



Saskatchewan
Health

*Healthy People,
A Healthy Province.*

A Population Health Promotion Framework For Saskatchewan Regional Health Authorities

“A journey of a thousand miles begins with a single step.”

Lao-tzu

Foreword

Population health promotion is about creating the conditions that support the best possible health for everyone. Promoting health is a shared responsibility that requires the co-ordinated action of many sectors working together to improve well-being.

Because population health promotion is a relatively new area, its concepts and principles may not be well understood. This document, *A Population Health Promotion Framework for Saskatchewan Regional Health Authorities*, is intended to serve as a resource. It presents definitions, principles and strategies for population health promotion to help Regional Health Authorities understand their role in promoting population health and to provide insights into how they can work effectively with other sectors. A common understanding of the factors that determine health will improve our collective capacity to positively influence the health of all Saskatchewan residents.

A Population Health Promotion Framework for Saskatchewan Regional Health Authorities was a collaborative project that benefited from the expertise of partner agencies and their individual representatives. Saskatchewan has provided leadership in health promotion and health system restructuring. This resource reflects the co-operation and partnership that exist in our province, an alliance not taken for granted. Sincere thanks are extended to:

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- Population Health Unit, Mamawetan Churchill River Health District, Keewatin Yathe Health District
- Regina Health District
- Rolling Hills Health District
- Saskatoon District Health
- Saskatchewan Public Health Association.

This Framework is not intended to be prescriptive but rather a resource to be used to address the unique and individual needs of your community. This Framework is also not intended to be used alone but in conjunction with many of the resources developed collaboratively here in the province. For more information about these resources, please contact Saskatchewan Health or your Regional Health Authority.

The challenge ...**Let's use this document as a framework that helps us work together to improve the health of Saskatchewan people.**

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A Population Health Promotion Framework for Saskatchewan Regional Health Authorities

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A Population Health Promotion Framework For Saskatchewan Regional Health Authorities

Population health promotion is about creating the conditions that support the best possible health for everyone. Its success requires the involvement of many individuals, groups, and sectors of society, not just the health care system. Because it is a relatively new area, its concepts and principles may not be well understood. This document was developed to help explain the basic elements of population health promotion. It is meant to be a resource for Regional Health Authorities, community organizations, and other agencies which deal with the factors that influence health.

1. The Foundations of Population Health Promotion: History and Values

How did we get here?

Canada has played a leading role in health promotion. The 1974 federal government document, *A New Perspective on the Health of Canadians*,¹ was the first public acknowledgement by a major government that medicine and the health care system play only a small role in determining health status.² In 1986, at the First International Conference on Health Promotion in Ottawa, two documents moved the field of health promotion further ahead: the federal government's *Achieving Health for All: A Framework for Health Promotion*³ and the *Ottawa Charter for Health Promotion*.⁴

Closer to home, Saskatchewan is not only the birthplace of medicare in North America, but also a national leader in health reform with increased emphasis on health promotion. In 1994, after extensive community consultation, the Saskatchewan Provincial Health Council released the document *Population Health Goals for Saskatchewan*. This was followed in 1996 by the document, *Your Health, My Health, Our Health: Our Individual and Collective Responsibilities, A Discussion Paper on the Determinants of Health*.

Three phases in the development of action to improve health can be identified. Prior to the 1970s, much attention

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focused on health care as a main influence on health. The 1970s and 80s saw a growing awareness that the way people live--such as their eating and exercise habits, use of tobacco and other drugs--has a large impact on their health status, and that in most cases, health care contributes relatively little to their well-being.

Now it is recognized that many other factors, beyond personal behaviours, have a powerful effect on health--in particular, the social environment, including socioeconomic status, social networks, and working conditions. So the understanding of how to promote good health has grown from providing universal access to health care, to educating about the risks and benefits of personal behaviours, to addressing the entire range of factors that influence health.⁵

Our greatest successes will depend on the contributions and co-ordination of many partners – governments, NGOs, community groups and agencies, individuals and families. Waiting until injury or illness strike, relying on hospitals and others to “fix the problems,” ignores the ancient wisdom that an ounce of prevention is worth a pound of cure. As we move into the next century, a population health promotion perspective holds the greatest promise for future well-being.

Many other factors, beyond personal behaviours, have a powerful effect on health – in particular, socioeconomic status, social networks, and working conditions.

Why promote health?

Why be concerned about promoting health? In today's cost-conscious times, it can be argued that preventing ill health saves the health care system money by reducing the need for treatment and rehabilitation services. But the motivation for promoting health goes far beyond the possibility of saving money. It is about reducing unnecessary suffering and enabling people to live longer, fuller, happier lives.

Any group or individual involved in population health promotion bases their work on some set of values, which is often not stated. The advantage of explicitly identifying these values is that it can help people working together to recognize their common beliefs, and provide direction and support to health promotion efforts. The most basic assumption underlying population health promotion is that the health of the population is a fundamental investment that creates healthier societies, both in economic and other terms.⁶

Some common values on which health promotion is based include:^{7,8}

- **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
- **Caring for the environment**, so that the health and prosperity of the present generation are not purchased at the expense of future generations.

These values are consistent with those demonstrated by the people of Saskatchewan, who are noted for their co-operative approach and concern for each other.

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2. Clearing Up the Jargon

Health promotion, like all fields of practice, has its own jargon. To add to the confusion, different people may use terms in different ways, and their meanings may alter over time. Here is how some key terms are used in this document. (These and other terms are also defined in the Glossary.)

