future generations.

The What, How and Who of Population Health in Action

Population health promotion works on the factors that affect the health of entire populations. It involves citizens in ways that help them to take control and improve their own health. The focus is on preventing people from becoming sick or injured. It looks at the "big picture" and tries to work on the reasons that some things don't happen. Sometimes there are barriers to making healthy choices - people are too tired after a day of work to attend a meeting at the school or a prenatal class; it is hard for parents to go to the gym or meet to learn how to cook if there is no babysitting; some families can't afford the equipment or fees to send their children to gymnastics or hockey; people can't attend or become involved in community activities because they don't have a car or other means of transportation.

What determines health? Income, social support networks, education, working conditions, physical environments and healthy child development have more effect on health than treatment and individual lifestyle changes do. For example, if someone has a safe place to walk near their home, can afford comfortable shoes and have friends who are active, they are far more likely to be active and not get sick.

How can we take action? We can take action in many ways and in many places. When communities take action to build supportive environments and develop healthy public policies, this is an effective way of ensuring health for all. For example, citizens have successfully worked together to increase the number of smoke-free public places, to improve the availability of vegetables, fruit and lower fat dairy products in small grocery stores and to open community halls and school gyms to people for physical activity in the evening.

Who needs to be involved? To take action at the community level requires involvement of community leaders and citizens. A single individual or organization can make an important contribution but to make meaningful long-term change on more complex issues, it takes many people from many different places/sectors with many perspectives working together. Co-operation has become the "way of doing business" in Saskatchewan government agencies. The Human Services Integration Forum is one example of how departments are working together. The Forum involves individuals and organizations from many sectors including education, health, justice, social services, recreation and other governments (e.g. First Nations, Métis, municipal, etc.).

Focus on Health

The approach to health is like choosing different lenses when taking pictures. A treatment approach is like looking through a close-up lens. A lifestyles approach is like looking through a portrait lens; and a population health approach is like looking through a wide-angle lens.

Health promotion can help individuals to improve their eating habits or increase their physical activity. However, from experience, people know that knowledge alone is not enough. Simply telling people to exercise more, eat less fat and more vegetables and avoid tobacco has not resulted in enough change in behaviours to keep them healthy. Most people find it difficult to behave differently than their friends. Creating environments where healthy behaviour is the norm will support healthier choices by individuals.

Purpose of the Strategy

The purpose of the Provincial Population Health Promotion Strategy is to improve the health status of Saskatchewan residents by creating environments that support healthier choices. The Strategy provides an opportunity for communities to strengthen their knowledge and skills, so that they can take action to improve the social and economic conditions and physical environments that contribute to health.

The Strategy emphasizes "upstream" approaches that work to address root causes of ill health by focusing on changing the **conditions** and **environments** in which people live, work and play. By developing healthy public policy, creating supportive environments and strengthening a community's ability to take action on issues, the Strategy will work to remove or reduce barriers that make it harder for some people to be healthy than it is for others.

What Does the Strategy Do?

Along with outlining the vision, framework and priority issues for population health promotion work in the province, the Strategy also:

- defines and directs Saskatchewan Health initiatives in population health promotion;
- supports health regions and their partners to do population health promotion work;
- engages a variety of sectors and organizations in working toward joint solutions in addressing issues that affect health;
- builds on community strengths and existing resources; and
- contributes to and supports other key government initiatives such as School[PLUS], Primary Health Care, A Physically Active Saskatchewan! A Strategy to Get Saskatchewan In Motion, and the Integrated Pan Canadian Healthy Living Strategy.

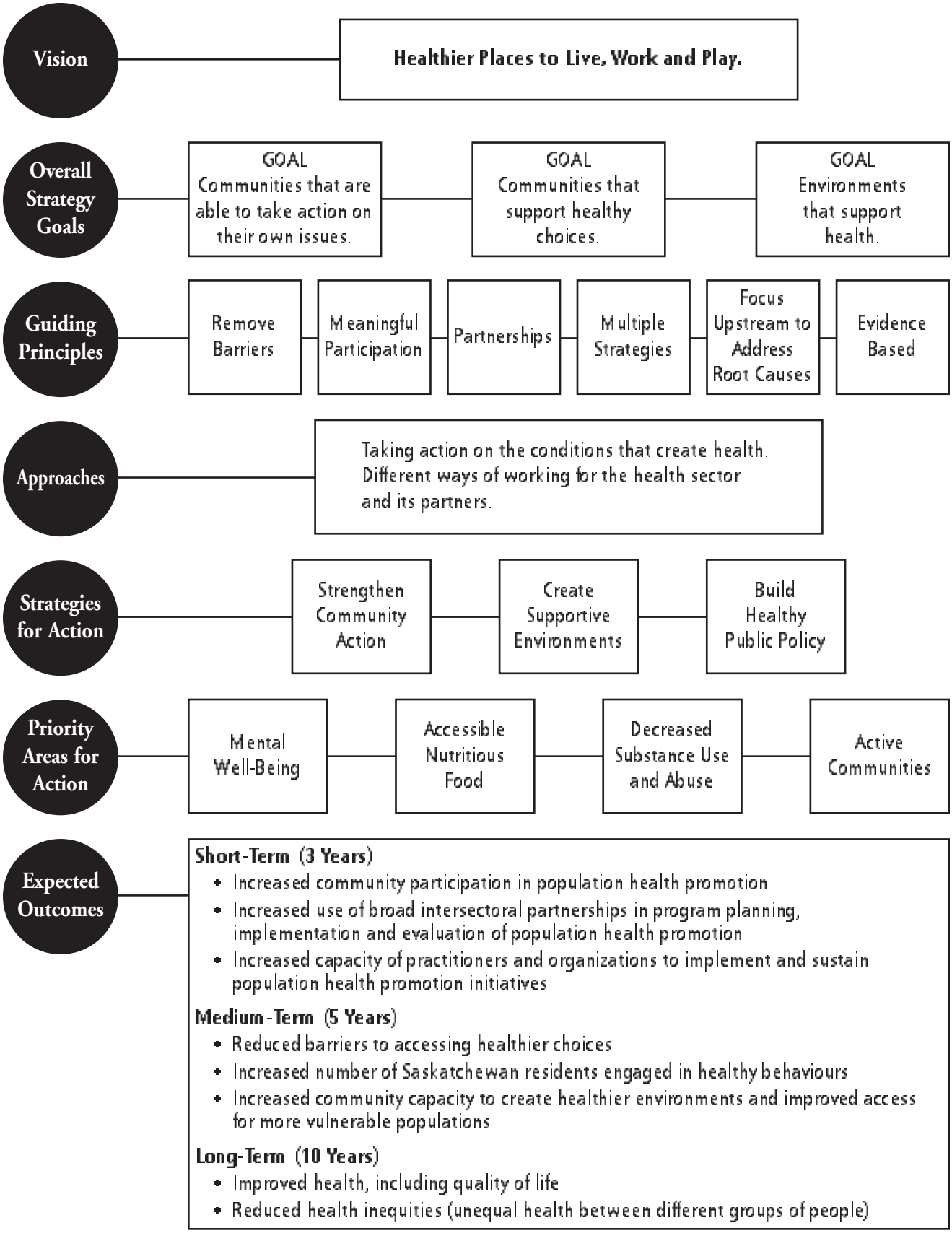
Within the health sector there are links between this strategy and the implementation of primary health care. Primary health care seeks to re-orient the health system to more comprehensive integrated services where people first enter the health system. Primary health care seeks to improve the health of the population and to modernize roles of health care providers to make the best use of the skills and knowledge of each team member. The goal of primary health care also includes meaningful participation, utilization of interdisciplinary networks and intersectoral collaboration. As such, part of this focus is to enhance prevention and health promotion activities. Primary health care services, for the most part, target individuals and communities and provide a range of services from prevention and health promotion to treatment and rehabilitation. Population health promotion, on the other hand, supports this work by collaborating with broad population' groups to address the conditions and environments that people need to live a healthier life. The sole focus of population health promotion is on primary prevention and health promotion.

For example, currently primary health care screens people for diabetes, educates people with diabetes about diet, physical activity, and foot care, and provides ongoing monitoring. Population health promotion works with communities to prevent type 2 diabetes from occurring or in delaying the onset of type 2 diabetes. This work includes such things as the development of healthy eating policies in schools; safe and affordable opportunities for physical activity (e.g. affordable activities or facilities, equipment exchanges, etc.); and, creating awareness through radio ads to inform people that type 2 diabetes can be prevented. In this way, primary health care and population health promotion both contribute to a healthier population.

A Framework to Take Action

The purpose of the provincial Strategy is to provide direction to guide population health promotion work in Saskatchewan. It supports a different way of working and thinking for the health sector and its partners. The Provincial Population Health Promotion Framework provides a visual overview and identifies the major elements or pieces of the Strategy that are explained in depth throughout the remainder of this document.

Provincial Population Health Promotion Strategy Framework



Vision

Having a vision - the preferred future we are committed to creating - is essential to any strategy. Every group working on population health promotion, whether a community group, a health region or a provincial agency, needs to have a clear vision and agreement on the ultimate goal. This vision provides a focus and reminds people of the long-term purpose of their work. The future envisioned for Saskatchewan as a result of the Provincial Population Health Promotion Strategy is healthier places to live, work and play.

Vision without action is just a dream.
Action without vision is a nightmare.

A Japanese Proverb

The Vision:
Healthier Places to Live, Work and Play

Goals

In order to achieve this vision, three goals have been identified:

- Communities that are able to take action on their own issues
- Communities that support healthy choices
- Environments that support health.

Guiding Principles

Health promotion action is guided by principles, which put values into practice. Principles guiding the development and implementation of the Provincial Population Health Promotion Strategy include:

- **Remove barriers**

  Population health promotion is about removing the barriers that make it harder for some people to be healthier than it is for others. Creating environments where healthier choices are possible for all individuals will help ensure a better quality of life for Saskatchewan residents.

- **Ensure meaningful participation**

  To ensure meaningful participation, people need to be supported with tools, skills and resources. The Strategy focuses on building knowledge and skills among individuals, organizations and communities to act on issues that are important to their health and well-being. It also means creating opportunities for community members and organizations to participate.

- **Develop partnerships**

  Because the determinants of health are so broad, population health promotion requires the involvement of a wide range of sectors, agencies, organizations and individuals, in addition to those in the health sector. The collaboration of multiple sectors is essential to the success of a provincial strategy because issues affecting health are large and complex and cannot be effectively addressed by a single sector.

- **Use multiple strategies**

The factors that determine health are many and diverse; to address them we need a broad range of strategies, which work at all levels of society. The most effective health promotion efforts use several strategies in many different places at numerous times. To create real change, communities need to use strategies that go beyond health education.

- **Focus upstream to address root causes**

Working upstream means looking beyond the immediate issue or problem to what contributes to or causes the problem. The Strategy emphasizes approaches that work to address root causes of ill health by changing the conditions and environments in which people live, work and play.

- **Base decisions on evidence**

Evidence to make decisions may come from research, evaluation of policies, programs and projects, or knowledge gained through practice and experience. Using evidence helps to ensure that practice and policies take effective action and are more likely to yield sound results. Different types of evidence have been used to develop the Strategy and will contribute to its implementation.

Approaches

These guiding principles support different approaches to the way health issues are addressed.

First, the principles guide the health sector and its partners to a different way of working. Being inclusive, working collaboratively and encouraging community identification of the issues and solutions are new ways of working for many people and builds on the community understanding of the best ways to address issues.

Second, the principles provide an opportunity to think differently about health issues and how to take action on the conditions that create health. Using many different activities or strategies, identifying what prevents people from being healthy, looking at a variety of causes of issues, and discovering how connected many issues are, provide communities with new ways of thinking about issues and builds on community wisdom about what the real issues are.

These different approaches to working and thinking about health issues broaden our understanding of what contributes to health and how people and communities can take action.

Strategies for Action

Traditional approaches to health promotion have focused on helping individuals reduce their health risks by changing their behaviour. Some strategies commonly used in this lifestyle approach include media campaigns, distribution of print materials, workshops on changing behaviours, health and safety fairs, and one-on-one counseling. These types of initiatives continue to form a valuable part of the continuum of population health promotion work.

There is growing recognition, however, that the lifestyles people choose are strongly influenced by the environments in which they live, work and play. Not all people live in communities where it is "easy" to make healthier choices. They may not have access to fresh fruits and vegetables at a reasonable cost, affordable housing, or opportunities for physical activity.

