Creative Spice:

Learning From Communities About Putting The Population Health Approach Into Action

Prepared For:
Health Canada, Population and Public Health Branch, BC/Yukon Region

Prepared By:
Kathleen Jamieson and Zena Simces
Social Planning and Research Council of BC
#201-221 East 10th Avenue
Vancouver, BC. V5T 4V3

December, 2001

ACKNOWLEDGEMENTS

We would like to thank all the project participants for their kindness and openness in sharing with us what they had learned as they put their population health projects into action. Without their inspiration and active involvement our project would not have been possible. We would also like to thank Andrea Long of SPARC for her assistance in the final stages of producing the report and Drs Michael Hayes, Frances Ricks and Treena Chomik for sharing their knowledge on population health at the gathering of the projects in February 2001.

Funding for this project was provided by Health Canada. We are very grateful to the Health Canada staff who provided advice and support throughout and many suggestions for strengthening this report: Lillian Baaske, Emma Lagerstrom, Anna Russell, and Hamid Taghavi.

The opinions expressed in this publication are those of the authors/researchers and do not necessarily reflect the official views of Health Canada.

Kathleen Jamieson
Zena Simces

SPARC BC

The Social Planning and Research Council of BC (SPARC BC) is a provincial non-profit association that works with communities in building a just and healthy society for all. SPARC BC advocates for social justice, equality, and the dignity and worth of all persons, and promotes awareness of our responsibilities as citizens of the global community. SPARC conducts research and planning for public information, education, and citizenship participation in developing social policy and programs.

Founded in 1966, SPARC BC is a non-partisan organization whose members and directors are drawn from throughout British Columbia. SPARC BC is funded by the United Way of the Lower Mainland, by membership and donations, and by contracted consulting and research services.

Membership in SPARC BC is open to all persons who support the purpose of the organization. Further information can be obtained by contacting or visiting:

SPARC BC
#201-221 East 10th Avenue, Vancouver, BC V5T 4V3

Phone: (604) 718-7733 **Fax:** (604) 736-8697

email: info@sparc.bc.ca **website:** www.sparc.bc.ca

Layout & Design: WAHL Creative Services

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This report is a synthesis and discussion of the lessons learned by participants in eleven voluntary-sector projects in BC and the Yukon that received funding assistance from Health Canada's Population Health Fund to put a population health approach into action at the community level.

The population health approach is grounded in a body of research that provides compelling new evidence that certain socio-economic and environmental factors interacting with each other have a "determining" influence on the health of populations and sub groups within populations. The approach is thus sometimes also referred to as a "determinants of health" approach.

The Population Health Fund allocates funding and sets out guiding principles for non-profit groups implementing the population health approach in their communities. These principles are promoting participation and ensuring intersectoral participation. The main goal of the Fund is to "increase community capacity for action on or across the determinants of health".

The application of the population health approach and the guiding principles of the Fund provided new opportunities and posed unique challenges for the voluntary sector projects reviewed here. The many creative ways in which they met these challenges is the prime focus of this report.

The population health issues addressed by the projects varied considerably and dealt with different life stages—from early childhood through to old age. Some projects were local and others were provincial in scope. All were projects of non-profit associations (the voluntary sector) working together with public and private sector partners as well as those directly affected by the project.

The questions addressed in the report are:

- How were projects meeting the objectives and guiding principles of the Population Health Fund?
  How did project participants put the population health approach into action?
- What worked well and what did not?
- What trends, issues and unexpected outcomes emerged?
- What difference did using the population health approach make to the projects' planning and outcomes?
- What was unique about the approach in action?

This report is intended for:

- communities interested in obtaining a better understanding of the benefits and challenges of using a population health approach in promoting the well-being of their communities;
- researchers exploring the implementation of population health concepts at the community level;
- policy-makers and program workers seeking to refine and increase the effectiveness of new government programs that are designed to be implemented by community associations through project funding.

The eleven projects:

1) The Adult Injury Support Network -Sponsored by University of Victoria
2) Action On Food Security—Sponsored by Farm Folk/City

Folk in conjunction with the Sustainable Agriculture Working Group of BC.

3) Adolescent Health Status and Risk Behaviours: Determinants for Guiding a Youth Agenda for British Columbia—Sponsored by McCreary Centre Society, Vancouver
4) Collaboration of Work-Life Project: Working Together To Make A Difference -Sponsored by BC Council for Families, Vancouver.
5) Community Active Living and Health Promotion Role Models "Building a Healthy Yukon One Step at a Time!—Sponsored by Recreation and Parks Association of the Yukon
6) Fetal Alcohol Syndrome Prevention Project—Communicating Solutions—Sponsored by Northern Family Health Society, Prince George, BC
7) Home Instruction Project for Preschool Youngsters (HIPPY)—Sponsored by Simon Fraser University
8) Organizational Capacity Development Project—sponsored by Vancouver HIV/AIDS Care Coordinating Committee (VHACCC)
9) Spotlight on Children and Youth Campaign: A BC Child and Youth Sponsored by First Call—BC Child and Youth Advocacy Coalition, Vancouver
10) Squamish Communities That Care Project—Sponsored by Squamish Healthy Communities Committee
11) Windows of Opportunity—Phase 1: Preparing for Action—Sponsored by Windows of Opportunity Coalition, Vancouver

This report, designed to capture and share the lessons learned by the eleven projects listed above, is part of a Population Health Fund project planned and implemented by consultants working with the Social Planning and Research Council of BC (SPARC) in cooperation with Health Canada.

The report is in five sections:

- **Section 1** describes the purpose and scope of this report and the SPARC project as a whole; it provides a list of the eleven projects reviewed, outlines the content and the information gathered as a basis for the report, sets out the main questions addressed in the report and also suggests who is likely to find the report of interest.
- **Section 2** is primarily designed to assist community groups new to the population health approach to understand how the approach developed by briefly tracing its history as a basis for federal health policy. This section also describes the social, economic and environmental determinants of health adopted by Health Canada as the cornerstone of its population health approach. It then describes the goals, priorities, principles, and regional guidelines of the Population Health Fund for putting population health initiatives into action at the community level
- **Section 3** documents how the projects put the principles, goals, and objectives of the population health approach and the Fund into action at the community level; it describes the projects and how the projects incorporated the life stages approach; it examines the way that the projects operationalized the determinants of health, worked to obtain community participation and intersectoral involvement, and applied the requirement for evidence based decision making.
- **In Section 4** the authors of the report discuss the challenges that the projects faced in putting the approach and the principles of the Fund into action and consider the implications for the future.
- **Section 5** provides summary conclusions

Putting the Approach into Action

The consultants overall assessment of the collective experience of the eleven community-based projects putting the population health approach into action at the community level is that it inspired a high degree of creativity and, as intended, promoted much broader community participation than usual.