Health

First, what is it we* are trying to promote? As defined by Saskatchewan's Provincial Health Council⁹ in 1994, health is “a dynamic process involving the harmony of physical, mental, emotional, social and spiritual well-being. Health enables individuals, families and communities to function to the best of their ability within their environment.” This definition is a very broad understanding of health, which goes far beyond the “absence of disease,” incorporating the idea of positive health or well-being, not only in the physical self, but all the other dimensions of our being.

The definition draws upon the First Nations concept of the medicine wheel, which emphasizes balance or harmony among the different dimensions of health. It recognizes that health status is always in flux, as individuals respond to the demands of their environment and changes within their own bodies. It stresses the role of health as a resource for living, not an end in itself--we value good health because it allows us to do what we want with our lives. As such, it is a major component of quality of life. Constraints that limit how healthy any individual or community can be will always exist. At the same time, through collective action, people *can* change their environment so that it is more supportive of health. The challenge is to remove or reduce as many of the barriers as possible so people are able to make healthier choices.

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Population health

How can we influence people's health? First, we have to understand the factors that contribute to health, so that we can take action on them. Recently, an approach termed *population health* has helped us understand the diverse influences that explain why some groups of people are healthier than other groups: from income gaps to social support to living and working conditions.¹⁰ While the list of

*In this document, “we” refers collectively to all concerned with health promotion.

these **determinants of health** is long and potentially overwhelming, consensus is growing that one general factor may be particularly important, and that is socioeconomic inequity. What this means is that the healthiest societies are those in which there is a relatively small gap between the best-off and worst-off members. This, in turn, seems to reflect the importance of power and control as influences on health. People need control over their lives in order to reach their health potential.

Health promotion

Health promotion, then, is “the process of enabling people to increase control over the determinants of health and thereby improve their health.”¹¹ Health promotion is carried out *by* and *with* people, not *on* or *to* people.¹² In other words, the aim is to make it possible for people to identify and address their *own* health concerns, with professionals helping as needed.

No individual alone can control all the factors that determine his or her health. So health promotion not only encompasses actions directed at strengthening individuals’ skills and capacities, but also the capacity of groups, organizations and communities to address the underlying social and economic conditions and physical environments that affect health.

Health promotion’s goal is to help people stay healthy (by preventing illnesses and injuries) and to achieve a higher level of wellness. Thus, it complements the traditional role of medicine, which is to restore people to their previous level of health when a problem arises. We will always need both these elements. While health promotion has the potential to greatly reduce the level of ill health in our society, it can never entirely eliminate disease and injury. The key is to find the proper balance of resources that should be directed towards health promotion, with its goal of maintaining and enhancing health, and curative medicine, which aims to treat and rehabilitate.

Population health promotion

Health promotion and population health fit together very well. A population health perspective helps us identify the full range of factors that determine health, and a health promotion perspective guides action on these factors to

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improve the population's health. Thus, the term *population health promotion* was coined to reflect the marriage of these two closely related fields.¹³ It is graphically depicted in the integrated model of Population Health Promotion, included in Appendix B.¹⁴

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3. Understanding the Context in Saskatchewan

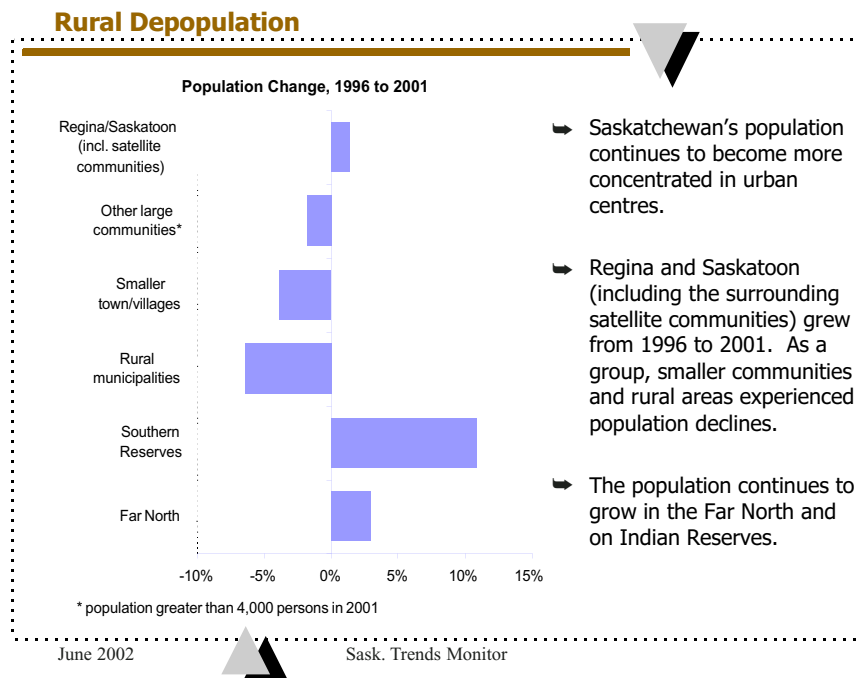
Population health promotion is built on some general principles, described later in this document. At the same time, enacting these principles effectively requires a good understanding of the specific social and economic context within which we are working. The population of Saskatchewan has been changing in some important ways over the past decades--ways that will affect the province's future health needs. The following are major provincial trends, whose relative significance will vary from one regional health authority to another.¹⁵

Moving into urban centres and satellite communities

More and more people are leaving farming and rural communities and moving into the province's urban centres. Both numbers of farms and of people involved in farming have declined. As a result of this rural depopulation, municipalities' tax bases are being eroded, and they are challenged to maintain basic services like roads, water, and sewer lines. Family support may also be affected, when more elderly residents remain in smaller centres and younger family members move to the cities.