A population health promotion approach works to change the conditions and environments in which people live so that healthier choices are possible for everyone. In this approach, education and awareness activities can provide a basis for broader strategies like developing healthy public policies and strengthening community action. Success in one area or in using one strategy often builds both the capacity and confidence to use other strategies and work on other issues.

The Population Health Promotion Strategy for Saskatchewan and the provincial primary health care initiatives are complementary at the health region and community level. The focus of both is the identification of community needs and community driven solutions to address those needs.

The Provincial Population Health Promotion Strategy emphasizes intersectoral approaches that work to change social, economic and physical environments so that they support healthier choices in the population as a whole. It focuses on three key strategies for action:

- **Strengthening Community Action**

Strengthening community action involves enhancing the capacity or ability of individuals and communities to participate in and take action on issues that affect their health. It draws on existing human and material resources in the community to enhance self-help and social support. Making it easier for communities to take ownership and control of their own work and destiny is at the heart of this strategy.

A community's ability to take action on issues that affect health and well-being can be increased by developing knowledge and skills, learning how to access resources, building social networks and learning from experience. Effective community action begins with community-identified needs and is enhanced by consistent leadership.

Example:

- Developing partnerships among organizations and community members can increase the skill, expertise and resources available to tackle issues of concern to the community. The relationships developed and experience gained by partners can be applied to new issues as they arise.

- **Creating Supportive Environments**

People are more likely to be healthy if they live in surroundings where it is "easy" to make healthier choices. The aim is to generate conditions for living that are safe, stimulating, satisfying and enjoyable.

Example:

- A community can make physical activity more accessible by making it easier for people to use school gyms and community recreation facilities or by creating and maintaining safe, attractive walking paths.
- Restaurants can offer healthy menu choices and provide non-smoking environments.

- **Building Healthy Public Policy**

Building healthy public policy means encouraging all groups to consider the potential health impact of their policies, at all levels - from the workplace or school to local, provincial and federal governments.

Healthy public policy is any policy that creates and encourages an environment that supports health. Health promoting policies can include organizational change, legislation, regulations and guidelines at local, provincial or federal levels. They can be formal policy changes or less formal changes in the usual ways that people live, work and play.

Example:

- Schools can work with teachers, students, parents and the business community on policies to ensure healthy food choices in canteens, school food programs and fund-raising events.
- Communities/municipalities can work toward smoke-free buildings and grounds.

The emphasis on these three key strategies for action supports the growing understanding of the role that physical and social environments play in people's health. Social trends influence the environments in which people live, work and play and, as such, impact on their health. In Saskatchewan, some of these trends include:

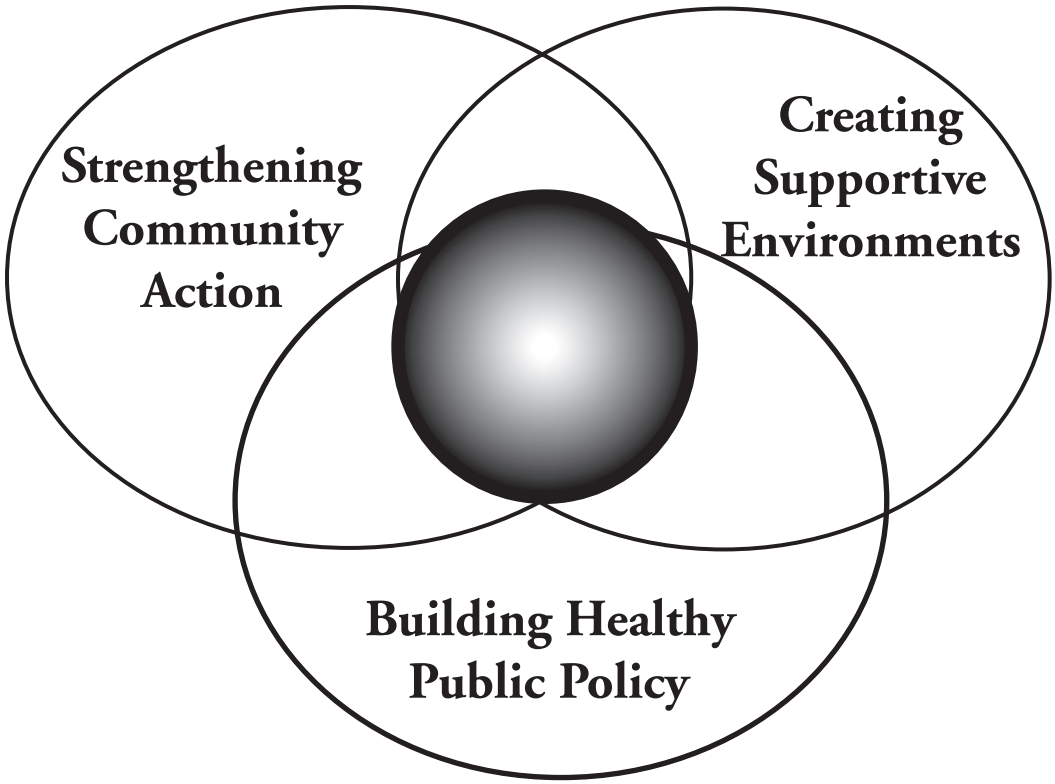
- moving from rural-based communities into urban centres and satellite communities;
- shifts in ethno-cultural makeup of the province;
- changing family structures;
- increasing work demands on families; and
- an aging population.

The ability to address the environmental and social conditions in which people live, work and play is critical to healthier people and healthier places. There are many barriers to people being able to make healthier choices. Educating people about issues is not enough to address these barriers. Instead we need to work collectively to create environments where it is easier for people to take positive actions to be healthier.

Interconnectedness of the Three Strategies for Action

In practice, these three strategies are interdependent and the actions that communities take often fit into more than one strategy. Sometimes supportive environments and community action are necessary first steps on the road to developing and implementing healthy public policies. For example, a school can pass a policy related to healthy snacks and lunches but if students, teachers and parents do not support it or have the skills to implement it, the policy is left "on the shelf" and not put into practice.

As demonstrated in the figure below, the strongest effect and greatest opportunities for sustainable change will occur where these three strategies overlap.



This document does not speak directly to two of the strategies in the population health promotion model - developing personal skills and re-orienting the health system. This framework attempts to build on the work already being done throughout Saskatchewan. Traditionally, health promotion and prevention initiatives were done largely through health education, which focuses on developing personal skills. As such, there is significant expertise and work being done in health regions in developing personal skills. The document seeks to motivate people to use other strategies - strengthening community action, creating supportive environments and building healthy public policy. It is the aim of the document collectively to re-orient health services. Setting expectations for the use of different strategies, increasing discussion within health regions, and building capacity in health region staff and their partners will create awareness and emphasize health promotion as a key part of the continuum of health services.

Role of the Health Region

Health Regions play a variety of roles in implementing population health promotion. While this document was created to guide the work of health regions, it does not mean that health regions need to be the lead on all initiatives. Other potential roles for health regions include (Butler-Jones, 2000):

- Partner – linking with others who are interested in the issue and sharing the workload;
- Advocate – being a champion or an articulate spokesperson on an issue and working to change policy and attitudes;
- Cheerleader – encouraging, supporting and not getting in the way of others who are willing to take on lead roles or are already actively working on an issue; and
- Enabler – providing links and supports to work being done and providing ways for others to make a more meaningful contribution to the issue.

Priority Areas for Action

Early in 2003, consultations were held across the province with health regions and their intersectoral partners. The purpose of the consultations was to draw on community wisdom to identify what issues were of greatest importance to communities and on which they were committed to take action.

The Priority Issues for Action were developed from the information received from the consultations. They are:

- Mental Well-Being
- Accessible Nutritious Food
- Decreased Substance Use/Abuse
- Active Communities

Subsequently, goals for each priority issue were identified.

Priority Issues	Priority Issue Goals
Mental Well-Being	To improve the conditions that support positive mental well-being for Saskatchewan residents by promoting: - resilience; - connectedness; and, - citizenship.
Accessible Nutritious Food	To increase opportunities for people to enjoy more nutritious food in homes and community settings. To reduce the economic, geographic, social and cultural barriers that limit healthy eating habits. To advocate for food policies that promote and protect the health of Saskatchewan residents.
Decreased Substance Use/Abuse	To reduce tobacco use and the harm it causes in the population and especially in children and youth. To reduce alcohol and drug use in the population and especially in children and youth.
Active Communities	To increase opportunities for regular, enjoyable physical activity in communities, schools and workplaces. To reduce the economic, environmental, social and cultural barriers that limit participation in physical activity. To create safe environments that encourage/support physical activity.

These four priorities will form the basis for everyone working to implement the Strategy. The issues are not listed in any order of importance. All of the issues are critical to the achievement of the vision and it is expected that health regions and their partners will address all four priorities.

It will be important in planning within health regions to recognize the interconnectedness of the issues. Many activities may support more than one priority issue. For example, increasing access to low cost physical activity for youth, while a key activity for active communities, will also support decreasing substance use/abuse and may improve mental well-being. Given this interconnectedness, it is essential for health regions and their partners to look at structures and processes that will support interconnectedness and create a comprehensive response to the issues. For example, forming one committee that is familiar with and has input into planning for all four issues may be more effective in addressing the issue of interconnectedness than four separate issue committees that work independently of one another.

In addition to provincial priorities, health regions may also identify additional local priorities, including new and ongoing work, to address in their local regional population health promotion plans.

Links to Other Government Initiatives

The Provincial Population Health Promotion Strategy emphasizes a different way of working for the heath sector and its partners. In Saskatchewan, intersectoral partnerships and collaborative action have become the way of doing business. This Strategy supports this approach and the work done by the Human Services Integration Forum and the Regional Intersectoral Committees, who will be key partners in implementation.

The Provincial Population Health Promotion Strategy will contribute to and support many government initiatives and, in turn, these initiatives will contribute to and support the Strategy.

SchoolPLUS is an intersectoral initiative developed in response to the *Final Report of the Task Force on the Role of the School*. It provides a focal point for government departments to increase efforts, reallocate resources, and strengthen partnerships with community groups to plan and deliver more responsive, culturally-sensitive, integrated and comprehensive services for children and families in their communities and schools. It emphasizes two main functions for schools:

1. educating children and youth - developing the whole child, intellectually, socially, emotionally, spiritually and physically; and,

2. supporting service delivery - serving as centres at the community level for delivery of social, health, recreation, justice and other services for children and families.

The **Saskatchewan Action Plan for Primary Health Care** outlines the plan for primary health care in the province. It outlines the core primary health care services that Saskatchewan residents can expect to receive and the role of Regional Health Authorities and the Government. The plan builds on Saskatchewan Health's Primary Health Services' Initiative, which began in 1997, and the progressive work of many of the previous health districts. This action plan expands primary care by focusing the delivery of services to include a holistic approach, a continuum of services, inclusion of a range of health providers, involvement of the public, and recognition that health is influenced by many factors. Since many of the factors that affect health occur outside the health system, a system of primary health care works proactively with intersectoral partners and community groups to address broader community needs. Primary health care demonstration sites include intersectoral, interdisciplinary community programs and activities that affect health (e.g. literacy, youth injury prevention, family programs and prevention of diabetes).

A Physically Active Saskatchewan! A Strategy To Get Saskatchewan People In Motion was released in August 2001 by Saskatchewan Culture, Youth and Recreation (CYR). This strategy was developed collaboratively with several agencies and organizations from the sport, recreation, culture, education and health sectors to address the significantly high level of physical inactivity in the province. Participants in the strategy development agreed to support the provincial/territorial target of reducing physical inactivity by 10% by the year 2005. The three broad-based goals of the strategy are:

1. promote physical activity through an active living and community relevant approach;

2. establish and implement new and innovative program strategies by working with traditional and non-traditional partners with an interest in physical activity; and

3. raise the importance of physical activity on public agendas.

At their annual meeting in September 2003, Ministers of Health announced progress on implementation of a number of key initiatives from the February 2003 Accord on Health Care Renewal, one of which is to continue to work on an **Integrated Pan-Canadian Healthy Living Strategy** in order to improve the health of Canadians through all stages of life. The strategy emphasizes nutrition, physical activity and healthy weights. The development of the strategy has involved health, other sectors of government, non-government organizations, health specialists, First Nations, Métis and Inuit, business and other stakeholders in identifying specific initiatives to support healthy living in all communities including rural, remote and northern areas. The strategy is based on the principle that the health of populations will be improved by enabling joint action between health and other government sectors, as well as representatives from private, voluntary and non-profit groups.