Many of the project organizers commented that the framework provided by the approach, together with the guiding principles set out in the Population Health Fund, affirmed their own experience as community workers about what influenced health. They noted that the approach recognized what many of them were already attempting to do in their communities—engage all sectors of their communities in addressing health issues from a broad perspective that recognized the influence on health of

social, economic and environmental factors interacting with each other. Some organizers also learned that the population health approach gave their projects a new credibility in their communities. The Fund also allowed them to test new models for engaging the community in a collective approach to improving health and well being.

Many of the projects stressed the importance of building on the strengths and resources already in communities. They learned that recognizing and using existing capacities, and supporting and enhancing established community networks and collaborations avoided duplication and competition. Finding and involving the right mix of people, from marginalized individuals and groups to those with influence and power, who were interested in active participation and shared a common vision and values, were keys to success.

Most of the projects integrated community development tools and strategies into putting the approach into action.

Challenges

The requirements of the Population Health Fund for intersectoral collaboration added a high degree of complexity to projects. Indeed ensuring intersectoral collaboration was the greatest challenge that most projects faced. Projects were mostly successful in collaborations with the health and social services public and non-profit sectors in their communities.

Explaining the concepts and clarifying the population health language were also challenging and seen as barriers to ensuring that all participants proceeded from an equal base of knowledge and to promoting the approach more widely in their communities. Many of the project participants said that difficulties explaining the population health approach to community participants were magnified by the language in existing academic and government materials which they described as laden with jargon.

Another major challenge for projects was that, to be successful, they felt they had to change attitudes in their communities from a view of health that focused on health as an individual's responsibility to one that viewed health as a community responsibility.

A related challenge for many projects was a dearth of models and materials regarding the determinants of health and the evidence related to it that would be appropriate for the implementation of population health projects at the community level. Some projects addressed this need by working closely with academics throughout the project or by occasionally inviting academics to give workshops so that they could provide all project participants with a better understanding of the approach.

Developing and addressing long term and shorter-term objectives and measures of success were also challenging for most.

Discussion and Conclusions

The SPARC consultants' overall assessment of the projects' experience in putting the population health approach into action at the community level was that it inspired a high degree of creativity and more community participation than the non-profit project sponsors usually contemplated .

In attempting to meet the broad goals and objectives of the Population Health Fund, however, it was difficult for projects to discern reasonable boundaries or expectations for activities. Some groups tended to be overly ambitious in planning what they could accomplish in the time and with the resources available. When it came to implementation, most projects found they were not adequately prepared for the complexities and time involved in putting into action an approach that required the involvement of so many different stakeholders with different levels of education, knowledge and experience.

Projects also learned that it was difficult to develop indicators of success that encompassed the expectations of all sectors and addressed long term and shorter-term objectives. Issues of accountability to the community and Health Canada could then become a concern.

The requirement that projects assumed for broad community involvement, meant that projects needed to share information

about the approach with community members. However, many found that the language of the population health approach could be a barrier both in communicating and sharing information with stakeholders and in tackling the huge task of changing the deeply held belief of many community members that health was an individual responsibility.

It seems clear that both the language and the concepts of the approach need to be presented in a more universally accessible and popular form both to promote the acceptance of the approach generally and to assist community groups seeking to provide all project participants with an equal knowledge base.

A clear articulation of the values underlying the approach that might help with explaining concepts at the community level and in creating effective collaborations was also lacking.

Most projects used community development tools and strategies that may not be as effective for ensuring intersectoral involvement as for community involvement.

The responsibility for projects to provide leadership in explaining and popularizing the population health approach with the community was inherent in the expectations of the Fund but the projects had widely varying capacities for doing this. It is evident that the strengths and limits of the voluntary sector need to be better understood and integrated into government planning if the voluntary sector is to be a leader in promoting a population health approach. Indeed, projects said that many demands are now being made of voluntary groups by governments that do not reflect their capacity, and that they do not have the resources, to address.

Nevertheless, the voluntary sector may be the sector best placed to take a lead in promoting the population approach within the broader community. Clearly, however, given the inherent complexities of the approach, the voluntary sector cannot be very successful in doing this without additional resources.

Implementing a population health approach is a long-term commitment and needs an investment of time and resources to ensure it is sustained. A clear acknowledgement by all involved of the time and energy required for developing intersectoral collaboration and ensuring a broad community involvement is critical. Support is required to ensure that community members do not "burn-out" and do not give up in their efforts to create healthy communities. A key message from the projects to Health Canada was that it needed to recognize the long-term nature of implementing a population health approach.

Acknowledging that population health initiatives need to operate within a longer time frame than other types of project raised the question of how these projects should be structured and funded. Projects suggested that Health Canada and communities needed to work together to find innovative ways to support population health projects that recognize their long term and changing nature.

To be effective, they said, projects need to be viewed as three to five year initiatives, with both short and long term strategies, and with different activities that can be phased in over time.

Projects said that Health Canada needed to facilitate the success of community based population health projects by:

- providing leadership in promoting the approach more broadly
- building linkages nationally and provincially across traditional structures of government
- expanding access to information on population health by promoting new knowledge related to population health
- supporting the development of the infrastructure required to implement population health projects at the community
- supporting community capacity and skill building to increase social capital
- allow projects to operate over a longer time frame with a flexible funding structure.

There is no single recipe for success…the key ingredient for putting a population health approach into action at the community level is creative spice.

Project Participants' Round Table Discussion.
Vancouver, February 2001.

1. INTRODUCTION

This report is a synthesis and discussion of the lessons learned by participants in eleven voluntary-sector projects in BC and the Yukon that received funding assistance from Health Canada's Population Health Fund to put a population health approach into action at the community level.

The population health approach is based on a body of research that has been emerging over the last two decades, mainly in the fields of epidemiology and public health. That research provides compelling new evidence that socio-economic and environmental factors have a profound and "determining" influence on the health status and well being of populations, subgroups, and individuals within populations. Improvements in the health of a population thus depend on how effectively these factors or "determinants of health" are incorporated into health policy and action.