Another move occurring in some areas is from larger cities to the surrounding region, including "satellite" communities. Most of those moving are well-educated working couples with school-age children, which has an impact on the profile of the city they leave.

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An aging, not growing population

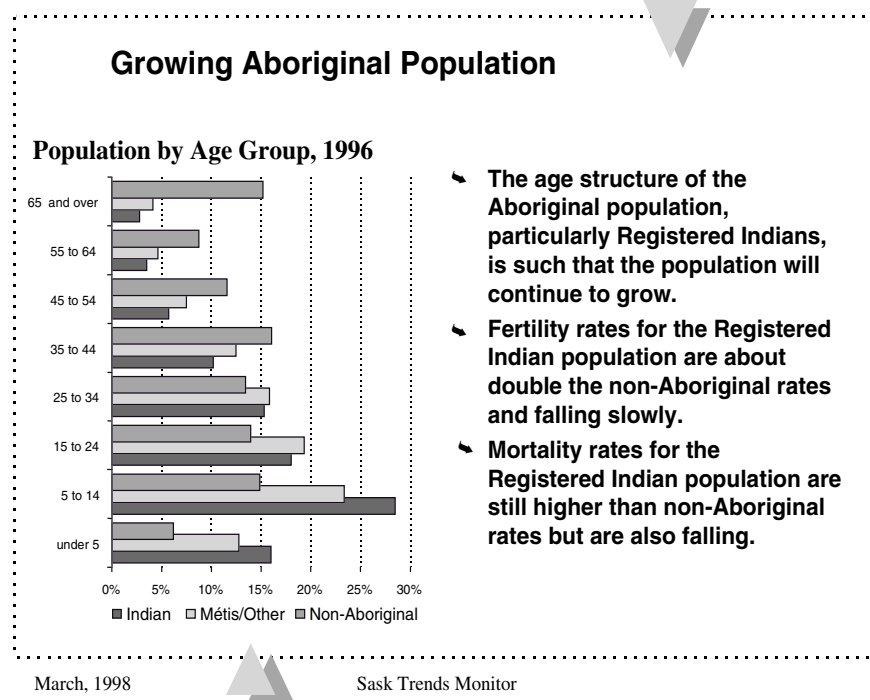
Saskatchewan's population has been stable since the 1980s and little growth is predicted. This trend is the result of two main factors: younger people moving out of the province, and older people retiring elsewhere.

Of all the provinces and territories, Saskatchewan has the highest proportion of its population aged 65 and over, and this proportion is slowly growing. Of particular concern is the large number of elderly individuals who may face poverty in their last years. Many of these will be women, who make up the majority of the frail elderly, and who are least likely to have sufficient retirement income. The tendency for many younger people to leave the province or move to a larger Saskatchewan centre to seek employment will mean that fewer older people will have family members nearby to provide support.

Shifts in ethnocultural makeup

This aging trend is partly offset by the rapid growth in the Aboriginal population, which is on average considerably younger than the non-Aboriginal population. The total population of 15 to 24-year olds is projected to decrease 6% by the year 2011, while the corresponding aboriginal cohort will increase by 71%. In the 0-24 age group, Aboriginals are expected to comprise 38% of the population by 2011.¹⁶

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Generations of discrimination and loss of culture and livelihood have had a negative impact on many aspects of health among Saskatchewan's Aboriginal people. Compared to non-Aboriginal people, life expectancy is lower, suicide is much more common, and rates of infant mortality, diabetes, incarceration, drug abuse, and alcoholism are all higher.¹⁷ At the same time, many positive changes are occurring in Aboriginal communities, both urban and rural, as people work together to rebuild their traditions and bring their strengths to the challenging problems they face.

In contrast to the growing Aboriginal population, the number of immigrants arriving in Saskatchewan from other countries has fallen off dramatically in the last few decades, reducing the cultural diversity in our province. This also contributes to the aging of our population, since immigrants tend to be younger and to have children.

Changing family structures

Two-parent, two-child families are becoming less and less the norm. More people are living alone or with non-relatives, and the number of lone-parent families continues to rise--nearly one fifth of children in Saskatchewan live with just one parent.¹⁸

Implications for health promotion

In summary, Saskatchewan is becoming a more urban province, with an increasing Aboriginal presence, especially in younger age groups, a growing elderly population, and more non-traditional families--all against the backdrop of minimal total population growth.

What implications do these trends have for health promotion? Certainly, the growing number of elderly--especially those 75 years and over--will make heavier demands on the health care system. This situation will be particularly critical for those seniors who have no family nearby and those who live in rural areas. The well-being of all rural residents will be closely tied to the viability of their communities. The health concerns of Aboriginal people will also put pressure on health and social services; however, as they gain more and more control over their lives, their health profile is likely to become more positive. The challenge here will be for Saskatchewan to become a truly multi-cultural province, which builds on the strengths of all its cultures. Our resourcefulness will also be challenged, since our tax base is unlikely to grow as rapidly as our needs.

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4. Developing a Vision

A first step in population health promotion is assessing where we are now: the community's resources and strengths, as well as its problems and concerns. But we also need a sense of where we would like to go, a vision of how we want our world to be. The future is created by each of us, individually and collectively. Having a vision--the preferred future that we are committed to creating--gives us a goal to work towards. The vision of people before us has made our world a healthier place in many ways. At one time, such things as universal, free access to health care, seat-belt legislation, and smoke-free public places may have seemed impossible visions. Yet courage and persistence have made them a reality.