The **Disability Action Plan** is based on the principle of full citizenship for all individuals including those who have disabilities. Our vision is of a society that recognizes the needs and aspirations of all citizens, respects the right of individuals to self-determination, and provides the resources and supports necessary for full citizenship. Seven areas- awareness and understanding, safety and security, disability supports, health, education, employment, and income support- are the elements needed to achieve this vision.

Through the **Strategy for Métis and Off-Reserve First Nations People**, the Government of Saskatchewan, in partnership with Métis and Off-Reserve First Nations People, their organizations and institutions, the federal and local governments and other key partners, will focus future work together on four key goals: education; preparing for work; participating in the provincial economy; and, individual and community well-being.

These are a few of the key initiatives of government. There are others identified throughout this document. By working collectively and building on the work done in all sectors, there will be significant contributions to the quality of life for the people of Saskatchewan.

Part II - Priority Areas

The four priority areas identified through the regional consultations are:

- Mental Well-Being
- Accessible Nutritious Food
- Decreased Substance Use/Abuse
- Active Communities

This section discusses in detail the four priority issues identified through the regional consultations. Each priority area provides an overview of the issue including the current status, impact, root causes, goals, evidence-based practice and links to other government initiatives.

It is important to note that these priority issues share many root causes and evidence-based strategies. As such, they are interconnected and often interdependent. Action on one issue may produce both intended and unintended benefits for other issues.

The evidence-based practice section gives examples of traditional approaches, describes a population health promotion approach to the issue, and includes examples of the population health approach in practice. These examples are not exhaustive and there will be many other creative approaches to addressing the priority issue. The examples are meant to stimulate thinking about different ways of working that will make a difference in communities and support people to take more positive actions for their health.

A word about the need for both treatment and population health promotion...

This strategy serves to highlight the need for primary prevention using a population health promotion approach. It does not negate the need for treatment services.

When people are sick, they want care. As such, the work of professionals in the acute care system is critical. At the same time, people also want supports for healthier choices for their communities and families, meaningful work and other programs that contribute to health in a broader way. The challenge is to achieve a balance of effective treatment services and population health promotion. The truth is both are important. They cannot and should not compete with one another. Treatment and population health promotion are both needed to make sure that people in Saskatchewan are the healthiest they can be!

Mental Well-Being

Mental health contributes to a person's overall mental well-being. Mental health is defined as "*a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*." (World Health Organization, 1999)

Mental well-being has been recognized as a major component of health and quality of life. Positive mental well-being is an important resource for individuals, families and communities. It enhances people's capacity to contribute meaningfully to their families, friends, communities and society as a whole. Positive mental well-being is achieved by strengthening resiliency (the ability to bounce back from adversity), increasing coping and problem solving skills, enhancing one's ability to manage stress, increasing social connectedness (having someone to talk to, someone to trust, someone to rely on) and ensuring citizenship where each individual is treated equitably.

Along with addressing the mental well-being of individuals, there is a need to create conditions that support mental well-being for populations. In order to do this, we must identify effective ways to encourage and support positive mental well-being where people live, work and play. Strategies need to focus on addressing barriers such as inadequate income, unemployment, lack of education, inadequate housing, and inaccessibility of nutritious foods and physical activity opportunities that prevent people from having a sense of control over their lives.

Current Status

The Canadian Community Health Survey: Mental Health and Well-being (2003) surveyed Canadians 15 years of age and over on the following topics: self-rated mental well health; satisfaction with life; self-rated work stress; and having symptoms or feelings associated with major depression.

	Percentage	Number of Persons
Self-rated mental health as being fair or poor.	6.9%	1,715,204
Dissatisfied or very dissatisfied with life.	4.6%	1,152,720
Self-rated work stress – days a bit stressful, quite a bit stressful, and extremely stressful.	69.2%	12,457,965
Symptoms or feelings associated with major depression.	4.5%	1,119,314

According to Duxbury and Higgins (2001), employees' mental health has declined over the past decade. In 2001, 55% of respondents reported high levels of perceived stress compared to 47% in 1991. Their study shows an increase in incidence of depressed mood in the Canadian labour force in the past decade, reporting 38% in 2001 compared to 33% in 1991. Life satisfaction of the respondents declined over the past decade in that 40% in 2001 expressed a high degree of life satisfaction compared to 42% in 1991.

The Canadian Mental Health Survey (2001) states that three-quarters of Canadians report feeling really stressed at least once a month, as shown in the table below. Twenty four percent of Canadians feel really stressed about once a month, 43% feel really stressed a few times a week and 9% feel really stressed all the time.

Percentage of People Feeling Really Stressed by Age							
	All	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	64 or older
All the time	9	13	10	9	11	3	3
A few times a week	43	41	49	49	48	25	30
About once a month	24	33	26	23	18	31	22
A few times a year	14	7	11	14	14	24	16
Once a year or less often	6	7	0	3	6	14	8
Never	5	0	4	2	4	3	20

Forty-two percent of Canadians reported that workplace stress has a negative effect on how well they perform their jobs (Canadian Mental Health Association, 2001) and in another study, one third (35%) find it increasingly difficult to balance their home/life responsibilities with work (Ipsos Reid, 2002).

The Health Quality Council (2003) identified that the probable risk of depression has increased in Saskatchewan and Canada. In Saskatchewan, the probable risk of depression in 2001-02 was 7.1 % compared to 4.3% in 1994-95. In Canada, the probable risk of depression in 2001-02 was also 7.1 % compared to 5.2 % in 1994-95.

Impact

Negative mental well-being adds significantly to the general health expenditure and contributes to disability, mortality, loss of economic productivity, poverty and low quality of life. These problems not only affect individuals but also impact the family, community and society as a whole.

Circumstances that cause continued anxiety, negative stress, insecurity, low self-esteem, social isolation and lack of control over work and home life have powerful effects on a person's mental well-being and physical health. Such psychosocial risks can accumulate during life and increase the chances of poor mental well-being and premature death.

Work-life conflict has increased markedly among Canadian workers over the past ten years (Duxbury & Higgins, 2001). Conflict shows up as increased workload and hours of work, more stress on the job, declining physical and mental health, increased absenteeism, lower job satisfaction and a lower commitment to employers. The economic costs are significant as the authors estimate absenteeism resulting from work-life conflict costs Canadian firms almost $3 billion a year. Such conflict also results in extra visits to the doctor, adding $425 million annually to the cost of health care, not to mention more hospital stays, more medical tests, more demands on other practitioners and more prescription drugs.

It is estimated that lost worker productivity due to mental health issues (including stress) drains about $16 billion from the country's economy every year (*Workplace Today, 2002* as cited by *Interlock, 2003*).

Root Causes

There are many broad factors that influence mental well-being including a person's genetic background along with various environmental and psychosocial factors. During the consultation process, participants identified a number of root causes that have been grouped under two theme areas, environmental and psychosocial. Genetic inheritance is not addressed given the inability to change this factor.

Environmental

It has been well documented that contributing factors such as poverty and conditions of unemployment, adverse experiences during childhood, unhealthy relationships, social isolation, work-life balance, family violence and addictions affect a person's mental well-being.

Psychosocial

There are also several issues that are more specific to the individual such as stress, poor decision-making and coping skills, lack of self-esteem, stressful life events, lack of personal control, lack of social supports, and isolation that contribute, in a negative way, to mental well-being.

Many of these risk factors can be addressed by supporting environmental change. Some examples include strengthening the ability of parents, schools and communities to support the development of healthy children and adolescents, reducing poverty, providing adequate housing, enhancing employment opportunities and addressing work-life balance issues.

Goal Statement

To improve the conditions that support positive mental well-being for Saskatchewan residents by promoting:

- resilience;
- connectedness; and
- citizenship.

Evidence-based Practice

The following table provides examples that illustrate the differences between a traditional health or education approach for individuals and a broader population health promotion approach. Population health approaches complement traditional approaches; both work together to support healthier people.

These are examples only and not an all-inclusive list.

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Problem identified when certain behaviours are exhibited.	Proactive approach to building supportive environments.	**Promoting mental, emotional and social health in a school.** Based on the World Health Organization's health promoting schools concept, this approach creates a supportive whole school environment by developing self-esteem, emotional competency and social competency through relationships, participation, autonomy and clarity. It includes classroom, curriculum and the need for policies. In essence, it is about creating social inclusion for all students and developing resilience. Weare, Katherine. (2000) *Promoting mental emotional and social health: a whole school approach.* New York: Routledge. **Support Life Transition Points** This approach provides support during life transition stages such as becoming parents, going to school/changing schools, divorce, job loss, death of a family member/close friend, retirement, etc. National Health Service Centre for Reviews and Dissemination, *A National Contract on Mental Health*, York UK: University of York accessed July 28, 2003 from http://www.york.ac.uk/inst/crd/4ment.pdf
Map out an individualized care plan to treat issues (therapy, etc.).	Build capacity in children to prevent problems.	**PATHS - Promoting Alternative Thinking Strategies** This curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behaviour problems in school-aged children. It is taught 3-5 times per week for 20-30 minutes per day and has resulted in a 32% reduction in teacher reports of aggressive behaviour; a 36% increase in teacher reports of students exhibiting self-control; and a 20 % increase in student scores on cognitive skills tests, etc. Greenburg, M.T. & Kusché, C.A. *Promotion Alternative Thinking Strategies*. Accessed on July 28, 2003 from http://www.modelprograms.samhsa.gov/pdfs/FactSheets/PATHS.pdf

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
People referred to professional services/programs	Build community capacity to provide supportive environments.	**Helping Skills Project** addresses both the need to develop alternative support networks and the need to build partnerships. A new helping resource was created which was a non-service oriented approach that drew on the strengths and capacities of local people to support each other through hard times. Canadian Mental Health Association, Newfoundland and Labrador Division. Program Outlines. http://www.cmha.ca/mh_toolkit/part_one/helpskills.htm
Provide stress management information through pamphlets, in-services, campaigns.	Create a supportive work environment	The Saskatchewan Registered Nurses' Association's **Quality Workplace Program** focuses on using: community development principles, enhancing the ability of front-line staff to identify shared problems, and cultivating the resources, skills and commitments to implement solutions. A guiding principle of this program is that frontline staff are involved in improving their working conditions. Decision-making is a shared process: frontline staff and management assess the workplace, then plan and implement effective changes together. Impact of the program: • better communication among staff, between departments, and between management and staff; • staff see management as more approachable and supportive as a result of management's membership in the working group; • staff share a growing sense of empowerment, a feeling that they have a voice and can make decisions; • staff take actions to solve problems; and • morale in workplaces improves. Improving Nursing Workplaces for Health, SRNA, June 2003 http://www.srna.org/communications/pdf/may_29_workplace.pdf
Each sector plans programs for youth and implements them.	Coalitions of providers come together to plan comprehensive programs.	A public health program in Sweden that ran for 15 years involved a youth council consisting of top managers of public agencies (boards of education, health, social services, cultural activities, sports, police) and political representatives. This group worked to promote health to youth in a comprehensive way by integrating programs to improve quality of life, promote health and prevent problem behaviours in children and youth. Given the senior level of the membership, agencies committed to working together were able to carry out activities without additional funding. Activities included, but are not limited to: • integrated school themes on health habits and lifestyle from grade 1; all grade 6 students attend lifestyle camp for one week; booster doses of information are provided in grades 7-9;

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
		• parents receive regular newsletters re: teen problems; • police monitor illegal alcohol and drug use carefully; • parents patrol the streets on weekend nights to look for kids in need of contact; and • adolescents are offered a variety of recreational activities with adults present, initiated and organized by various groups in the community. Impact when compared with two other communities of similar demographics/characteristics: • more positive mental health; • decreased drug use (alcohol, tobacco and drugs); • increased healthy eating; • increased physical activity; and • decreased sexual activity Berg-Kelly, K. et al (1997) Health habits and risk behaviour among youth in three communities with different public health approach. *Scandinavian Journal of Social Medicine*. 25. 149-155.
Encourage youth to become employed.	Work with a variety of partners to provide employment experiences for youth.	Street Culture is a leading example of effective community and economic development. **The Street Culture Kidz Project Inc.** provides young people with opportunities to develop employment skills, utilize their practical life experience, access training and skills development programs and work 'front-line' in support of community development. Street Culture offers youth meaningful employment experiences while encouraging students to stay in (or return to) school. Programs and mini projects are developed, delivered and evaluated by the young people served in the process. The Street Culture Kidz Project Inc., 3612 Albert Street, Regina, Saskatchewan, S4S 3P6. email: streetculture@sasktel.net

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Provide a workshop on building individual employment skills.	Meaningful participation of rural women to address the barriers.	**Tapping Leadership Potential: the Macarther Rural Women's Leadership Project** was developed recognizing that rural women face a number of barriers to forming social connections and engaging in economic activity, including distance, limited access to and affordability of transportation and lack of accessible childcare options. A number of partnerships were developed with local services and groups. Subsequently, the project worked with local women to develop activities and programs to address their needs. Local women were engaged in all aspects of the project with the aim of building their skills and confidence in community strengthening activities. Another emphasis was on promoting economic participation, with a number of initiatives, which provided opportunities for women to build their economic development skills or to participate in an income generating activity. A childcare facility was a major success of the project and could provide the basis on which further achievements could be built. Victorian Health Promotion Foundation, Rural Partnerships in the Promotion of Mental Health and Well-being, Mental Health Promotion Plan. 1999-2002, Victoria Health, p. 30. http://www.vichealth.vic.gov.au/rhadmin/articles/files/VH%20rural%20mental%20health.pdf,
Traditional learning structures.	School environments that support cultural and spiritual learning.	**Kahnawake Survival School** offers a unique and complete high school program of studies that parallels the Quebec provincial curriculum but is enriched with Mohawk and First Nations history and culture. The Kahnawake Education System provides a quality education based on Kanien'kehaka beliefs, values, language and tradition for present and future generations along with providing student-centered learning experiences that meet the spiritual, intellectual, emotional and physical needs of the child. http://www.schoolnet.ca/aboriginal/survive/goals-e.html

Complementary Initiatives

Provincial

School^{Plus} is profiled earlier in this document.