Health Canada adopted the population health approach as the basis for its public health policies following the 1994 and 1996 strategic directions and recommendations of the Federal, Provincial/Territorial Committee on Population Health.[2]

The Population Health Fund allocates funding and sets out guiding principles for non-profit groups implementing population health projects in their communities.

For the voluntary sector projects reviewed here the population health approach and the guiding principles of the Fund provided new opportunities and posed unique challenges. The many creative ways in which they took advantage of these opportunities and met these challenges is the prime focus of this report.

The Population Health issues addressed by the projects varied considerably and dealt with different life stages—from early childhood through to old age. Some projects were local and others were provincial in scope. All were projects of non-profit associations (the voluntary sector) working together with public and private sector partners as well as those directly affected by the project.

At the time this report was written in July 2001, some projects were ongoing while the funded work for other projects had been completed.

Population Health

refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.[1]

The questions addressed in the report are:

- How were projects meeting the objectives and guiding principles of the Population Health Fund?
- How did project participants put the population health approach into action?
- What worked well and what did not?
- What trends, issues and unexpected outcomes emerged?
- What difference did using the population health approach make to the projects' planning and outcomes?
- What was unique about the approach in action?

1.1 List of the Projects

1) **Adult Injury Support Network**—Sponsored by University of Victoria
2) **Action On Food Security**—Sponsored by Farm Folk/City Folk in conjunction with the Sustainable Agriculture Working Group of BC
3) **Adolescent Health Status and Risk Behaviours: Determinants for Guiding a Youth Agenda for British Columbia**—Sponsored by McCreary Centre Society, Vancouver
4) **Collaboration of Work-Life Project: Working Together To Make A Difference**—Sponsored by BC Council for Families, Vancouver
5) **Community Active Living and Health Promotion Role Models "Building a Healthy Yukon One Step at a Time!"**—Sponsored by Recreation and Parks Association of the Yukon
6) **Fetal Alcohol Syndrome Prevention Project—Communicating Solutions**—Sponsored by Northern Family Health Society, Prince George, BC
7) **Home Instruction Project for Preschool Youngsters (HIPPY)** -Sponsored by Simon Fraser University
8) **Organizational Capacity Development Project**—Sponsored by Vancouver HIV/AIDS Care Coordinating Committee (VHACCC)
9) **Spotlight on Children and Youth Campaign: A BC Child and Youth** Sponsored by First Call—BC Child and Youth Advocacy Coalition, Vancouver
10) **Squamish Communities That Care Project**—Sponsored by Squamish Healthy Communities Committee
11) **Windows of Opportunity—Phase 1: Preparing for Action**—Sponsored by Windows of Opportunity Coalition, Vancouver

(Descriptions of the eleven projects are provided in the appendix).

1.2 The SPARC Project

This report, designed to capture and share the lessons learned by the eleven projects listed above, is also part of a Population Health Fund project. The project was planned and implemented by consultants working with the Social Planning and Research Council of BC (SPARC BC) in cooperation with Health Canada. SPARC is a voluntary association with over 11,000 members that has provided social planning and applied research services to communities and government agencies for more than thirty-five years.

The SPARC project included the organizing of a two-day gathering of project participants in February 2001. The gathering was designed to be a forum for the projects to share what they had learned up to that point about implementing Population Health Fund projects in their communities. As well, experts in the field of population health provided theoretical and practical presentations at the gathering on, for example, the implications of the relationship between socio-economic status and health, fostering inclusive processes and developing social capital, creating effective partnerships, and using the media to promote and gain support for projects.

SPARC's population health project also included the preparation of an environmental scan of population health initiatives being undertaken by other levels of government in BC and the Yukon. This environmental scan was presented and discussed at the gathering of the projects in February.

A final component of the SPARC project is a paper making recommendations to Health Canada based on all the information collected on ways to facilitate and promote a wider understanding of the population health approach in diverse communities.

The overall purpose of the SPARC project is to share the information and ideas from the projects with a wide audience, and, in the process, to stimulate further discussion about the benefits and challenges for community-based groups implementing a population health approach at the community level.

This report is intended for:

- Communities interested in obtaining a better understanding of the benefits and challenges of using a population health approach in promoting the well-being of their communities;
- Researchers exploring the implementation of population health concepts at the community level;
- Policy-makers and program workers seeking to refine and increase the effectiveness of new government programs that are designed to be implemented by community associations through project funding.

1.3 Information Sources

The information for this report was obtained using a number of different methods and sources. These included:

- focus groups with project sponsors and participants held in December 2000 through to February 2001;
- discussions and telephone interviews with participants from December 2000 to July 2001;
- reviews of the evaluations of some of the completed projects;
- discussions with a "working group" of Health Canada Population Health Fund program officers;
- presentations by project participants at a two day gathering of the eleven projects in February 2001 dealing with topics identified by the project participants as important;
- presentations by population health researchers at the gathering;
- round table discussions with the project participants at the gathering;
- a review of the extensive and evolving literature on population health.

1.4 Content of the Report

The report is in five sections:

- Section 1 describes the purpose and scope of this report and the SPARC project as a whole; it provides a list of the eleven projects reviewed, outlines the content and the information gathered as a basis for the report, sets out the main questions addressed in the report and also suggests who is likely to find the report of interest.
- Section 2 is primarily designed to assist community groups new to the population health approach to understand how the approach developed by briefly tracing its history as a basis for federal health policy. This section also describes the social, economic and environmental determinants of health adopted by Health Canada as the cornerstone of its population health approach. It then describes the goals, priorities, principles, and regional guidelines of the Population Health Fund for putting population health initiatives into action at the community level
- Section 3 documents how the projects put the principles, goals, and objectives of the population health approach and the Fund into action at the community level; it describes the projects and how the projects incorporated the life stages approach; it examines the way that the projects operationalized the determinants of health, worked to obtain community participation and intersectoral involvement, and applied the requirement for evidence based decision making.
- In Section 4 the authors of the report describe and discuss the challenges that the projects faced in putting the approach and the principles of the Fund into action and consider the implications for the future.
- Section 5 provides summary conclusions

2. POPULATION HEALTH

Population health has barely begun to be understood, even among its advocates.

—Canadian Policy Research Network (CPRN) survey 1998.

Population health has barely begun to be understood, even among its advocates.

—Canadian Policy Research Network (CPRN) survey 1998

There can be no doubt that the socioeconomic position of individuals, groups, and places is a defining characteristic of their levels of health and disease.