Every group working on population health promotion, whether a community group, a regional health authority, or a provincial agency, needs to have a clear vision of its own, so that there is agreement on the ultimate goal. One approach is to ask: What conditions must be in place within our community, region, or province in order that all may attain the best possible health status? To answer this question, it is helpful to think in terms of the factors that determine health, since it is by modifying the determinants that health promotion can improve population health status.

The following list is based on current understanding of these determinants¹⁹, phrased as attributes of a healthy society. The categories and the examples given are not meant to be exhaustive, but rather to suggest the kinds of conditions that a group might consider part of its vision.

I skate to where
the puck is going
to be, not where
it has been.

Wayne Gretzky

Having a vision –
the preferred
future that we are
committed to
creating – gives us
a goal to work
towards.

Income & Social Status

- The income gap between the rich and poor is narrowing.
- Society enables all its members to play an appropriate role and values their contributions.
- As a minimum, all members' basic needs are met.
- There is economic security for all.
- Equity across gender, culture, and age is promoted.

Social Support Networks

- Communities give individuals a feeling of belonging and opportunities to both give and receive help.
- Everyone has someone to talk to and enjoy spending time with.
- People understand and respect others who are different from them.
- Individuals and groups resolve conflicts constructively.

Education

- All individuals have access to lifelong educational opportunities that help them to achieve their personal goals and to contribute to society.
- All individuals can develop the skills needed for daily living, to the best of their ability.
- Children and youth are adequately prepared to live and work in a changing society.

Employment & Working Conditions

- Employment opportunities exist for all who are willing and able to work.
- There is sufficient paid work so people are neither over- nor under-employed.
- All work is adequately and equitably remunerated.
- Workplaces are safe and healthy--physically, mentally, and socially.
- Jobs are designed to give workers some degree of control over what they do and how they do it.
- All forms of work, paid and unpaid, are recognized.
- Flexible work schedules help individuals balance their work and home lives.
- Workers receive appropriate, ongoing training and opportunities for continuous learning.

Physical Environments

- The environments in which people live, work, and play are not only free from hazards and toxins, but also health-promoting.
- The environment and the economy are managed for the benefit of both present and future inhabitants, including all living creatures.
- Individuals, families, institutions, and businesses take responsibility for how they use natural resources.
- All individuals have access to adequate, affordable housing and food.

Biology & Genetics

- Understanding of the role of biology and genetics in health is growing and acted upon ethically and effectively.

Personal Health Practices & Coping Skills

- Individuals are enabled to take greater control of their health, by providing access to the skills, knowledge, and resources necessary to make healthy personal choices.
- Health-promoting behaviour is supported at individual, social, and policy levels.
- Individuals' rights to define their own health needs and make their own choices are respected, as long as others are not harmed.

Healthy Child Development

- Society places special value on children's needs.
- Children's wellbeing is viewed as a societal responsibility.
- Families have the resources and support needed to raise their children well.

Health Services

- All have access to appropriate, high-quality health care.
- The health care system is concerned with the maintenance and enhancement of health, as well as treatment and rehabilitation.

Culture

- Various cultures provide a richness of ideas, knowledge and understandings.
- A sensitivity to cultural differences promotes an understanding of how people adapt, their concepts of health, their use of health practitioners, their diets and illness behaviours.
- Knowing about cultures helps one understand the opportunities and challenges that each individual in those cultures has/had to deal with.

Gender

- Gender refers to the many roles, personality traits, attitudes, behaviours, values, relative power and influence that society attributes to female or males.
- Gender differences can have a direct impact on health and indirectly affect health through employment, education or social supports.
- Gender is both a woman's and a man's health issue, although the issues may be different, both are affected by cultural stereotypes and expectations.

Note: According to the Population Health Promotion Model, Hamilton and Bhatti, February 1996, shown on page 27, culture and gender are not listed as a determinant of health. Since the development of the model, culture and gender have been recognized as determinants of health to consider when applying the population health promotion model.

5. Principles of Population Health Promotion

If values are the *why* of population health promotion, and determinants of health are *what* we take action on, the next question is: *How* do we take action, in order to make our vision a reality?²⁰ At a general level, health promotion action is guided by the principles presented below, which put its values into practice.²¹ The next section addresses the *how* of population health promotion, in terms of specific action strategies.

Strive for equity in health

We know that the chances of having good health are closely related to one's place in the socioeconomic hierarchy. In other words, not everyone in our province has an equal opportunity to develop and maintain their health--it is influenced by such things as education level, income, occupation, ethnicity, and other social factors over which they often have little control. Inequities in health are rooted in inequities in society.²² Population health promotion is centrally about removing the barriers that make it harder for some people to be healthy than it is for others. This requires not only paying special attention to the health concerns of those who are socioeconomically disadvantaged, but also striving to minimize the gap between rich and poor in our province. As a society, we are only as healthy as our most disadvantaged members, so by reducing inequities in health, we will all benefit.

Work towards empowerment and public participation

People cannot be healthy unless they have control over their own lives. Thus, helping people gain greater control over decisions and actions affecting their health, or **empowerment**, is a guiding principle for health promotion. Rather than trying to *give* power (which is a contradiction in terms), we need to create environments in which individuals and communities can *take* the power they need to transform their lives. Whether we are providing health care or social services one-on-one, working with a small support group or a community action group, or developing organizational or government policies, our primary goal should be to help those affected increase control over their lives.²³

Closely connected to empowerment, another principle of population health promotion is **public participation**. All people should be encouraged and enabled to define, analyze, and act upon problems in their lives and living conditions.²⁴ Public participation in the development, implementation, and evaluation of policies,

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programs, and services is not only an important element of empowerment, it also enhances initiatives' relevance and quality.