KidsFirst has a focus on mental well-being. This intersectoral early intervention initiative is a community-based network of supports and services that focuses on the healthy growth and development of children and supports the primary role of families. Funding for KidsFirst has been directed to communities where the need is greatest. Key areas of focus in the KidsFirst program are:

- reaching high-risk women in targeted communities as early in pregnancy as possible through prenatal outreach and screening to assist in fetal alcohol spectrum disorder (FASD) prevention;
- screening babies born in Saskatchewan hospitals to determine the challenges faced by their families;

- home visiting programs to provide intensive support to identified families;
- expansion of childcare and early learning programs;
- enhancements to mental health and alcohol and drug services; and
- parent supports, such as literacy development, parenting skill development and nutrition counselling.

National

The Canadian Mental Health Association has been developing a Unifying Vision: A National Strategy on Mental Illness and Mental Health. The Canadian Alliance for Mental Illness and Mental Health has articulated in its "Call For Action" the rationale and a blueprint for a coordinated national strategy on mental illness and mental health. Promoting a broad national dialogue and building on the emerging common goals of Canadians, the federal government can work with the provinces to ensure that a comprehensive national strategy on mental illness and mental health is in place.

Accessible Nutritious Food

A population health promotion approach to accessible nutritious food focuses on the quality of food that is readily available in communities and that people choose to eat (McCullum, Pelletier, Barr, & Wilkins, 2003). What foods are offered and most frequently chosen in stores, restaurants, workplaces, schools and community gatherings? What are the economic limitations? What other factors affect food choice? This issue takes into account both how nutritious foods are and food safety.

Some refer to the availability of nutritious food in a community as community food security. We usually think about individuals and families when we think of food security but this broader community perspective focuses on greater involvement and control of the food supply by residents and community-based groups (Hugh, 1999). Community food security supports sustainable community development and greater involvement and control of the food supply by residents and community-based groups.

Current Status

There is considerable room for improvement when it comes to eating habits and the nutrition policies and practices that affect people in Saskatchewan.

A national survey of health practices among Canadians over age 12 found that in Saskatchewan 73% of males and 62% of females ate less than five servings of fruits and vegetables a day (Statistics Canada, 2003). The study also showed that among Saskatchewan adults aged 20 to 64 rates of obesity were 30% higher than in a study six years earlier. Using Canadian standards, the Saskatchewan rates were as follows:

Gender	Overweight	Obese
Females	26%	18%
Males	41%	22%

The 1993-94 Saskatchewan Nutrition Survey of adults reported that residents were aware of diet-disease relationships but felt insecure about their ability to change their eating habits to be healthier (Stephen & Reeder, 2001). It found that 20% of those surveyed were obese. Higher proportions of obesity were found for men over age 34 and women over 65. As well, rates were higher for those with less than high school education compared with those with high school or more advanced education. Many, particularly women, were trying to lose weight, including 15% of women in the underweight category and 50% of those in the healthy weight range. The average fat content of the diet had fallen in the preceding 20 years but was still above recommended levels. Many people had low levels of calcium and iron.

Impact

"A well nourished population contributes to a healthier, more productive population, lower health care and social costs and better quality of life" (Joint Steering Committee, 1996 p.1).

Nutrition-related risk factors develop over years and decades. Many have their beginnings in childhood, so healthy eating habits need to start early with breastfeeding and continue through life (Saskatchewan Health, 2001). Virtually everyone is affected to some degree by nutritional risk factors.

Heart disease is the leading cause of death and a major cause of hospitalizations in Saskatchewan. Cardiovascular disease accounts for 37% of male deaths and 41% of female deaths (Saskatchewan Health, 2001). A report on European food and nutrition policy says that about one third of cardiovascular disease can be prevented through better diet (World Health Organization, 2001).

The Canadian Cancer Society estimated that 20 to 30% of all cancers are related to nutrition. Cancers affected by nutrition include breast, colon, stomach, mouth, pancreas and prostate (Saskatchewan Health, 2001). Eating lots of fruits and vegetables helps protect one's health. There is convincing evidence that overweight and high consumption of alcohol increases the risk of developing some cancers (World Health Organization, 2001).

There were 38,124 people with diabetes in the province in 1996. Of these, 3,224 were newly diagnosed. Diabetes accounts for a significant portion of health care spending. Diabetes is the leading cause of end stage renal disease, and is a risk factor for heart disease, stroke and hypertension. It is estimated that diabetes accounts for nearly 12% of hospitalizations in Saskatchewan (Saskatchewan Health, 2001). More than half of new cases of type 2 diabetes can be prevented through changes in physical activity and diet (Diabetes Prevention Program Research Group, 2002).

Hypertension is a major risk factor in heart disease, stroke, and renal disease. Mortality statistics grossly underestimate the impact of hypertension as a cause of death (Saskatchewan Health, 2001). Eating habits and obesity are contributing factors to hypertension.

Osteoporosis currently affects one in four women and one in eight men over the age of 65. Incidence of osteoporosis is probably under-reported in mortality and morbidity statistics as it is seldom a primary diagnosis. It is related to hospital admissions for falls and hip fractures in the elderly (Saskatchewan Health, 2001).

The World Health Organization has recognized that obesity represents a rapidly growing threat to the health of populations worldwide and has classified obesity as a disease (World Health Organization, 2003). As the prevalence of childhood obesity increases, chronic diseases that have typically been associated with people in their fifties have begun to appear at younger ages. In the United States, the economic cost of obesity was estimated to be approximately 8% of the total health care costs (Centres for Disease Control, 2003).

Root Causes

Food selection is far more complex than it might appear. Factors affecting accessible nutritious food can be grouped into three broad categories. The following are examples only, not a comprehensive list.

What food is available where people live, work and play

The first consideration is what food is on the grocery shelves, and in restaurants, recreation facilities, schools, community gatherings, meetings, service stations, etc. Do people know how to cook? What types of foods are being produced and promoted? Are there gardens? Can people hunt, fish or gather berries and other wild foods if they wish?

Another aspect of availability is the cost. Are nutritious foods available at competitive prices? Do people have sufficient income to afford them?

Why certain foods are or are not available

A group of factors influences what is available for people to choose. The size of grocery stores affects the range of products they carry. In some areas of the province transportation costs for fresh fruits and vegetables and milk are very high. The location of grocery stores and transportation for people to get to them are also determining factors.

Some schools have nutrition policies. In some schools there are school milk programs. In most, fund-raising and convenience of storage may affect what is offered.

Restaurant choices depend on how quickly food needs to be prepared and served, the skill of those preparing the food, the kitchen facilities, profitability, etc.

Consumer demand can affect what types of food are produced and marketed. On the other hand, advertising influences consumer demand and, as a result, choice and selection.

National programs and policies can influence the types of foods produced and selected. For example, Canada is the first country to provide mandatory labelling of a number of different types of fat. Manufacturers are aware of consumer interest in this issue and are expected, within very short timelines, to change the ingredients of many foods and also the way foods are manufactured. .

Cultural, family and individual influences

Cultural, community and family customs play a role. Tastes and preferences are often shaped by what family and friends choose. Do people lead such busy lives that the kitchen or fast food restaurant becomes the "filling station" where getting enough to eat to stop feeling hunger is the first consideration? Have health concerns affected what food people choose?

Household resources, including skills, knowledge and money clearly affect what types of foods are chosen.

Goals

The goals for creating improvement in accessible nutritious foods are:

- To increase opportunities for people to enjoy more nutritious food in homes and community settings.
- To reduce the economic, geographic, social and cultural barriers that limit healthy eating habits.
- To advocate for food policies that promote and protect the health of Saskatchewan residents.

Evidence-based Practice

Achieving good access to nutritious foods requires many strategies and partners from many sectors. People tend to eat what they enjoy and what is easily available and affordable. Education can play a supporting role but it is not enough on its own. Even when people have been diagnosed with a serious medical condition and have been counselled about dietary changes, it is very difficult for most to maintain them for a prolonged period. Making healthy choices easier for everyone is, therefore, the priority.

Characteristics of successful community-based nutrition programs to improve health and reduce illness are adapted from the WHO (World Health Organization, 2003) and include:

Policy principles to promote healthy diets:

- strategies should be comprehensive;
- select the optimal mix of actions that are in accord with capabilities, laws and economics;
- governments and health authorities have central steering roles in developing strategies, ensuring actions are implemented and monitoring long-term impact;
- partners need to include governments, private sector, health professionals, consumer and community groups, academics, researchers and non-government bodies if sustained progress is to occur; and
- strategies should explicitly address equality and diminish disparities.

Prerequisites for effective strategies:

- leadership is essential for introducing long-term change. This may fall to governments and/or civil society;
- effective communication bridges the gap between technical experts, policy-makers and community members;
- functioning alliances and partnerships include a range of partners whose actions influence people's opinions and choices;
- individual change is facilitated and sustained if the environments within which choices are made support healthy and rewarding options. Food systems, marketing patterns and personal lifestyles should evolve in ways that make it easier for people to live healthier lives. This includes school, workplaces, the community, transport policies, urban design policies and availability of healthy diets. Unless there is an enabling environment, the potential for change will be minimal;
- availability and selection of nutrient-dense foods (fruits, vegetables, legumes, whole grains, lean meats and low-fat dairy products). Concentrate on nutrient-dense foods versus energy-dense/nutrient-poor foods, as this affects overall nutrition and maintenance of healthy weight;
- assessment of the trends in changing consumption patterns and their implications for the food (agriculture, livestock, fisheries and horticulture) economies;
- sustainable development involves examination of the costs of different eating habits;
- consideration of the impact of physical activity on nutrition and health; and
- understanding of how traditional diets are displaced by modern marketing.

Strategic actions for promoting healthy diets:

- ensure that "healthy diet" components are available to all.
- enable people to make informed choices and take effective action. Having messages and labelling can lead to availability of better quality food.

The following table provides examples that illustrate the differences between a traditional health or education approach for individuals and a broader population health promotion approach. Population health approaches complement traditional approaches; both work together to support healthier people.

These are examples only and not an all-inclusive list.

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Inform people of the importance of fresh fruits and vegetables and whole grains in the diet.	Make quality fruits and vegetables and whole grains available in the neighborhood or community at reasonable prices.	The **Population Health Promotion Demonstration Sites for Primary Prevention of Type 2 Diabetes Initiative** involved over half of the Saskatchewan health regions. It provided an opportunity for individuals, organizations and communities to increase their knowledge and skills in using population health promotion approaches to address health issues. Using diabetes prevention as an entry point, demonstration sites worked with a number of intersectoral partners to create healthier communities by reducing or removing barriers that prevented people from making healthier choices. A wide variety of approaches were used including: • working with local grocers and restaurant owners, gardening clubs; • accessing transportation for people to grocery stores; and • bringing food to locations close to where people live, etc. Saskatchewan Health. 2003. *Using a Population Health Promotion Approach: Lessons Learned from the Population Health Promotion Demonstration Sites for Primary Prevention of Type 2 Diabetes*, Population Health Branch, Saskatchewan Health. **The Good Food Box.** A box of fresh and nutritious fruits and vegetables is delivered to the neighborhood drop-off site, ready for pick up, every two weeks or every month. Payment for the small, medium or large food box is collected in advance. The Good Food Box also contains food preparation tips, recipes and nutrition information. Good Food Box programs operate in several areas of Saskatchewan.