—John Lynch and George Kaplan, 2000[3]

A paradox of the population health approach is that it seems easy to understand, to "make sense" at an intuitive level, as many project participants noted, but communicating an understanding of the determinants of health and the practical application of the approach are not. The project participants are not alone in this. According to the findings of a 1998 survey by the Canadian Policy Research Network (CPRN) which has sponsored research on population health since the early 1980s, population health has "barely begun to be understood even by its advocates". [4]

This section is, therefore, designed to assist community groups new to the approach to understand the questions raised in this report by providing an overview of both the approach and the principles articulated in the Population Health Fund. It also situates the approach in the context of the current academic debate and as a policy of Health Canada.

The population health approach is described by Health Canada as: "an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health."[5] The Population Health Fund establishes broad principles for putting the approach into action.

The population health approach reflects a profound shift in thinking about how health is defined and achieved, and has new implications for action on the measures that need to be taken to improve the health of a population.

2.1 The Determinants of Health

Health Canada has identified twelve key determinants of health that projects need to take into account. These are:

Income And Social Status

Taken together, these are seen as "the single most important determinant of health"[6]. People's health status is known to improve with each step up the income and social ladder. Access to safe housing and nutritious food, for example, which are key for health, depend on income level.

Social Support Networks

Those who have the support of families, friends and communities are likely to have better health.

Education

Health status improves with level of education. Income, job security and a sense of control over life are linked to level of education

Employment And Working Conditions

People who have stressful work or are unemployed are likely to be less healthy.

Social Environments

Risks to health are reduced where there is social stability, recognition of diversity, safety, and cohesive communities.

Physical Environments

Factors in the natural environment such as water and air quality, and factors in the built environment such as housing, workplace and roads also influence health

Personal Health Practices And Coping Skills

Supportive environments for healthy lifestyles and coping skills are key influences on health

Healthy Child Development

Prenatal and early childhood experiences have a powerful influence on a person's subsequent health and well being

Culture

Culture and ethnicity influence health in complex ways

Health Services

Health services, and particularly preventative services, are important for a population's health

Gender

Gender refers to the different societal roles that men and women are assigned. They may be affected differently by the same issues.

Biology And Genetic Endowment

A person's biological make-up and inherited predisposition to a health problem are fundamental determinants of health.

There can be no doubt that the socioeconomic position of individuals, groups, and places is a defining characteristic of their levels of health and disease.

—John Lynch and George Kaplan, 2000

2.2 The Population Health Fund

Health Canada's Population Health Fund was created in 1997 in response to the developing body of knowledge about the influence of the determinants of health on health outcomes. The main goal of the Fund is described in its 1999 *Guide for Applicants [The Guide]* as: "to increase community capacity for action on or across the determinants of health". The Fund also endorses the concept of sustainable development and sees population health and sustainable development as mutually reinforcing concepts.

The Fund supports projects that will help to achieve this goal by facilitating "joint planning and coordinated action among voluntary organizations, service providers, governments, and the private sector to improve population health".

In addition, *The Guide* states that "fund activities will focus on addressing the health issues of vulnerable populations".

The objectives and priorities of the funding for the projects are:

- To develop, implement, evaluate and disseminate models for applying the population health approach
- To increase the knowledge base for future program and policy development
- To increase partnerships and intersectoral collaboration

Funding is provided through the Population Health Fund for projects that deal with three broad life stages: childhood and adolescence, early to mid-adulthood, and later life. Within each of these stages, specific areas or issues have been defined as priorities for funding. These priorities are:

- **Childhood and Adolescence**
  Creating optimal conditions for the healthy development of young children,
  Supporting families,
  Creating safe supportive and violence-free physical and social environments,
  Fostering healthy adolescent development;
- **Early to Mid-Adulthood**
  Creating supportive community environments for action on the leading causes of preventable illness and death
  Creating healthy work and social environments
- **Later life**
  Addressing factors leading to illness, disability and death;
  Strengthening the capacity to support healthy aging.

The Guide identifies two key principles that funded projects are required to observe in the process of developing and implementing their projects these are: *Promoting Participation* and *Ensuring Intersectoral Collaboration.*

Promoting participation means that projects must be relevant to, and actively involve the population being served in project planning, implementation, evaluation and dissemination of results.

Ensuring intersectoral participation means that "strong intersectoral collaboration at local, municipal, provincial and national levels is necessary". This collaboration may include as partners "volunteer and community groups, all levels of government, the business community, labour and professional organizations."

2.3
Regional Priorities

Reflecting regional needs, BC/Yukon Region Population Health Fund guidelines for the year 1990-2000 additionally specified that projects applying for funding:

a) involve the target population;
b) involve at least two partners outside the health sector—from, for example, labour, industry, or the housing, education, or agricultural sectors;
c) support the work of existing Health Canada funded projects and initiatives such as Community Action Project for Children, Canada Prenatal Nutrition Program, AIDS Community Action Program and the Population Health Fund.

Total project duration could not exceed three years. Selected organizations were invited to submit requests for funding.

2.4
The Emergence of the Population Health Approach as Federal Policy

Health Canada's population health approach is generally understood to have evolved from the policy direction called "health promotion" that began to take shape in Canada at the time of the 1974 federal government White Paper, *A New Perspective on the Health of Canadians (*often referred to as the *Lalonde Report)*[7]

The Lalonde Report proposed that policies promoting changes in lifestyles and social and physical environments would be more likely to lead to improvements in health than would increases in spending on the health care system. Subsequent federal government health policy then moved from a distinct focus on health care to also focusing on prevention strategies and programs to promote change in individual behaviour and lifestyle.

This preventative approach was successful in increasing public awareness of certain health risks such as smoking or alcohol and drug abuse. However, the underlying assumption of health policy was that changes in individual behaviour and lifestyle were largely a matter of personal choice. In 1984, the preamble to the Canada Health Act continued to emphasize the promotion of change in individual lifestyles.

At the same time population health approaches were evolving and being given impetus in the 1980s by the World Health Organization's (WHO) articulation of its goal of *Health For All by the Year 2000.*

The 1986 federal policy paper *Achieving Health for All: A Framework for Health Promotion* was the Canadian government response to the challenge posed by the goals of the WHO. It proposed strategies that were aimed at achieving health for all but which largely continued to reflect a health promotion approach for health care services.

POPULATION HEALTH

However, the 1994 report *Strategies for Population Health: Investing in the Health of Canadians* prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health took a substantially different direction. It advocated a population health approach that was based on the emerging body of research identifying the influence of socio-economic determinants of health on the health status of populations . The Advisory Committee's report also provided a framework and strategic policy directions that were adopted by the federal, provincial and territorial Ministers of Health in 1994.