Fostering public participation is not without its challenges. A major challenge is that certain groups of people are more likely to participate than others; ensuring that everyone's voice is heard requires special effort on the part of those facilitating the participation process. Simply providing opportunities to participate is not enough--people need to be supported with the tools, skills, and resources they require for meaningful participation. Another related challenge is overcoming people's perceptions that their suggestions will not be acted upon, which may have resulted from past negative experiences with "token" consultations. People may also believe that the labels "empowerment" and "participation" are simply used to disguise offloading of responsibility to communities, without the transfer of resources. Commitment to the principle of participation must be genuine, and carried through to action, or public skepticism will only grow.

Form new strategic partnerships

Because the determinants of health are so broad, population health promotion requires the involvement of a much wider range of agencies, organizations, departments and individuals than just those working directly in the health field. Therefore, another key principle of population health promotion is **intersectoral collaboration**, which refers to the formation of partnerships between different parts of society to improve health. It includes co-operative efforts among the public sector (that controlled by government), civil society (ordinary citizens), and the private sector (not directly controlled by government), as well as different parts of a sector; for example, the education and justice systems. In some cases, collaboration is led by the health sector, (Saskatoon District Health board brief to the Minimum Wage Board), while in other cases, the health sector may not be involved at all (The Riversdale Fire & Health Safety Program led by the community.)

Working collaboratively takes time; each party has its own assumptions and values, and conflict may occur. But partnerships hold the potential for effecting greater change than any one organization or department could achieve by itself, with enhanced energy, skills, access to resources and information, and a broader perspective on the nature of the problem and what can be done about it.²⁵

We need to create environments in which individuals and communities can take the power they need to transform their lives.

Because the determinants of health are so broad, population health promotion requires the involvement of a wide range of agencies, organizations, departments and individuals.

6. Population Health Promotion Strategies

The determinants of population health are many and diverse; to address them, we therefore need a broad range of strategies, which work at all levels within society, from the individual to the government level. While the following five headings are commonly used to describe the types of population health promotion action, there is considerable overlap among these strategies. Furthermore, the most effective health promotion efforts are comprehensive and multi-faceted, combining strategies and working at multiple levels in a co-ordinated fashion.²⁶

Building healthy public policy

The breadth and diversity of the determinants of health also require us to broaden our view of policy as it relates to health. It is not just “health policy” that has an impact on health, but, potentially, *all* types of policy. Arguably the most important strategy to act on these broad determinants,²⁷ building **healthy public policy** means encouraging all policymakers to consider the potential health impact of their policies, at all levels of organization, from the workplace or school to local, provincial, and federal governments. This strategy requires the health sector to reach out and develop new ways of working which cut across departmental or sectoral boundaries, building awareness of health as a common goal.

Population health promotion action may include advocating for policy change from outside an organization, or working to develop healthy policies from within an organization. Components of building healthy public policy include working with others, in coalitions or other kinds of partnerships, identifying areas where policy can make a difference, developing policy options, encouraging public dialogue on these options, and ensuring that policies are implemented.

Creating supportive environments

This is the broadest strategy area of the five presented here. Our environment is not only physical; it also has social, political, and economic dimensions, and all these aspects interact to exert a powerful influence on health. Sustainable development is increasingly recognized as the key to a healthy physical environment. The social dimension includes norms, customs and social networks and interaction. Important elements of the political dimension include democratic participation in decision-making and the decentralization of responsibilities and resources.

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

Finally, the economic dimension includes factors such as employment, unemployment and income, as well as pricing policy that affects goods and services related to health. Action to create supportive environments for health may include direct action to develop and implement policies and regulations; economic action, such as fostering sustainable economic development and re-channeling resources to investment in the determinants of health; and social action. All the other strategies discussed here can contribute to a more supportive environment.

Strengthening community action

The community links individuals with the broader structures and institutions that affect their lives. A healthy community is characterized by *sharing* and *caring*. Its members collectively have resources and skills that can be mobilized to deal with problems as they arise. People living in healthy communities have a sense of belonging and connectedness to each other. Population health promotion strengthens community action by helping community groups:

- develop the skills they need;
- learn how to access resources;
- build an effective infrastructure;
- develop strong social networks;
- evaluate and learn from their efforts.

Important principles for community action include “starting where the people are” and recognizing and building on community strengths.²⁸

Developing personal skills

Individuals need access to information about health and opportunities to develop life skills, which enable them to direct their lives and to live with and produce change in their environment. These skills include decision-making and problem-solving, creative thinking and critical thinking, self awareness and empathy, communication skills and interpersonal relationship skills, coping with emotions and managing stress.²⁹ Individuals also require access to health and social services which meet their needs and are provided in a respectful, supportive manner.³⁰ So population health promotion includes educating people one-on-one, in group settings, and through the media, and providing skills training and supportive services.

Our environment is not only physical; it also has social, political, and economic dimensions, and all these aspects interact to exert a powerful influence on health.

People living in healthy communities have a sense of belonging and connectedness to each other.

Reorienting health services

Health reform and population health promotion are closely intertwined. One of the goals of health reform is to broaden the health care system's focus from simply "service delivery" to a health promotion approach, in which the system's primary goal is the enhancement of health at the individual and population levels. This requires distributing resources appropriately across the continuum of care, from treatment and rehabilitation, through disease and injury prevention, to broader health promotion initiatives.