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Teach students what they should eat.	Work with students, teachers and parents to develop and implement multi-faceted interventions, combining environmental changes in the school, home or community with education and policies.	**Nutrition Guidelines for Schools** is a resource for schools to help them align food available in schools with what is taught in classrooms. It was created to help schools develop their own policies, suitable for local needs. Saskatchewan School Trustees Association, 400- 2222- 13th Avenue, Regina, SK. S4P 3M7. Phone (306) 569-0750, Fax (306) 352-9633. The **Community Schools Program**, through Saskatchewan Learning, includes a nutrition component, both education and provision of food, as part of its comprehensive learning initiatives. Participate in development and implementation of **national food policies and programs** to influence both individual consumer choices and what foods are available. For example, as Canada's Food Guide to Healthy Eating is revised to meet current needs, there are opportunities for education, but there will also be changes in policies about what foods are served in many settings such as schools and day cares. Another example is improved food labelling. As Canadians see what types of fat and other nutrients are in their food, manufacturers understand that they will be demanding changes. They are already changing some products.
Work with the health sector to make changes.	Develop intersectoral healthy public policy to reduce the prevalence of obesity.	**Norwegian Nutrition and Food Policy** ratified in 1976, is an integration of agricultural, economic and health policies in agricultural production, manufacturing processes, and marketing practices which result in having more nutritious choices. Klepp KI, Forster JL. The Norwegian Nutrition and Food Policy: an integrated policy approach to a public health problem. *J Public Health Policy*. 1985; 6: 447-463. [In: D. Simmons, J. Voyle, B. Swinburn, K. O'Dea. "Community-based Approaches for the Primary Prevention of Non-insulin-dependent Diabetes Mellitus." *Diabetic Medicine*, 1997: 14: 519-526.]
Providing emergency food supplies to families in need.	Strengthen community action by forming a network of community-based organizations and human services departments of government to address issues of food security for all.	**Food for All Coalition.** This is a rural network of three government agencies and nine non-government partners in Kelsey Trail Health Region. The Coalition adopted a staged work plan that included a free Fall Food Forum to identify food security issues and begin mapping resources and initiatives. It supports communities that are developing and sustaining initiatives such as community gardens, collective kitchens, Good Food Box programs and school food programs. It is drafting a food charter. Food for All Coalition, Box 6500, Melfort SK, Canada S0E 1A0. (306) 752-6310 .

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
		Food Charters. Saskatoon and Prince Albert have developed food charters for their communities and others are in the planning stage. They outline principles and a wide range of actions to improve the availability of nutritious food for all residents. This includes developing links between local producers and consumers, community gardens and the promotion of healthy eating practices. Saskatoon Food Coalition, (306) 384-7041, email saskfoodsec@sk.sympatico.ca Prince Albert Parkland Health Region Pubic Health, 1521 6th Ave W, Prince Albert, S6V 5K1 or City of Prince Albert Race Relations and Social Issues Committee, 1211-1st Ave. W, S6V 4Y8.
Inform/educate people about the need to reduce calorie and fat content in diets.	Create supportive environments to increase choices for healthy eating by promoting healthy eating in schools, workplaces, restaurants and the community.	**Work with not-for-profit organizations** such as the Heart and Stroke Foundation, Canadian Diabetes Association and Cancer Society to maximize effectiveness of nutrition policies and programs. **Heart Healthy** activities include food choices on menus identified with a special logo, educating restaurant owners about the benefits of menu labelling, having their menus analyzed so owners can label the lower fat menu choices, working with the cooks to modify recipes, and, labelling in supermarkets that identifies healthful choices. School nutrition policies have been implemented in a number of locations. For example, the Northern Diabetes Prevention Coalition is working with schools and other organizations that include food as part of their functions to develop policies so nutritious foods are available at all gatherings. Population Health Unit, Mamawetan Churchill Health Region, Box 6000, LaRonge, SK S0J 1L0.
Tell prospective parents that breastfeeding is healthiest.	Create health and community settings that support breastfeeding.	Comprehensive strategies and policies that support women to breastfeed include: • Workplace policies for mothers returning to work; • Social marketing campaigns to debunk the myths about breastfeeding; and • Reducing barriers to breastfeeding in public through programs such as the "baby friendly places" which encourage mothers to breastfeed wherever they are. Health and Human Services. (2000) HHS Blueprint for Action on Breastfeeding. Accessed July 31, 2003 from http://www.cdc.gov/breastfeeding/report-blueprint.htm

Complementary Initiatives

Much of the work on improving accessibility of nutritious food is done at the community level. Other types of change are supported by provincial and nation-wide policies and programs. The following initiatives are examples only. This is not intended to be all-inclusive.

Provincial

There are a number of **nutrition programs** in the province. The Saskatchewan School Trustee Association and the Public Health Nutritionists of Saskatchewan Working Group have developed *Nutrition Guidelines for Schools* to assist schools in developing and implementing their own policies. This is one of many programs and resources developed by the Public Health Nutritionists for Saskatchewan Working Group. The Saskatchewan Child Nutrition Network facilitates education, advocacy and information, and resource sharing for food security groups so they can develop initiatives such as food charters, Good Food Box Programs and community gardens. The Breastfeeding Committee for Saskatchewan is an interdisciplinary committee with representation from the health regions that promotes, protects and supports breastfeeding.

Saskatchewan Learning's **Community Schools** program includes a focus on both education and food in designated schools. Work is underway between Saskatchewan Learning and the Public Health Nutritionists of Saskatchewan Working Group to develop nutrition policies and resources for this program. **School**[PLUS], as profiled earlier, is also expected to include a nutrition component.

The **Chronic Disease Prevention Alliance of Saskatchewan**, affiliated with Chronic Disease Prevention Alliance of Canada, began as a group of not-for-profit, health, recreation and university agencies committed to working together to reduce the risk of chronic diseases.

National

Health Canada works with the provincial and territorial governments and a wide variety of other stakeholders to develop and implement a number of policies that affect nutrition. For example, the effects of new **nutrition labelling** have been mentioned already. **Canada's Food Guide to Healthy Eating** is being revised to reflect current needs and nutrient recommendations. As the most widely used piece of nutrition education material in the country, it has a significant influence on eating habits and is designed to support food choices that promote and protect health.

The **Pan-Canadian Healthy Living Strategy** will have a focus on nutrition and is outlined in more detail earlier in the document.

Nutrition for Health: An Agenda for Action was the result of a multi-sectoral, Canada-wide consultation. It gathered the collective wisdom of groups and individuals about how to work towards healthier people. The strategic directions included reinforcing healthy eating practices, supporting nutritionally-vulnerable populations and continuing to enhance the availability of foods that support healthy eating.

Chronic Disease Prevention Alliance of Canada (CDPAC) is a coalition of organizations that share a common vision of integrated chronic disease prevention in Canada. The focus of CDPAC is on three chronic diseases: cancer, cardiovascular disease and diabetes. Because these diseases share three risk factors - physical inactivity, poor nutrition and tobacco use - the organization is providing support for related initiatives in areas of mutual interest.

The **Food Mail Program** allows qualified remote northern communities to bring in nutritious foods such as fresh fruit and vegetables and milk by air at reduced transportation costs.

Decreased Substance Use and Abuse

Substances in this section refers to alcohol, tobacco and illicit drugs.

Alcohol and other drug abuse is the root cause of many of the serious problems facing Canadians and is conservatively estimated to cost millions of dollars each year. The problem strains our health care, social service, education and legal systems, and takes an immeasurable emotional and financial toll on families.

Substance abuse prevention programs have been successful in reducing substance abuse. However, making progress is not always easy. Many of the problems are intertwined with societal values, norms, attitudes, and beliefs that run counter to reducing problems and strengthening families and communities. Living environments and conditions, such as unemployment and racism, also contribute.

Current Status

Young people who are seriously involved in either juvenile delinquency, substance abuse, school dropout, teenage pregnancy, or violence are more likely to engage in one or more of the other problem behaviours. Furthermore, all of these teen problems share many common risk factors. The 1994-95 National Population Health Survey identified multiple risk behaviours by youth aged 15-24. The Survey focused on smoking, binge drinking, sex with multiple partners and sex without a condom. Males were more likely than females to engage in multiple risk behaviour.

Gender	No Risk Behaviour (RB)	1 RB	2 RB	3 - 4 RB
Males	32%	26%	24%	19%
Females	39%	28%	19%	14%

The most common two-risk combination for both sexes was smoking and binge drinking. However, among males, almost as many reported a combination of binge drinking and unsafe sex (FPT Advisory Committee on Population Health, 1999 p.128).

Alcohol

The declining trend in alcohol sales observed throughout the 1980s and 1990s did not continue in 1996-97. Sales expressed in terms of absolute alcohol increased from 7.4 litres per person in 1995-96 to 7.6 litres per person in 1996-97, the first increase to occur since the early 1980s. Over 42% of past-year drinkers reported consuming five or more drinks on a single occasion (6.2% did so on a weekly basis), 23.4% exceeded the low-risk guidelines for alcohol consumption and 2.5% reported drinking at levels associated with clinical dependence on alcohol (Canadian Centre for Substance Abuse, 1999).

In Saskatchewan, according to the Canadian Community Health Survey (2000-2001), 26% of drinkers in the past year reported consuming five or more drinks on a single occasion. Four percent reported a clinical dependence on alcohol. Twenty four percent of Saskatchewan respondents reported having five or more drinks on more than 12 occasions over the last year compared with 20.1 % of all Canadians.

In Saskatchewan, 18.8 % of male and 8% of female youth, aged 13 to 18, reported drinking beer more than once per week. Using wine or hard liquor more than once per week was 12.1 % for males and 6 % for females. As well, 34.6 % of males and 25.1 % of females over the age of 17 reported driving while intoxicated three or more times in the last year (Schissel & Eisler, 1999).

Tobacco

The Canadian Tobacco Use Monitoring Survey (CTUMS) 2002 (February - December), annual data report indicates that Saskatchewan youth smoking rates (aged 15-19) from February to December 2002 increased from the previous year (February - December 2001). The CTUMS 2002 annual overall smoking rate for all residents (ages 15 years and over) decreased during that same time period.

Youth (15-19)

CTUMS	Saskatchewan	Canada
2002	29%	22%
2001	27.1%	22.5%

Overall Smoking Status (ages 15 & over)

CTUMS	Saskatchewan	Canada
2002	21%	21%
2001	25.4%	21.7%

The CTUMS 2002 annual report also indicates that:

- 22 % of children in Saskatchewan age 0 - 17 are regularly exposed to second-hand smoke at home as compared to the national rate of 19%;
- 51% of Saskatchewan residents aged 15 and over have never smoked; and
- 65% of Saskatchewan residents aged 15-19 have never smoked.

Illicit Drugs

The Canadian Community Health Survey 2000-2001 identifies that 0.7 % of Canadians and 0.6 % of people in Saskatchewan have a dependency on illicit drugs.

As well, Youth Speak Out: Attitudes and Behaviours Related to Youth at Risk in Saskatchewan (1999) identified that teens were using a variety of illicit drugs.

Drug Use over 12 times per year	% of Males	% of Females
Marijuana	29.6	23.9
Hash Oil	17.1	10.7
Psychedelics	12.5	7.2

While not illegal, both sexes reported using diet pills and steroids. In all, 8.2% of females use diet pills and 5.8 % of males use steroids at least once per year.