The Committee's *Report on the Health of Canadians* of 1996 carried the analysis of their 1994 "Strategies" report further forward, defining areas to which policies needed to give special attention. These strategies and the areas to be focused on are now reflected in large part in Health Canada's population health approach and in the priorities and principles of the Population Health Fund.

2.5
The Evolution of the Theory

Although the federal population health approach is often described as having gradually evolved from the health promotion model, some academic researchers see the approach as a major shift in thinking from the health promotion approach. UBC epidemiologist, Alex Ostry, for example recently noted: "*The population health model represents a progressive move forward, in part because the socioeconomic context for health is so uncompromisingly front and centre in the explanation of differences in health outcomes. In health promotion 'lifestyles' explanations for health inequality still dominate, encouraging both victim blaming policy and program solutions as well as a rationale for excluding the socio-economic context.*"[8]

Some Canadian health policy researchers go further and see the population health approach to health as reflecting a "paradigm shift", a complete transformation in thinking about how the health of a population is defined and achieved. They believe that the approach has new and far-reaching implications for public policies and the actions that need to be taken to improve the health of a population. In their 1998 review of population health policies and research, Professors Hayes and Dunn, for example, take this view and state that this shift in policy occurred in the 1990's in Canada. Prior to this, they comment, "Until the last half of the 1980's, "health promotion" was the "dominant policy paradigm of public health in Canada". [9]

It is important to acknowledge here as we look at the challenges of putting a population health approach into practice at the community level that the theory itself is still evolving and, according to some has critical gaps. In a critique of the population health approach, social policy researcher, Monica Townson, argues that it lacks a theoretical framework, that population health researchers tend to be research rather than policy oriented, that they underutilize social research methods, that they are not interested in challenging the existing power structure and have neglected gender, race and power in their research.[10]

3. POPULATION HEALTH IN ACTION IN THE COMMUNITY

This section describes how those involved in planning and operating the funded projects, "the projects" for short, interpreted the key elements of the population health approach, the BC/Yukon regional guidelines, and the goals, objectives and principles of the Fund as they put all of these into action at the community level.

3.1 Action on the Life Stages Approach

The focus of the Population Health Fund on the three broad life stages, childhood and adolescence, early to mid-adulthood, and later life is based on population health research called "the life-course perspective" that looks at the impacts of early or cumulative stressful experiences on health by providing "a lens through which to examine how social factors [at different life stages] may influence adult health."[11].

A majority of the projects focused specifically on the childhood and adolescence stage. The Health Canada funding priority for this life stage called for projects to focus on the creation of optimal conditions for the healthy development of young children, investing in the early years and supporting families. The essential features upon which the *HIPPY*, *Windows of Opportunity*, and *First Call's Spotlight on Children and Youth Campaign* projects were based reflected this focus.

The *Action for Food Security* project also focused on the early childhood years. Its goal was to increase the effectiveness of Health Canada's prenatal and early childhood funded projects in attaining long-term improvement in the health of pregnant women, young children and families by building their capacity to ensure a long-term, secure food supply. *The Fetal Alcohol Syndrome (FAS) Prevention Project 'Communicating Solutions'* in Prince George undertook to develop and implement community solutions and policies to respond to FAS and to transfer knowledge to other programs and communities.

Fostering healthy adolescent development, preparing youth for successful transitions to work, community and family life and enabling their voices to be heard were specifically reflected in the McCreary Society's project, *Adolescent Health Status*

and Risk Behaviours: Determinants for Guiding A Youth Health Agenda for BC.

The goal of the *Communities That Care* project was to improve the health of youth in Squamish by implementing a community mobilization model. This priority was also reflected in the *Windows of Opportunity* project and First Call's *Spotlight on Children and Youth* campaign. These two projects reached out to youth and provided them with an opportunity to develop skills and to participate in the decision-making process.

The Early to Mid Adulthood life cycle emphasized the importance of creating healthy work and social environments by working to support and strengthen intersectoral collaboration on work, family and life issues. *The Collaboration of Worklife: Working Together to Make a Difference* project addressed this issue directly as did *Community Active Living: Health Promotion Role Models* project which focused on the need identified by Yukon communities for local people to acquire training and skills concerning health promotion and active living.

A project that addressed different life stages and emphasized intersectoral collaboration was *Vancouver's HIV/AIDS Care Coordinating Committee Organizational Capacity Development* project. The aim of that project was to increase the capacity of Vancouver's HIV/AIDS Care Coordinating Committee member agencies to implement and evaluate a population health approach to reducing the spread of HIV infection in Vancouver.

A later life project, the *Adult Injury Resource Network,* focused on the importance of ensuring safe and supportive living environments for healthy aging and for reducing the risk of injuries and harm. The project provided leadership and a supportive structure designed to strengthen the capacity of a broad range of stakeholders throughout BC to plan and deliver injury prevention programs for seniors and people with disabilities.

The learnings from all of these projects are described and discussed below under headings that reflect the four key elements of the Population Health Fund: a) the determinants of health, b) community participation, c) intersectoral collaboration and, d) evidence-based decision-making.

Each of the projects addressed these elements with varying degrees of emphasis. They illustrate some common experiences as well as some distinct differences that contribute to our understanding of what is involved when community-based projects put the population health approach into action in the community.

3.2 Action on the Determinants of Health

" The population health approach means looking beyond quick fixes, away from a medical view of health, or a focus on illness and disease to looking at a wide range of factors affecting health".
"It moved sectors to the root of issues".
"It empowered people to articulate their needs".

—Interviews with project participants

In the information gathering processes undertaken for this report in early 2001, it was clear that all of the participants that engaged in these processes had a basic understanding of the determinants of health and the population health approach. However, they interpreted them somewhat differently. These differences appeared to reflect both the type of project and the varying levels of understanding of the approach from one project to another of the participants. Project participants usually included the staff of the voluntary associations, community volunteers, and intersectoral collaborators/partners from the business, labour and public sectors. Partners from the labour and business sectors, however, did not participate in the information gathering process.[12]

When asked what incorporating the determinants of health into the implementation of a population health approach meant to them, most project participants said they viewed the determinants and the approach as focusing on prevention. They all noted that it was important *to "look at social, educational, economic and environmental and not just physical factors*". All the projects aimed their efforts at communities and sub-groups within their communities.