A reoriented health care system also emphasizes services located in communities, and relevant to local needs. It is committed to fostering public participation in the planning, development, operation and evaluation of health services. Recognizing that most determinants of health are outside the control of the health care system should not lead us to overlook the crucial role that this system does play in the restoration of health, nor its potential to make a greater contribution to the maintenance and enhancement of health. Additionally, the health care system is recognizing its own limitations in past practices. It is changing to embrace principles of collaboration and partnership with other agencies, services and communities who together can effect important changes.

One of the goals of health reform is to broaden the health care system's focus from simply "service delivery" to a health promotion approach, in which the system's primary goal is the enhancement of health at the individual and population levels.

7. Moving Forward into Action

Because health promotion is so broad and multi-faceted, it is easy to feel overwhelmed when one looks at the “big picture.” Taking action requires breaking this big picture into smaller, manageable pieces, within the context of a comprehensive population health promotion plan.

After developing a good understanding of the community--the social, cultural, and economic context, the factors determining health, the distribution of health problems and risk factors, and the community’s resources and strengths--priority issues need to be identified.

Entry points for population health promotion

The issues to be considered can be framed in three different ways, or entry points around which population health promotion can be organized.³¹

- We can work within the context of specific **settings**, such as workplaces, schools, or whole communities, considering all the factors within that environment or system which affect health.
- We can focus on meeting the particular needs of **population** sub-groups, like the elderly, children, or an ethnocultural group.
- We can target specific **health issues**, such as HIV/AIDS or tobacco use.

In any regional health authority or other agency, a comprehensive health promotion plan will likely include a combination of these entry points, which may be nested one inside the other. For example, in the process of developing a healthy community (**setting**), one sub-group that might be identified as deserving special attention are mothers and infants (**population**), for whom a key **health issue** is breastfeeding. All the strategies described earlier can be used with a particular entry point. Using the example of breastfeeding, we could:

- develop women’s *personal skills* around breastfeeding through education, one-on-one consultation, and support groups;
- use *community action* to involve a wide range of groups and organizations in discussions of infant feeding and the community’s role in supporting breastfeeding;

Entry points around which population health promotion can be organized are:

- settings
- populations
- health issues.

- institute *healthy public policies* in hospitals to help mothers and infants start breastfeeding successfully, and in shops and restaurants, to make it easier to breastfeed in public;
- provide those working in *health services* with extra training in how to support breastfeeding mothers and set up breastfeeding centres so that all families can easily get one-on-one help from lactation consultants;
- launch an educational campaign using posters, billboards, and TV and radio spots designed to increase public acceptance of breastfeeding, which, along with all the strategies just mentioned, will create a more *supportive environment* for breastfeeding.

Criteria for setting priorities

A needs assessment will identify many possible settings, populations, and health issues which population health promotion could address. How do we go about deciding on which to act? In keeping with the participatory approach of health promotion, it is essential that the community be involved in the process of setting priorities, including establishing the criteria for selection. As part of this process, the following criteria,³² developed by the World Health Organization, may be useful.

Using the best available data and evidence on population health issues and effectiveness of interventions, weigh each possible issue in terms of:

- the degree of impact on population health status (as measured by mortality, morbidity, quality of life);
- the availability and effectiveness of interventions to address the issue;
- the cost to the community of pertinent health or social conditions and their treatment and prevention; and
- the potential to reduce health inequities.

Who is responsible for doing the work of health promotion?

As mentioned earlier, the breadth of population health promotion action means that the responsibility for addressing the determinants of health is shared by many individuals--not only those whose job title includes the words "health promotion."

Clearly, no single person could have the vast range of skills and knowledge which population health promotion calls on. Workers in the health care system, education and childcare, social services, justice, agriculture and food production, the environment,

In keeping with the participatory approach of health promotion, it is essential that the community be involved in the process of setting priorities, including establishing the criteria for selection.

transportation, city planning and rural development, to name just a few, have *always* played a role in shaping the determinants of health in Saskatchewan. Population health promotion’s contribution has been to draw our attention to the importance of co-ordinating the collective expertise of these diverse fields in order to work towards the common goal of health.

With whom should we act?

As indicated by the strategies in Section Six, population health promotion involves not only a wide range of sectors, it also seeks to produce change across all levels of society. Using the terms of the Population Health Promotion Model (see Appendix B), we need to ask a final question, “With whom should we act?” Action to promote health can be taken with:

- individuals;
- families and friends;
- communities;
- a sector or system (e.g., education, income support, housing);
- society as a whole.

So, for example, health promotion activities designed to strengthen social support networks could include:

- helping *individuals* develop their interpersonal skills;
- working with existing social groups such as *families and friends* so that members can communicate with and support each other better;
- organizing neighbourhood activities to enhance residents’ sense of *community*;
- working in collaboration with the education *system* to ensure schools are a source of support for students, staff, and parents;
- and shifting national or provincial values towards a more caring, cooperative *society*.

Parallel to this, population health promotion action is *initiated* by individuals and organizations at different levels. Much informal health promotion occurs daily, as people share health-related knowledge and skills with their friends, co-workers, and family members. More formally, health promotion action is carried out by small community groups and organizations; by Regional Health Authorities; and at the provincial level, by government and other agencies.

The breadth of population health promotion action means that the responsibility for addressing the determinants of health is shared by many individuals – not only those whose job title includes the words “health promotion.”