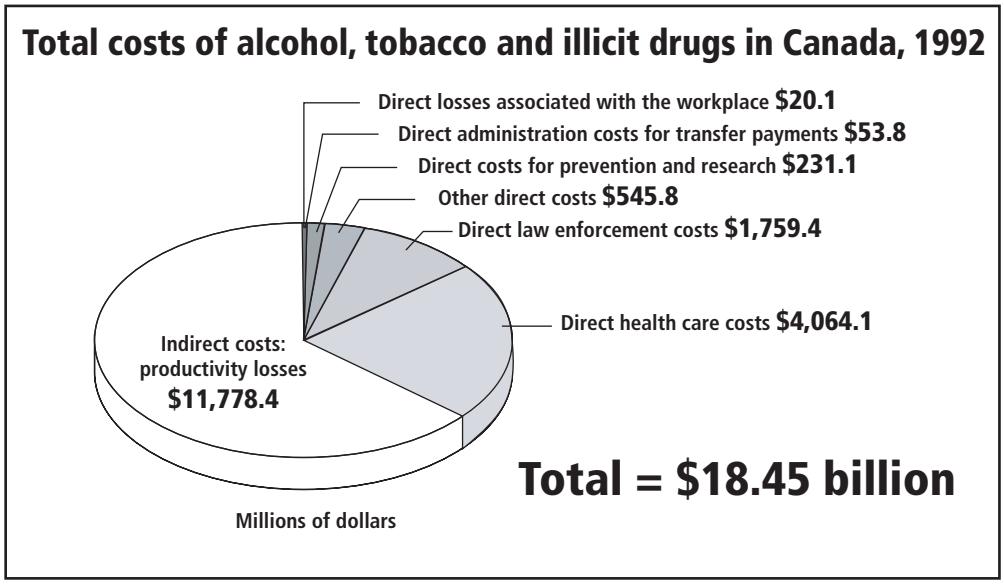
Impact (Single, Robson, Xie, & Rehm, 1994)

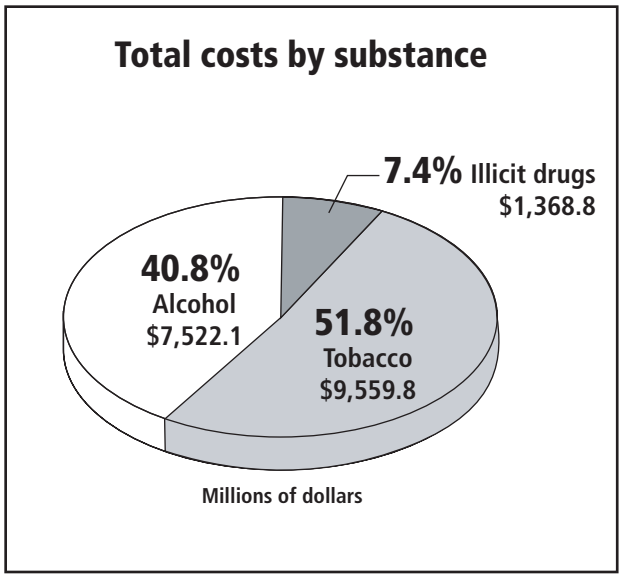
It is estimated that substance abuse costs more than $18.45 billion in Canada in 1992. This represents $649 per capita, or about 2.67% of the total gross domestic product.

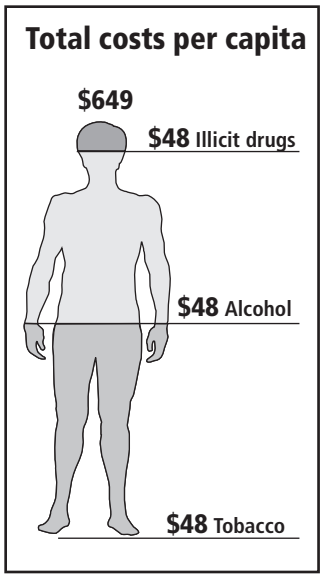
Alcohol accounts for more than $7.5 billion in costs, or $265 per capita. This represents 40.8% of the total costs of substance abuse. The largest economic costs of alcohol are $4.1 billion for lost productivity due to illness and premature death, $1.36 billion for law enforcement and $1.3 billion in direct health care costs.

Tobacco accounts for $9.56 billion in costs, or $336 per capita. This is more than half (51.8%) of the total substance abuse costs. Lost productivity due to illness and premature death accounts for more than $6.8 billion of these costs and direct health care costs due to smoking account for $2.67 billion in costs.

The economic costs of illicit drugs are estimated at $1.37 billion, or $48 per capita. The largest cost (approximately $823 million) is lost productivity due to illness and premature death, and a substantial portion of the costs ($400 million) is for law enforcement. Direct health care costs due to illicit drugs are estimated at $88 million.







All charts are from: Eric Single, Lynda Robson, Xiaodi Xie, J¸rgen Rehm et al. (1994) The Cost of Substance Abuse in Canada. Accessed August 18, 2003 at http://www.ccsa.ca/docs/costhigh.htm.

Root Causes

The factors contributing to substance use/abuse are broad and varied. The consultations identified the root causes that can be grouped into two broad themes - environmental and personal. The root causes of substance use/abuse link quite closely with those for mental health. A study by Berg-Kelly identifies that mental health and risk behaviours are different aspects of problems of the same kind and therefore critically inter-related. This was true of many of the model programs reviewed for this document - programs designed for risk behaviours (substance abuse, violence, eating disorders, etc.) had an impact on mental health, and mental health promotion programs had an impact on risk behaviours.

Environmental

As noted earlier, the social environment plays a critical role in supporting many different health behaviours that may have either a positive or negative impact on one's health. Issues such as peer pressure, adult modeling, social acceptance of certain behaviours, poverty, unemployment, a lack of appropriate social activities and venues, availability or access to substances and the deterioration of family structures all contribute to substance use and abuse.

Personal

There are also several issues that are more specific to the individual, such as poor decision- making and coping skills, lack of self-esteem, a lack of social supports, mental illness, isolation and stress that contribute to the use of substances. All of these issues or root causes are potential areas where action can be targeted.

Goals

By working on substance use/abuse, it is expected that the strategies will make a contribution to the following goals:

1. To reduce tobacco use and the harm it causes in the population and especially in children and youth.

2. To reduce alcohol and drug use or abuse in the population, and especially in children and youth.

Evidence-based Practice

The following table provides examples that illustrate the differences between a traditional health or education approach for individuals and a broader population health promotion approach. Population health approaches complement traditional approaches; both work together to support healthier people.

These are examples only and not an all-inclusive list.

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Tell people to stop smoking. Refer people to a cessation program. Prescribe "the patch" or a drug.	Change community elements that promote or reinforce tobacco use.	The **Florida Tobacco Control Program** has created huge change in smoking by increasing awareness, strengthening community action, creating supportive environments and building healthy public policy. These strategies target prevention, reduction and protection issues and involve youth and communities as key partners to change the elements of society that promote or reinforce tobacco use (denormalization). The focus is to: • increase awareness of key tobacco issues; • assist in tobacco use cessation; and • engage in the policy process regarding tobacco issues. Cessation services using approved programs are offered in school and in non-traditional settings and offer peer support to continue to be tobacco-free. Families are educated on how to reach their children with tobacco messages and are involved in community and school anti-tobacco activities. Tobacco-free partnerships/coalitions are developed in local communities and address policies that support more smoke-free time and places and decrease exposure to second-hand smoke. Florida Tobacco Control Program (2002). Program Plan 2002-2003, accessed July 29, 2003 from http://www9.myflorida.com/tobacco/index.html

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Tell people to smoke outside.	Policy development to ensure tobacco-free spaces everywhere for youth.	The **Simcoe County Action on Tobacco** project in Ontario was comprised of three primary components geared towards preventing youth from smoking and protecting children and youth from environmental tobacco smoke. These components included 1) tobacco-free school communities; 2) youth access to tobacco; and 3) bylaw implementation in playground parks. Toolkit of Better Practices in Tobacco Control, accessed Sept. 8, 2003 from http://www.ptcc.on.ca/bpt/bpt-alpha.cfm
Educate people about the dangers of second-hand smoke.	Implement 100 % smoke-free environments in restaurants, bars, bingo halls, casinos and all other public places and workplaces.	The City of Moose Jaw's smoke-free bylaw was voted in through referendum by the citizens of Moose Jaw on October 22, 2003. The 100 % smoke-free bylaw took effect February 2004. Restaurants, bars, bingo halls and other public areas are now 100 % cent smoke-free. The idea for 100 % smoke-free indoor public places originated from students at a local school in Moose Jaw. Organizations such as the Five Hills Health Region, the Canadian Cancer Society, Saskatchewan Division and the Heart and Stroke Foundation of Saskatchewan also played a large role in mobilizing the community to support the bylaw. Lung Association of Saskatchewan news release dated October 23, 2003. accessed November 4, 2003 from http://www.sk.lung.ca/content.cfm/xtra0118
Educate youth not to smoke via school curriculum.	Involve youth in planning tobacco reduction activities.	**STRIKE**, which stands for **Student Tobacco Reform Initiative: Knowledge for Eternity**, is a student-focused and student-directed program aimed at tobacco education and tobacco use reduction on college campuses. Their vision is that "the collegiate population will live tobacco free". **STRIKE** has adopted four goals: Goal 1: Increase the community's critical awareness of key tobacco issues Goal 2: Engage in the policy process related to tobacco Goal 3: Support community members' cessation efforts Goal 4: Develop and maintain effective tobacco control advocacy organizations These institutions of higher learning were given the charge to carry out the goals of the program through the development of innovative initiatives developed and provided by students for students. Strike for College Students. http://www.strikehq.com/StrikeAboutUs2.cfm

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Inform university/ college students to drink in moderation.	Promote healthy public policy that focuses on creating a healthy environment.	University of Arizona substance abuse program has developed a two-prong approach: social norms and environmental management. The goal of the program is to create campus-wide impact on student alcohol and drug perceptions and use patterns, campus and community perceptions, and policies and procedures that support safer drinking practices. University of Arizona, Health Promotion and Prevention Services, SAMHSA Model Program, http://www.modelprograms.samhsa.gov/pdfs/FactSheets/Challenging%20CAA.pdf
Children enter kindergarten/ grade one.	Create social support networks.	**Safe Children** is a program to assist children ages 5-6 who are at high risk of substance abuse and other behaviour problems. The aim of the program is to help children make a positive transition into elementary school and have a successful first year. The program is community and school-based, which builds support networks among parents, develops parenting skills and knowledge of child development, gives parents an understanding of schools and how they work, and ensures children have the skills to master basic reading skills. Model Program, Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services. http://www.modelprograms.samhsa.gov/pdfs/FactSheets/SAFE.pdf
Presentation on alcohol and drugs in schools.	Multiple strategies that address creating supportive environments, healthy public policy and strengthen community action along with enhanced personal health practices.	**Project Northland** is designed for students in grades 6-8. It has been proven to delay the age at which young people begin drinking, to reduce alcohol use among those who have already tried drinking, and to limit the number of alcohol-related problems of young drinkers. This project addresses both individual behavioural change and environmental change. It utilizes parent involvement, behavioural curricula, peer-led small group activities, community mobilization and strategies to reduce access to alcohol. Model Program, Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services. http://www.modelprograms.samhsa.gov/pdfs/FactSheets/Project%20North.pdf

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Mass media campaign on drug abuse prevention.	Multiple strategies to address drug abuse prevention. Strategies address partnerships, media campaign, skill building for students and parents, community involvement, and local policy change in the areas of tobacco, alcohol and other drugs.	**The Midwestern Prevention Project** (MPP) is a comprehensive, community-based, multi-faceted program for adolescent drug abuse prevention. The MPP involves an extended period of programming and strives to help youth recognize the tremendous social pressures to use drugs and provides training skills in how to avoid drug use and drug use situations. These skills are initially learned in the school program and reinforced through the parent, media, and community organization components. The MPP disseminates its message through a system of well-co-ordinated, community-wide strategies: mass media programming, a school program and continuing school boosters, a parent education and organization program, community organization and training, and local policy change regarding tobacco, alcohol and other drugs. Evaluations of the MPP have demonstrated for program youth, compared to control youth: • reductions of up to 40% in daily smoking; • similar reduction in marijuana use and smaller reductions in alcohol use maintained through grade 12; • effects on daily smoking, heavy marijuana use and some hard drug use have been shown through early adulthood (age 23); and • increased parent-child communications about drug use. Centre for the Study of Violence Prevention. Blueprints Model Programs: Midwestern Prevention Project. Accessed July 29, 2003 from http://www.colorado.edu/cspv/blueprints/model/programs/MPP.html

Complementary Initiatives

Working on substance use/abuse will support many other initiatives at both the provincial and federal level. Several of these initiatives include:

Provincial

A **Provincial Strategy for Individuals with Cognitive Disabilities** is in the process of being developed by an interdepartmental committee within the provincial government. The strategy is based on a review from a number of sources and is intended to specifically address the needs of individuals with cognitive disabilities who have significant behavioural and developmental challenges (e.g. Fetal Alcohol Spectrum Disorder [FASD], Autism/ Pervasive Developmental Disorder [PDD], Acquired Brain Injury [ABI], developmental and intellectual disabilities).