Noting that the determinants of health were central to the population health approach, several participants said that they saw the integration of the approach into their work as both unique and beneficial. They found that it provided a broad, systematic framework for understanding and promoting a view of health that corresponded with their own prior knowledge and experience of what affected health outcomes in their communities. Some said that action on the determinants of health was not new to them, others said it was simply "common sense".

Most of the projects said that the recognition that health was affected by many interacting factors outside the traditional health system logically implied that, to effect meaningful change, they had to involve a very wide range of stakeholders in their projects. One project organizer said he believed that the approach provided "a new paradigm" for working with other sectors to improve the well being of the whole community. He saw the approach as transforming the way that achieving health should be understood. He

" The population health approach means looking beyond quick fixes, away from a medical view of health, or a focus on illness and disease to looking at a wide range of factors affecting health".

also found local government officials were more receptive to the long-term preventive goals of the project when he explained how the project fitted with the population health approach.

Because many determinants of health lie outside the area of responsibility of any one group or sector of the community, projects stressed that health must now be recognized as a community responsibility that requires different sectors and groups to work together to create common solutions.

However, the need for the wider involvement of stakeholders added complexity to implementing the project activities and posed many challenges. (These challenges are discussed in Section 4).

Projects recognized that the interaction between the various determinants of health affected health outcomes. Some of the determinants of health emerged as being much more salient than others to a project's goals. Culture and ethnicity, for example, were mentioned and focused on often as important determinants of health. Ethno-cultural groups were also viewed as being likely to include individuals and groups such as new immigrants that might be more disadvantaged economically than others in their communities .

A number of projects, therefore, made extensive and creative efforts to reach out to diverse ethno/cultural groups. The HIPPY project, for example, focused on reaching out to multicultural families and hired home visitors from diverse backgrounds to work with vulnerable families. The McCreary Society decided to develop a separate report and to develop a Next Step process aimed at involving aboriginal communities. Windows of Opportunity undertook separate consultations involving multicultural communities and the aboriginal community to ensure their specific needs were clearly identified and solutions discussed.

Socio-economic status as well as culture were important factors in planning and implementing the Squamish project which was designed to mobilize community resources to reach out to youth from diverse social and ethnic groups in the community. Similarly, the Vancouver HIV/Aids project was designed to develop a strategic plan to address the socio-economic factors involved in the spread of the epidemic in the Downtown Eastside of Vancouver where the poorest sector of Vancouver's population lives.

Employment and working conditions were the main focus of the Work/Life project. The Adult Injury Resource Network focused its planning process on a combination of interacting determinants of health such as physical and social environments, social support networks, personal health practices and coping skills.

POPULATION HEALTH IN ACTION IN THE COMMUNITY

Some of the determinants of health such as gender, access to health services, biology and genetic endowment were mentioned as important in planning documents but were not emphasized as being of major importance when projects were put into action. However, some projects did seem to address issues that primarily affect or involve women. Examples were the Fall Prevention project that targeted older adults at risk of falling as well as people with disabilities. Since women tend to outlive men this project seems likely to affect more women than men. The HIPPY project focused on assisting young families in their homes, which meant they largely dealt with women and children.

A few projects such as the First Call project built on a base of prior experience of working from a determinants of health perspective, collaborating with academic researchers to share emerging knowledge on the effects of disadvantage on early childhood development. Some projects such as the Squamish project invited academics to make presentations to them to increase their understanding of the research related to the determinants of health and the population health approach.

The varying levels of understanding within and between projects of the population health approach makes it difficult to generalize about what difference using the determinants of health approach made to projects. It seems likely, however, that the knowledge level of the senior staff members in the eleven projects, who usually possessed advanced degrees in the social or health sciences, was a key factor in making the projects' approach understandable to other participants. These leaders usually had extensive experience working at the community level and were familiar with various methods and strategies for putting concepts and plans into action in the community. Volunteer participants usually, but not always, tended to have less understanding of the determinants of health than the staff.

In all cases, the onus appeared to be on the project coordinator or staff members to recruit volunteers and intersectoral collaborators, to explain the approach and the process and to keep everyone informed and involved on an ongoing basis.

3.3 Ensuring Community Participation

"It is the very wide community participation that distinguishes population health projects from other types of projects".
"Our project created opportunities for disadvantaged folks to make their voices heard"
"We had a shared vision and good volunteer involvement"
"We were flexible".

What is unique about community participation within the context of the population health approach is the requirement for the involvement of both diverse sectors and also of community members affected by the project.

Project organizers commented that ensuring the active participation of those affected by the project often meant they had to move from a service-providing orientation, "working for their clients", to working with them as equal participants in a community-based process that emphasized the active involvement of a broad range of individuals, groups and agencies from different sectors and backgrounds. They noted that the requirement that they engage community members from all sectors together with those groups and individuals they had previously tended to regard as clients was a broader and more challenging approach to participation than they were accustomed to. They said that in other projects they usually took a much narrower perspective on who should be involved.

What became clearly apparent quite early in the information-gathering process was that while the population health approach provided a useful "macro level" framework for planning it was not evolved sufficiently and did not provide the strategies and tools that might be effective for community groups implementing projects at the community level. Since the general focus of our inquiry was on how the projects put the concepts into action and a specific focus was on how they involved those affected by their projects, much of the discussion in various forums inevitably focused on precisely how community involvement was achieved by different projects.

The process and methods that were used by most of the projects in putting the projects into action and obtaining community involvement were variously described by them as incorporating a "community development philosophy", "process", "methods", or "tools and strategies". Many of the projects described at some length how they integrated community development methods into the population health framework in order to put their projects into practice and in developing and

POPULATION HEALTH IN ACTION IN THE COMMUNITY

sustaining the required level of community participation. The use of community development methods was seen by the projects as a comfortable fit with the conceptual framework of the population health approach and the principles of the Fund.

Participants said, for example:

"Using a community development approach to deal with population health issues brings to the table diverse perspectives and creative solutions that are grounded in reality and more appropriate to the needs of the community."

"Giving power and control to seniors is making a difference."

"We have learned there is not one size fits all in designing community development strategies"

"We used community development methods to identify community strengths and gaps in services"

"We have learned there is not one size fits all in designing community development strategies"

There are no "absolute definitions" of community development according to *The Community Development Handbook: A Tool to Build Community Capacity* prepared for Human Resources Development Canada (HRDC). However, the *Handbook* does provide a definition of community development as a process: "the planned evolution of all aspects of community well-being (economic, social, environmental and cultural). It is a process whereby community members come together to take collective action and to generate solutions to common problems."[13]

Many of the population health projects said that ensuring grassroots involvement from the start and having a participatory, open process were essential for success. Using a "top-down" approach in project implementation was not effective in planning and developing their projects, they said, although it might be tempting sometimes, and seem to be more efficient, for project staff to plan and initiate the work given that the concepts were new to most participants and a lot of knowledge sharing with community members had to occur for them to be able to move ahead together.