Achieving the vision described in Section Four can only come about through the co-ordinated, synergistic efforts of each of these levels. For example, while the provincial government has direct control over many policies that affect health and is working to develop healthy public policy in several areas, local communities' support for these policies is also critical. In some cases, communities or Regional Health Authorities may take a lead role in developing model policies in a particular area, which government will then pick up on. None of the determinants listed in Section Four is the sole responsibility of a single sector or level of society.

8. Conclusion

This document is not intended to be a “how-to” guide, but rather a general framework for population health promotion outlining the main concepts, principles, and strategies of this field. As such, it can be tailored to fit each particular community or region’s situation. A number of other documents also support population health practice in Saskatchewan (See Appendix C).

The breadth of the determinants of health, as described here, can certainly appear overwhelming and intimidating. Another, more empowering way of looking at them is to recognize the wealth of opportunities which they offer for improving health. They also provide an impetus for the collaboration of diverse individuals and groups throughout society. Population health promotion does not depend on huge, drastic changes wrought by a few powerful individuals; rather, it happens incrementally, through the cumulative effect of many collective efforts, of varying nature and size.

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it’s the only thing that ever has.

Margaret Mead

Fundamental Questions for Population Health Promotion

The following series of questions summarizes the material presented here. It is *not* intended as a sequential planning model, but simply a reminder of the key issues covered in this document, phrased as questions which any individual or group undertaking health promotion work could and should ask themselves. Following the values and principles outlined earlier, it is assumed that community members or affected individuals will be involved as much as possible in answering these questions.

- Why do you want to promote health? What are your values as they relate to this work?
- What is the context within which you're working? What are your community or regional health authorities' needs and resources? What are the important economic and social trends in your area?
- What vision are you working towards--how would you like things to be? Which determinants of health are involved in your vision?
- Of all the possible choices to focus on, which are your priorities? Are these priorities supported by assessed need?
- Which entry points make the most sense to address the priorities you have identified: setting, population, health issue?
- What combination of strategies is most appropriate for the chosen entry point(s)?
- At what level(s) of society is change sought?
- Who will carry out the work? What sectors are already involved? What other sectors need to be involved?
- Is your plan consistent with the principles of health promotion and with your values?

Appendix A

Glossary

Community

A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and 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.

In many societies, particularly those in developed countries, individuals do not belong to a single, distinct community, but rather maintain membership of a range of communities based on variables such as geography, occupation, social and leisure interests.³³

Community action for health

Refers to collective efforts by communities which are directed towards increasing community control over the determinants of health, and thereby improving health.³⁴

Determinants of health

The range of personal, social, economic and environmental factors which determines the health status of individuals or populations.³⁵

Empowerment

Having the power to determine one's own needs and the resources to make informed choices.

In health promotion, empowerment is a process through which people gain greater

control over decisions and actions affecting their health.³⁶

Equity

Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for wellbeing. This implies that all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health.

Equity in health is not the same as equality in health status. Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choice. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, to nutritious food, adequate housing and so on. In such cases, inequalities in health status arise as a consequence of inequities in opportunities in life.³⁷

The aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those that result from factors which are considered to be both avoidable and unfair. Equity is therefore concerned with creating equal opportunities for health and bringing health differentials down to the lowest level possible.³⁸

Health

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is the

extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand, to change or cope with the environment.³⁹

Health is a dynamic process involving the harmony of physical, mental, emotional, social and spiritual wellbeing. It enables individuals, families and communities to function to the best of their ability within their environment.⁴⁰

Health promotion

Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health.⁴¹

Health promotion is not just about pamphlets and posters. It includes education, training, research, and community development.⁴²

Health promotion is a group effort. It requires the coordinated action of national, provincial and local governments, industry, service providers, voluntary organizations and people from all walks of life. Health, therefore, is not solely the responsibility of the health department but of all people, governments, industries, social institutions, communities, families and friends.⁴³

Healthy public policy

Any course of action adopted and pursued (by a government, business, or other organization) that can be anticipated to improve (or has improved) health and reduce inequities in health.⁴⁴

Intersectoral collaboration

Intersectoral collaboration is a recognized relationship between different sectors or between parts of different sectors of society. This collaboration has been formed to take action on an issue to achieve a common goal in a way which is more effective, efficient or

sustainable than might be achieved by the health sector acting alone.⁴⁵

Intersectoral refers to the inter-relationship among all sectors or parts of society. An intersectoral approach means involving representatives from a wide variety of groups such as governments, business, labour, health, education, environment, agriculture and other agencies and interests.⁴⁶

Partnerships for health promotion

A voluntary agreement between two or more partners to work co-operatively towards a set of shared health outcomes. Such partnerships may be limited by the pursuit of a clearly defined goal or may be ongoing, covering a broad range of issues and initiatives. Increasingly, health promotion is exploring partnerships between the public sector, civil society and the private sector.⁴⁷
(adapted)

Population health

Population health is an approach that addresses the entire range of factors that determine health and, by so doing, affects the health of the entire population.⁴⁸

Population health promotion

A recently introduced Canadian term that builds on the complementary elements of health promotion and population health. It is represented by Health Canada's Population Health Promotion model,⁴⁹ which shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies.

Public participation

Public or community participation is the active participation of people living together in some form of community in the process of problem definition, decision-making and action to promote health.

Reorienting health services

Health services reorientation is characterized by a more explicit concern for the achievement of population health outcomes in the ways in which the health system is organized and funded. This must lead to a change of attitude and organization of health services, which focuses on the needs of the individual as a whole person, balanced against the needs of population groups.⁴⁷

Satellite community

A satellite community is a small community economically or otherwise dependent on a nearby larger town or city. White City and Emerald Park are satellite communities of Regina. Clavet and Martensville are considered satellite communities of the city of Saskatoon. These satellite communities attract families, especially those with children of school age. Residents of satellite communities are often employed in the city, and use many of the services in the city.