KidsFirst also has a focus on preventing substance use and abuse and is outlined in more detail earlier in this document.

Northern Health Strategy involves four northern health regions along with northern First Nations health authorities, Saskatchewan Health and Health Canada working co-operatively to improve the health status of all residents in northern Saskatchewan. This partnership is based on a common history of northern Métis and First Nations peoples and common issues in health and socio-economic circumstances. The strategy involves:

- working together across jurisdictions with the development of health services delivery and health promotion frameworks;
- increasing family, community and northern region capacity;
- developing partnerships while ensuring diversity; and
- equitable resource allocation.

Health promotion and disease prevention is a cornerstone of the strategy through health and intersectoral partnerships.

National

New Directions for Tobacco Control in Canada: A National Strategy, prepared by the Steering Committee of the National Strategy to Reduce Tobacco Use in Canada in partnership with Advisory Committee on Population Health, was released in 1999. The four goals presented in this paper assist in providing a framework for continuous and increasing efforts by governments and non-governmental organizations, individuals, health intermediaries and communities. The four goals are:

- Prevention - Preventing tobacco use among young people;
- Cessation - Persuading and helping smokers to stop using tobacco products;
- Protection - Protecting Canadians by eliminating exposure to second-hand smoke; and
- Denormalization - Educating Canadians about the marketing strategies and tactics of the tobacco industry and the effects the industry's products have on the health of Canadians in order that social attitudes are consistent with the hazardous, addictive nature of tobacco and industry products.

Canada's Drug Strategy focuses on substance abuse as an important health issue and seeks to reduce the demand and balance the supply of available drugs. In response to needs identified by the provinces and territories, the program develops and circulates innovative best practices and provides evidence-based research to more than 54,000 front-line health and social services providers concerning such issues as the prevention of substance abuse among young people and concurrent mental health and substance use disorders. These include:

- Innovative substance abuse rehabilitation programs;
- Educational resources/information dissemination strategies; and
- Comprehensive harm reduction approaches.

http://www.hc-sc.gc.ca/hecs-sesc/cds/index.htm

Active Communities

Physical activity is important throughout all stages of life. Regular participation in physical activity helps prevent disease and chronic conditions, boosts the positive effects of rehabilitation, reduces the potential for injuries and helps manage other risk factors. Other benefits of physical activity include improved fitness and quality of life, stronger bones and muscles, better posture and balance, and prolonged independent living in later life (Government of Saskatchewan, 2001). Regular physical activity also contributes to mental well-being by helping to reduce stress, anxiety and depression.

Despite the significant contribution of physical activity to well-being, most Canadians currently are not active enough to experience health benefits. If we hope to change this situation, we must identify effective ways to encourage and support physical activity where people live, work and play.

Campaigns that promote the benefits of physical activity, or programs that enhance skills and confidence to participate in physical activity are important in helping people become more active. Current thinking, however, supports a more population-based approach to increasing physical activity. Initiatives that support more physical activity opportunities in schools, develop or enhance walking/cycling trails, and reduce barriers to participation (fees, equipment, transportation, etc.) help to create communities where it is easier to be physically active.

Current Status

The Physical Activity Monitor (Canadian Fitness and Lifestyle Institute, 2001) reported that as many as 59% of Saskatchewan residents are not sufficiently active for optimal health benefits. This compares with the overall Canadian figure of 57%. In Canada, slightly more women (59%) than men (52%) are physically inactive.

The proportion of those physically inactive increases with age. Sex-related differences are most apparent among older adults, where, in Canada, 67% of women are inactive compared with 55% of men.

The level of physical inactivity decreases as education level increases (64% among those Canadians with less than secondary graduation compared to 51% among Canadians who are college and university graduates). Moreover, as income level increases, the proportion of Canadians who are physically inactive decreases (62% compared to 44%).

In Saskatchewan 67% of youth aged 12-19 are not active enough for optimal growth and development. This compares with 58% of Canadian youth aged 12-19 overall. In Canada overall, girls are significantly less active than boys, with 64% of girls and 52% of boys being considered physically inactive.

Impact

Physical inactivity represents an important public health burden in Canada. It is estimated that in 1999 about $2.1 billion, or 2.5 % of total health care costs in Canada, were directly attributable to physical inactivity (Katzmarzyk, Gledhill, & Shephard, 2000)). The highest costs attributable to inadequate physical activity were associated with coronary artery disease ($891 million), osteoporosis ($352 million), stroke ($345 million) and hypertension ($314 million). Indirect costs such as lost productivity due to illness or premature death were not included in these figures. Nor were a range of other conditions or costs affected by physical inactivity, including anxiety, depression, poorer quality of life, earlier admission to an institution, or need for geriatric care.

It is estimated that a 10% reduction in physical inactivity would reduce direct health care expenditures by $150 million per year in Canada. To begin to realize such reductions we first need to find effective ways to encourage and support people to become more physically active.

Root Causes

Participants in the regional consultations identified a number of possible causes for inactivity in their communities, including contemporary lifestyle/technology, accessibility and safety.

Contemporary lifestyle/technology

Today's lifestyle is far more sedentary than in the past. Fewer children walk to school. There are more non-active leisure time options including computers, video games and satellite/cable TV available to both children and adults. Devices such as TV remote controls and cell phones have increased the speed and ease of everyday life, while decreasing opportunities for even small amounts of physical activity. Despite advances in technology, parents are working longer hours, leaving less time for recreation and other leisure activities traditionally enjoyed as a family. According to the 1995 Physical Activity Monitor, the top three barriers to physical activity for Canadians are lack of time (69%), lack of energy (59%), and lack of motivation (52%).

Barriers to Physical Activity	Percentage
Lack of time	69
Lack of energy	59
Lack of motivation	52
Excessive cost	37
Illness/injury	36
Lack of facilities nearby	30

(adapted from Canadian Fitness and Lifestyle Research Institute, 1997a)

Accessibility

Not having access to opportunities for physical activity represents a significant barrier to being active. For some youth and adults the cost of facility fees, equipment and clothing are obstacles to participation. For others in rural or Northern areas, limited facilities or lack of transportation to existing facilities is a problem. Aside from access to facilities, the way in which communities are planned and organized may also create barriers to physical activity by making active commuting options, like walking and biking, difficult or impossible.

Safety

Unsafe neighbourhoods contribute to inactivity. Having access to safe streets, walking trails, playgrounds and other public places is crucial to people being active in their communities. Almost one-quarter of adult Canadians find their neighbourhoods unsafe for exercise, citing traffic, crime, poorly lit and maintained sidewalks and cycling lanes as specific examples (National Aboriginal Health Organization, 2002). The issue of safety is particularly important to parents, who feel uncomfortable having their children playing outside or going to parks alone in areas that they feel are unsafe.

Providing adequate supports for physical activity may help to overcome some of the barriers people experience. The 1997 Physical Activity Monitor examined the type of supports Canadians said would help them to become more physically active.

Supports for Physical Activity	Percentage
Access to safe streets and public places	42
Affordable facilities, services and programs	42
Paths, trails and green spaces	35
Affordable support services	32
Services linking partners	23
Convenient transportation	23

(adapted from Canadian Fitness and Lifestyle Research Institute, 1997b)

Goals

There are three broad goals for creating active communities:

- To increase opportunities for regular, enjoyable physical activity in communities, schools and workplaces;
- To reduce the economic, environmental, social and cultural barriers that limit participation in physical activity; and
- To create safe environments that encourage/support physical activity.

Evidence-based Practice

Physical activity can contribute to the prevention and treatment of a multitude of common chronic diseases and medical conditions, and to improved mental well-being. An increase in the proportion of the population who are physically active would enhance the quality of life of Canadians and help to reduce health care costs.

Traditionally, programs to increase physical activity have focused on changing the behaviour of individuals. Many of these programs have not served the majority of the population or had a significant impact on health. Rather than focusing solely on individual behaviour change, another approach is to take action at multiple levels along the population health promotion continuum. For example, an initiative to increase physical activity in a community could include a promotional campaign about the benefits of physical activity, a policy to allow evening use of schools for free recreational activities, and the construction of safe walking trails.

Creating social and physical environments that encourage and support people to be physically active can result in significant change. Initiatives such as development of trails and pedways in major urban areas can influence the activity choices of many people for relatively little cost.

The following table provides examples that illustrate the differences between a traditional health or education approach for individuals and a broader population health promotion approach. Population health approaches complement traditional approaches; both work together to support healthier people.

These are examples only and not an all-inclusive list.

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Offer fitness classes through the local community association.	Develop or enhance physical environments in communities so that they support people to become more physically active.	Trail construction and enhancement of existing trails was one of a number of components of a community health project carried out in 12 rural counties in southeastern Missouri. Trails were emphasized because of lack of places to walk in these rural areas. Results reported in a survey of residents concerning walking and trail use: • 45% had walked in the past month • nearly 20% had walked on average 5 times a week, 30 minutes per session • nearly 39% of those with access to trails had used them • women and lower-income groups had increased their walking activity since they began using the trails. Brownson, R.C., Housemann, R.A., Brown, D.R., Jackson-Thompson, J., King, A.C., Malone, B.R., & Sallis, J.F. (2000). Promoting physical activity in rural communities: walking trail access, use and effects. *American Journal of Preventative Medicine*, 18(3), 235-241.
Tell people they need to accumulate 30 - 60 minutes of activity on most days of the week.	Reduce barriers to participation in physical activity.	Researcher James Sallis and colleagues reviewed the literature on environmental and policy interventions to promote physical activity. Findings suggest that physical activity can be enhanced by: • planning park and recreation land for unstructured activities such as walking • providing more convenient exercise facilities • providing appropriately designed and staffed programs (barrier: programs that seem to be designed for the very fit) • designing buildings with accessible stairwells and encouraging use of stairs (through signage, etc.) • increasing mixed-use development in neighbourhoods (housing, retail, entertainment uses) • having mass transit options, rather than car use Sallis,J.F., Bauman, A., & Pratt, M. (1998). Environmental and policy interventions to promote physical activity. *American Journal of Preventative Medicine*, 15(4), 379-397..

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Tell children to become more physically active.	Integrate opportunities for physical activity into daily routines.	The **Active and Safe Routes to School** initiative is a national program of *Go for Green*, the Active Living and Environment Program. The purpose of the program is to encourage active modes of transportation - walking, biking, in-line skating - to and from school. Benefits include: • increased physical activity for children and youth • a healthier lifestyle for the whole family • less traffic congestion around schools • safer, calmer streets • improved air quality and a cleaner environment. Active & Safe` Routes to School, c/o Go For Green, 30 Stewart Street, P.O. Box 450 Station A, Ottawa, ON K1N 6N5. Website: www.goforgreen.ca
Include health education and physical education as part of the school curriculum.	Create a school environment that supports varied options for physical activity.	Beyond formal physical education programs, Wechsler and colleagues identified four less obvious influences on physical activity at school: recess periods, intramural sports, physical activity facilities, and psychosocial support. Findings suggest that schools might boost physical activity by: • providing both organized physical activity and unstructured play at recess and making appropriate equipment available • offering intramural programs with a choice of activities in which every student can participate (regardless of ability) • increasing access to school facilities and grounds before and after school, and on weekends, holidays and vacations • developing school policies to support physical activity (examples: not restricting physical activity for discipline purposes; incentives for students for meeting physical activity goals; role modeling by staff; integrating physical activity into all classes) Wechsler, H., Devereaux, R.S., Davis, M., & Collins, J. (2000). Using the school environment to promote physical activity and healthy eating. Preventative Medicine, 31, S121-S137.