Projects said that people needed "to see what was in it for them" to became involved. Communities also wanted to take ownership of change in their communities and the population health approach was one way to do this. Projects noted that they might decide to obtain outside specialist help from time to time, but their experience indicated that the community needed to maintain control over this relationship.

The strategies used by each of the projects to secure community involvement differed somewhat. However, a number of common features that projects agreed were critical for ensuring the level of commu-

nity participation required in a population health approach included: a) building on community capacity, b) enhancing skills, c) sharing information, d) being inclusive and e) securing and maintaining participation. These are described below in some more detail.

a) Building on Community Capacity

"Everyone has a talent. This has been a real learning."
"We're building self esteem through providing employment and training"

A key feature of many of the projects was their focus on identifying the assets and capacities of communities. Projects emphasized the importance of recognizing and building on the resources and strengths already existing in their communities. They also searched for ways to build more cohesive communities.

Projects learned that recognizing the existing capacities and supporting and enhancing established community networks avoided duplication of services and competition for resources. They also learned that building on community networks and collaborations that were already established led to greater success.

Most of the projects, however, identified a need for assistance in building the capacity in their communities for community action.

b) Enhancing Skills

"*The need for support and skill development was particularly evident in the aboriginal community."*
"Grass roots skill training was essential"

Many of the projects said that in order to enable diverse groups to work together and to create ownership by the community, it was critical to enhance the skills necessary to work together for common goals. They emphasized that building the skills of community members from diverse sectors is vitally important for a better understanding of the determinants that impact on health and for an effective implementation of a population health approach. The projects also identified a need to build skills in such areas as partnership development, research, marketing and communications, community development, fundraising and advocacy.

c) Information-sharing

"We have learned that a population health approach encourages joint ownership of the problem within the community and enables sharing of knowledge and power".
"Decision makers need to be sent information about population health."
"Many methods must be used to share information"

Project participants viewed information sharing as fundamental developing community capacity, vital to good community

"We have learned that a population health approach encourages joint ownership of the problem within the community and enables sharing of knowledge and power".

involvement, and necessary to implement a population health approach. They commented that if people were to contribute equitably and share in decision making, they needed to proceed from an equal knowledge base. For this process to work, many ways of sharing information had to be found such as providing skill training and disseminating information through public forums in different venues. These venues needed to be appropriate and convenient for the audience to be reached. Sharing knowledge, providing mentorship, creating opportunities for volunteering, and establishing employment opportunities were also important.

d) Being inclusive

"Keeping local leadership active and maintaining continuity are critical"
"Being at the table is not necessarily a sign of interest".

The experiences of the projects of ensuring effective and meaningful community participation provided insights on how to be inclusive, how to involve the appropriate people, how to get people involved and how to keep them involved.

Critical learnings about community participation focused on who needed to be involved, how much, and how to obtain and maintain involvement. One project, for example, brought in an expert to discuss ways of ensuring social inclusion and developing skills for building "social capital" within their community. Social capital is seen by population health researchers as directly affecting well being and a prerequisite for ensuring inclusive communities.[14]

With regard to who should be involved, the experience of the funded projects was that there was a need to find a balance between involving those that are affected, often marginalized groups, and those who are decision-makers and leaders in the community who could be influential in ensuring that changes identified as needing to happen did indeed occur. This balance was not easy to achieve and the logistics of getting individuals with different timetables to meetings for joint decision making was a problem for some. Low-income mothers with small children for example, had different constraints on their attendance at meetings than, for example, the business or government representatives involved as partners in a project. A partial solution for some project coordinators was to have meetings at varying times of the day and to keep all participants informed through telephone calls and through providing the minutes of meetings. Holding a meeting where a "difficult to reach" group was located was another approach. Projects also emphasized that in order to be inclusive it was important to take time to develop trust. All of these approaches were identified as being time consuming. They also required that staff be skilled in

working with both the marginalized and the more influential or powerful groups in their communities.

Many of the funded projects focused specifically on marginalized groups, those groups which have not been included or not had a strong voice in the past, such as, youth, women, families from lower socio-economic backgrounds, aboriginal communities, children aged from 5 years and under and their families, families with FAS children, and ethno-cultural families. What the projects learned and what is supported by research is that being marginalized, or "socially excluded", adds to existing inequality, and this in turn leads to decreased participation in the public sphere and to greater mistrust which negatively influences health.[15] Ensuring the social inclusion of marginalized groups, therefore, was seen by many projects, as critical to improving health in their community.

A number of projects indicated that one of the key benefits of including marginalized groups is that these groups come to see the community differently, and the wider community comes to see the socially excluded groups in a different and more positive way. This was particularly evident in the McCreary project in that the youth involved in the project began to see the adult community more positively and vice versa. The FAS project also played an important role in shifting attitudes in the community toward a better understanding of fetal alcohol syndrome and its effects.

The projects also learned that that if key community leaders and people with decision-making power were not involved, their project had less chance of effecting change in the community. However, they also noted that having influential individuals "at the table" was not necessarily a sign that they were very interested; but neither should it be assumed that not being involved or "at the table" was a sign of lack of interest. Varying degrees of involvement and commitment had to be considered.

The key to a successful process was seen to consist of finding and involving the right balance of people, from marginalized individuals and groups to those with influence and power who are keenly interested in the project and share a common vision and values.

e) Securing and Maintaining Participation

"This cannot be done off the side of your desks".

The experience of the participants from the funded projects further illustrates how to secure and maintain the involvement of diverse groups. Projects said that it was critical to ensure at the start that people understood why they should participate and how their participation could make a

"This cannot be done off the side of your desks".

difference in their communities. Having flexible structures that enabled people to participate in a manner that was convenient and relevant to them was deemed essential. Projects said that participation did not always mean attending meetings but did require that organizers find creative ways to hear people's voices and enable them to carry out activities.

The Squamish project participants noted, for example, that building trust with multicultural and aboriginal groups could only occur over a period of time and also needed dedicated resources. They found that getting out of the office and "hanging out where the people are" was essential to ensure the inclusion of all groups. They also found that some people in their community worked long hours, on shifts, and had family responsibilities and few social supports which could make it difficult for them to attend meetings.