Sector

A sector is a distinct part or branch of the government or society as a whole. For example, there is the health sector, the education sector, the economic sector, the industrial sector and so on.

Settings for health

The place or social context in which people engage in daily activities in which

environmental, organizational and personal factors interact to affect health and wellbeing. A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure.⁵⁰

Supportive environments

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.⁵¹

Sustainable development

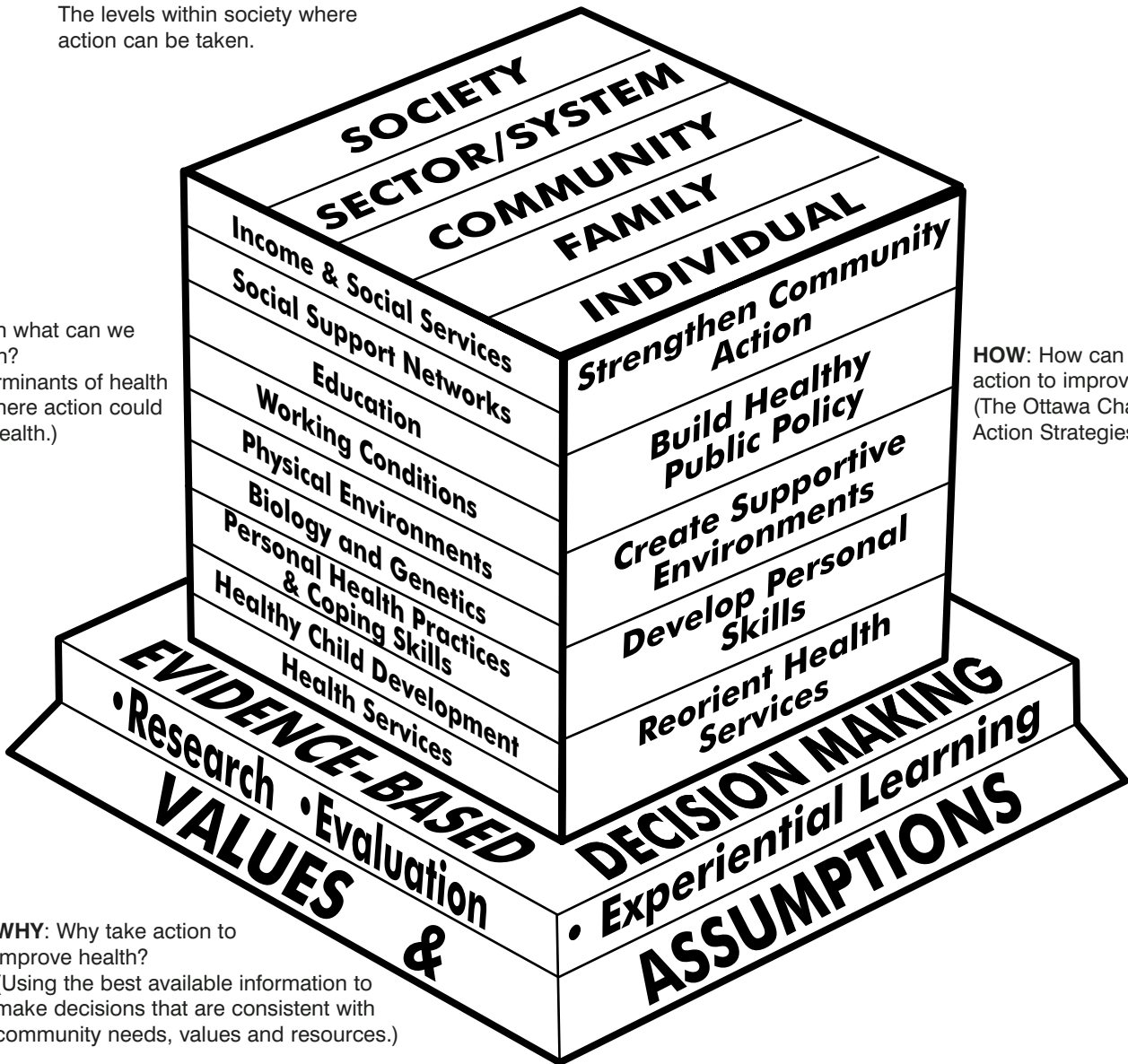
Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Sustainable development refers to the use of resources, direction of investments, the orientation of technological development, and institutional development in ways which ensure that the current development and use of resources do not compromise the health and wellbeing of future generations.⁵²

Population Health Promotion Model

WHO: With whom can we act?
The levels within society where action can be taken.

WHAT: On what can we take action?
(The determinants of health – areas where action could improve health.)

HOW: How can we take action to improve health?
(The Ottawa Charter Action Strategies)



WHY: Why take action to improve health?
(Using the best available information to make decisions that are consistent with community needs, values and resources.)

Nancy Hamilton & Tariq Bhatti
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Health Canada
February 1996

Appendix C

Other Resources

- *Health Needs Assessment Guide for Saskatchewan Health Districts*, Saskatchewan Health 1993.
- *Health Needs Assessment Framework*. Saskatchewan Health. 1998.
- *Health System Directions. Part I: Continuing the Vision*. Saskatchewan Health & Saskatchewan Association of Health Organizations. 1998.
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Every effort has been made to accurately identify and acknowledge the source of materials presented. The writers would welcome the opportunity to correct any identified errors.

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