Traditional (Individual) Approach	Population Health Approach	Examples of Population Health Approaches
Hold fitness classes for seniors.	Offer fitness programs that seniors can do in their own homes.	The **Strong-for-Life** program was designed for sedentary older adults with some degree of physical disability. The program consisted of a 35-minute video program of 11 exercise routines, colour-coded elastic bands, and exercise calendars to record activity and level achieved. Participants received 2 home visits by a physical therapist to teach techniques, with follow-up telephone support. The objectives were to: improve participants' strength, balance, and mobility; enhance well-being; and reduce disability. Findings: • muscle strengthening - 6%-12% net increase; • reduced disability effects - 15%-18%; and • balance and mobility improved but not to levels that were statistically significant. Conclusion: Strong-for-Life home-based resistance training program is a safe, low-cost, effective method for increasing physical activity among older persons with disabilities. Jette AMP, Lachman MP, Giorgetti MMM, et al. Exercise-it's never too late: The Strong-for Life Program. American Journal of Public Health 1999; 89(1):66-72.
Physical education classes in schools	Promote the adoption of physical activity policies in school divisions.	As a result of its membership in the Northern Diabetes Prevention Coalition, the Northern Lights School Division adopted healthy living as a core goal and provided financial support to schools in the Division to address healthy eating and physical activity. An outcome of that work was the development of *Community School Based Physical Activity Program Guidelines* which provide a framework for schools to use to increase physical activity for students, parents and the community.

Complementary Initiatives

Provincial

"**A Physically Active Saskatchewan! A Strategy To Get Saskatchewan People In Motion**", a major provincial initiative aimed at reducing physical inactivity in Saskatchewan, is described in detail earlier in this document.

Saskatchewan ***in motion*™**, which builds on Saskatoon Health Region's *in motion*™ program, is unique to Canada and focuses on health promotion and active living. To achieve its goals, the program concentrates on strengthening partnerships, building awareness, targeting community strategies and measuring success. A provincial partnership has been formed to build the *in motion*™ initiative province-wide to help Saskatchewan "increase its level of physical activity by a net of 10 % by Saskatchewan's 2005 Centennial. This initiative is funded by the Community Initiatives Fund, supported by the Department of Culture, Youth and Recreation, managed by the Saskatchewan Parks and Recreation Association (S.P.R.A.), and has multiple partners - Saskatoon Health Region, SaskCulture, Sask Sport Inc., the Saskatchewan Indian Federated College, community organizations, schools and many volunteers. Each regional recreation association within Saskatchewan will be the "regional in *in motion*™ communication hub" for its respective region.

The **Aboriginal Participation Initiative** builds capacity and leadership for Aboriginal people through participation in sport, culture and recreation activities. It focuses on building opportunities for Aboriginal people living in urban communities and in the North through key partnerships, new grant opportunities and leadership programs. The initiative has already had significant involvement and support from key partners including the Federation of Saskatchewan Indian Nations, the Métis Nation of Saskatchewan, the Northern Recreation Co-ordinating Committee, Sask Sport Inc., and the Saskatchewan Parks and Recreation Association.

School[PLUS] is profiled earlier in this document.

The **Chronic Disease Prevention Alliance of Saskatchewan**, discussed earlier in this document, has begun to work on co-ordinating chronic disease prevention at the provincial level.

National

The **Pan-Canadian Healthy Living Strategy** and the **Chronic Disease Prevention Alliance of Canada (CDPAC)** are profiled earlier in this document.

Part III - Moving the Strategy into Action

Partnership Roles in Implementation

Partnerships are an integral piece in the development and implementation of the Strategy. To take action at the community level requires involvement of community leaders and citizens. A single individual or organization can make an important contribution, but to make meaningful long-term change on more complex issues, it takes many people from many different places/sectors with many perspectives working together.

While building effective partnerships can be a very time- consuming, intensive and sometimes difficult process, the benefits are far reaching in terms of mutual learning and growth, skill building and the achievement of both personal and community aspirations. It is also one of the keys to sustainability of initiatives and to finding new, creative ways to solve complex problems.

> A map without a navigator is just a piece of paper.
>
> *A person or group with a vision of health improvement and some relevant expertise (e.g., management, health, community planning) should be identified to service as a guide for the effort, clarifying next steps and keeping the initiative moving*
>
> (Public Health Foundation, 1999)

It is critical to engage the participation and support of many sectors that directly contribute to the health and well-being of Saskatchewan citizens and create change in communities. Co-operation has become the "way of doing business" in Saskatchewan. The collaboration of multiple sectors is essential to the success of a provincial strategy because issues affecting health are too large and complex to be addressed by a single sector. Participation is needed from a variety of sectors and groups including education, social services, recreation, justice, municipal government, Métis government, First Nations government and community groups.

Saskatchewan Health has a central role in guiding and supporting population health promotion work in the province, including identifying broad goals for the Strategy. This will be achieved by:

- building capacity (knowledge, skills, resources, commitment) for population health promotion work;
- providing content knowledge/expertise for defined provincial priorities; and
- measuring progress in population health promotion initiatives (tools, templates).

Saskatchewan Health will offer this support through consultation, workshops, conferences, print resources, and by providing incremental resources or re-aligning existing resources to assist health regions in addressing provincial priorities for population health promotion action.

Each Regional Health Authority, in turn, has responsibility for:

- developing and implementing regional plans for population health promotion work based on provincial priorities and local needs;
- identifying local objectives, indicators and strategies;
- allocating resources; collaborating with their intersectoral partners to ensure that population health promotion work is relevant and complements initiatives undertaken by other sectors; and
- ensuring their staff have the skills and expertise to implement population health promotion approaches.

Community partners have a key role to play in working with health regions to ensure that the appropriate sectors are involved in:

- planning and implementing initiatives;
- contributing resources, including time, skills and expertise; and
- participating in workshops, consultations and other regional or provincial events.

Evaluation of the Strategy and Accountability

Health promotion action is designed to make it easier for people to increase control over, and to improve, their health. Ultimately this leads to improved population and individual health outcomes (World Health Organization, 1986). Effective health promotion programs contribute to healthier places to live, work and play. This decreases illness and disability and improves quality of life in the long term. Health and quality of life are influenced by a wide range of determinants including a person's physical, social and economic environment.

Effective population health promotion programs are multi-faceted and long-term. This needs to be taken into consideration when evaluating outcomes (Saskatchewan Health, 2003b). Since the ultimate benefits of improved health may take years, it is important to look at outcomes that contribute to successful change over time as well as changes in health status.

In the **short term (3 years)**, how a program is planned and implemented can be assessed by looking at changes in the ability of the health sector and its partners to carry out the work. For example:

- increased community participation in population health promotion;
- increased use of broad intersectoral partnerships in program planning, implementation and evaluation; and
- increased capacity of practitioners and organizations to implement and sustain population health promotion initiatives.

Medium-term (5 year) outcomes include changes in factors that influence health. They are things that make it easier for people to make healthier choices. For example:

- reduced barriers to accessing healthier choices;
- greater number of Saskatchewan residents engaged in healthy behaviours;
- increased community capacity to create healthier environments; and
- improved access for more vulnerable populations.

In the **longer term (10 years)** there will be changes in death, illness and quality of life statistics. International experience with the heart health programs shows that these outcomes may be most apparent after 10 years (Vartiainen et al., 1994). This is not surprising considering that a population health promotion approach is a long-term investment and includes children, youth and young adults whose risk of developing certain diseases or illnesses may be highest later in life. For example, healthy levels of physical activity, good eating habits and limiting exposure to tobacco throughout life reduces the risk of developing heart disease, type 2 diabetes, certain cancers and a number of other conditions throughout life. An example of a desired long-term outcome is improved health, including quality of life.

The evaluation strategy will be developed in consultation with health region staff. Outcomes or objectives to evaluate change will need to be set for both Saskatchewan Health and health regions. Saskatchewan Health is responsible for establishing the provincial goals and supporting implementation of the Strategy. Its objectives and corresponding indicators will relate to this responsibility. Within the Strategy goals, the health regions will be responsible for choosing some of their own specific outcome objectives based on local needs and conditions. For example, if the desired outcome is reduced barriers to accessing healthier choices, an indicator for Saskatchewan Health would be continued implementation of the provincial legislation. A related health region indicator could be the number of local by-laws passed.

Need for Investment

There will always be a need to work along the entire health continuum. The challenge is to achieve a balance of effective treatment services and population health promotion. We need to be able to invest in long-term health promotion and disease prevention initiatives, while continuing to address acute care needs. The "up front" investment we make in population health promotion today will work to prevent larger amounts of money being spent on treatment and rehabilitation later on.

Allocation and dedication of resources to population health promotion at both the provincial and health region levels are necessary as an investment in preventing illness and disease. Saskatchewan Health has committed to reallocating existing resources internally to support the Provincial Population Health Promotion Strategy. Health regions may also find it necessary to reallocate a portion of their current resources to support provincial and local population health promotion priorities.

Next Steps

This document has provided an overview of population health promotion, the priority issues identified for the province, the rationale for the priority issues being important to Saskatchewan, evidence-based approaches to address the issues, and complementary initiatives that connect to the priority issues. In addition to the significant work that has gone into the development of the strategy, important tasks remain to support its implementation.

Over the next several months as health regions and their partners are engaged in developing local population health promotion plans, they will work collaboratively with Saskatchewan Health to:

- develop an evaluation framework and plan that will support regional and provincial efforts to monitor the progress and measure the effectiveness of implementation efforts;
- develop meaningful indicators at both a regional and provincial level; and
- plan for and participate in capacity building events such as workshops, conferences and print resources, etc.

During this same period health regions will be engaged in a process to track their current health promotion activities and expenditures, which, when completed, will provide a baseline to assist them in their regional population health promotion planning.

Saskatchewan Health will play a key role in providing central support to the implementation of the strategy through the provision of technical expertise, creating strong partnership links with health regions, facilitating links to other complementary initiatives and developing templates to support plan development and reporting.

By working together in the Saskatchewan tradition, we can create a healthier province in which to live, work and play.

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Glossary

Unless otherwise noted, all definitions are taken from: World Health Organization. 1998. Health Promotion Glossary. Geneva. WHO (http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf)

Community refers to a specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Community action for health refers to collective efforts by communities that are directed towards increasing community control over the determinants of health, and thereby improving health.

Determinants of health are the range of personal, social, economic and environmental factors which determine the health status of individuals or populations.

Community food security represents comprehensive community centered approaches to providing adequate resources and access for all people at all times to a readily available, nutritionally adequate, safe and sustainability produced food supply. Community food security supports sustainable community development and greater involvement in and control over all aspects of the food system by residents and community-based institutions. (Hugh, 1999)

Empowerment is a process through which people gain greater control over decisions and actions affecting their health. A distinction is made between individual and community empowerment. Individual empowerment refers primarily to the individuals' ability to make decisions and have control over their personal life. Community empowerment involves individuals acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community, and is an important goal in community action for health.

Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Food and Agriculture Organization of the United Nations, 1996).

Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community.

Health goals summarize the health outcomes which, in the light of existing knowledge and resources, a country or community might hope to achieve in a defined time period.

Health indicators are characteristics of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time).

Health promotion is the process of enabling people to increase control over, and to improve their health.

Health sector consists of organized public and private health services (including health promotion, disease prevention, diagnostic, treatment and care services), the policies and activities of health departments and ministries, health related non-government organizations and community groups, and professional associations.

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing.

Intersectoral collaboration is a recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

Investment for health refers to resources which are explicitly dedicated to the production of health and health gain. They may be invested by public and private agencies as well as by people as individuals and groups. Investment for health strategies are based on knowledge about the determinants of health and seek to gain political commitment to healthy public policies.

Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions.

Living conditions are the everyday environment of people, where they live, play and work. These living conditions are a product of social and economic circumstances and the physical environment - all of which can impact upon health - and are largely outside of the immediate control of the individual.

Partnership for health promotion is a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes.

Population health promotion looks at what determines health and takes action on these determinants to reduce risk factors and ultimately increasing health in a whole community. It is a socio-environmental approach confronting root causes of illness. It means creating environments for people where primary prevention can be achieved through a population or community-based approach. (Saskatchewan Health, 1999)

Primary care refers to a focus on care provided to individuals to address a particular problem or basic everyday health need. It is the care provided at the first level of contact with the health system - where people first enter the health system and where all health services are mobilized and co-ordinated. It includes education and activities to maintain health, as well as care for common illness, minor injury and management of ongoing health problems. (Saskatchewan Health, 2003a)

Primary health care encompasses preventive, promotive, curative, supportive and rehabilitative services, offered by a range of professionals. Primary health care services serve to enhance people's physical, mental, emotional and spiritual well-being. Since many of the factors affecting health occur outside the health system, primary health care teams work proactively with intersectoral partners and community groups to address the broader community needs. (Saskatchewan Health, 2003a)

Quality of life is defined as an individual's perception of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment.

Risk behaviour refers to specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill health.

Risk factors are social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury.

Supportive environments for health offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health, and opportunities for empowerment.

Saskatchewan

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