The projects employed many techniques to get people involved early in the process. They learned that word-of-mouth and personal contact were the most successful strategies for getting this initial involvement. A number of projects learned that keeping people involved meant finding ways for all to listen and respect diverse views and for ensuring people were informed on an ongoing basis even if they were not able to attend meetings.

Several projects noted that acknowledging progress and celebrating successes created a positive atmosphere that made people want to participate. Providing rewards or incentives, transportation and childcare costs, and compensating people for their efforts further enhanced participation particularly for those from vulnerable groups.

New communication technologies were effectively used by a number of the projects to create and maintain networks of communities of interest and in some cases to expand their contacts to the national and international arenas. These technologies included the use of e-mail to network and share information, web sites, and telephone conferencing. However, the comment was made by participants in one project that these "virtual" networks, once built, need to be maintained beyond the life of the funding or the work will be lost. However, many marginalized people do not have access to the technology that could assist them in networking and information sharing.

3.4 Building Intersectoral Collaboration

"Intersectoral collaboration is both a strategy and a process".

What is unique about intersectoral collaboration within the context of a population health approach is the recognition that creating and maintaining alliances and partnerships with a number of different sectors is critical to making an impact on the health of a community.

Projects noted that joining forces to tackle complex health issues facilitated the pooling of resources and the sharing of expertise. They all agreed that intersectoral collaboration had the potential to reduce duplication and facilitated new ways of working to reach innovative solutions that have eluded single sectors for many years. However, they emphasized that achieving such broad collaboration was extremely challenging and could not be the sole responsibility of any single sector.

For the projects, intersectoral collaboration was both a strategy and a process. In implementing the projects, the primary onus was on the voluntary sector both to facilitate the process and also to take the lead in implementing the strategies.

Strategies might take different forms such as cooperative initiatives, networks, alliances, coalitions, and partnerships. One project learned that some sectors had different work cultures that made it difficult for them to collaborate effectively together on a project. Another project considered it important to include a physician in their project. They were successful in doing so but found it took much time and effort to persuade the local medical community that it had a vital contribution to make to the project.

Some project participants made a distinction between strategies that involved networking and partnerships. Partnerships were seen as necessitating more formal arrangements than networking, for example. For partnerships to be successful, projects learned that each of the partners had to see a mutual benefit in the relationship. There needed to be shared values and vision, common or compatible goals and objectives, effective communication, a clear division of roles and responsibilities, a balance of power and decision-making, leadership, and a commitment of time and resources. Above all, there needed to be mutual commitment, trust and respect for the partnership to flourish.

Intersectoral action was interpreted differently by different projects. For example, to some projects it meant linking health, education, social services, and justice

"Intersectoral collaboration is both a strategy and a process".

POPULATION HEALTH IN ACTION IN THE COMMUNITY

groups operating at the community level. It was also understood as meaning the linking of representatives of different government ministries or departments from different sectors at the provincial or federal levels. It was also taken to mean linking different levels within each sector, such as local, provincial, federal government partners within the health sector.

Many projects were successful at their local level in linking voluntary organizations and government agencies from the health, social services and education sectors. There were fewer linkages with economic government departments and agencies or the private sector. The "Collaboration on Work Life" is one example of a project that worked more closely with the private sector and labour. A few projects established linkages among local, regional and provincial organizations dealing, for example, with children and youth (e.g., First Call).

In most cases linkages did not flow to provincial or federal levels where policy and resource decisions are most often made. One successful example of this occurring was the Yukon project, which was able to build on relationships with the Yukon government to obtain additional funding support. This success was explained by a project participant as reflecting in part his extensive experience in fund raising and in part the fact that the fairly small and tight-knit community of Whitehorse is also the centre of government and making and maintaining contact with influential individuals is easier to accomplish than it might be in larger centres.

Projects also observed that there were few examples of structures and mechanisms within governments to co-ordinate public policy on population health across different government ministries/departments and agencies.

"We want to know about best practices".

3.5 Evidence Based Decision Making

"We want to know about best practices".
"We need support for data collection—sources for local data".

The funded projects varied in the way they spoke about evidence-based decision-making. Many did not use this term. Most of the projects said they acknowledged the importance of having evidence to support their decisions and actions in their projects. Others sought out population health experts to clarify the meaning and application of "evidence" and other population health terms for their project.

Some projects had a strong research component and the research capacity to evaluate the relevant research both in their own area of interest and in population health. These included the Adult Injury Resource Network project, the Work-life Collaboration project and First Call. Having access to such a research capacity usually entailed having close links with the academic community or that such links be formed. The Squamish project invited academics working on population health to make presentations to them on the evidence for aspects of the approach such as the relationship between income and health.

Some of the projects did their own research to gather evidence related to their project issues. The McCreary project, for example, collected data on factors affecting the health of youth and used this to create dialogue and facilitate action at the community level. The FAS project in Prince George used participatory action research by women who have lived the experiences of FAS and related issues as a basis for informing others and developing a plan of action. Other projects used existing research to promote their agenda. First Call and Windows of Opportunity built their support and action on existing research that illustrates the importance of the early childhood years for healthy child and youth development.

"We need support for data collection—sources for local data".

4. DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

In this section we provide an analysis and discussion of the challenges faced by community based projects putting a population health approach into action. We also consider the implications for non-profit associations implementing population health projects in the future.

First, we observed that having experienced and knowledgeable leaders for the projects was essential for success. The eleven projects reviewed here were fortunate in the level of education and community experience of the project leaders. The population health approach and the principles of the Fund made eminent sense to them. They clearly welcomed the evolving body of evidence that supported what most of them knew from experience affected the health of their communities. They also said that the Fund recognized and sanctioned what many of them were already attempting to do in their communities—engage communities in addressing health issues from a broader perspective.

A general theme that emerged was that implementing a population health approach inspired projects to be more imaginative, holistic and ambitious in their planning than had been the case in previous projects. Imagination or "creative spice," as one participant put it, was the essential ingredient for success in these projects.

We also heard that the population health approach presented some challenges that were unique or magnified the challenges that other types of voluntary sector projects generally faced.

4.1 Determinants of Health and the Population Health Approach

"The challenge is to make population health popular".

Many projects noted that they experienced difficulties explaining the determinants of health and the approach to prospective project participants. Several complained that "the jargon" in which the approach was couched was a major barrier to promoting the concepts as widely as they felt they were required to do. One project coordinator said that their project partners "would flip" if she used population health language and that she improvised in explaining the approach. The population health language was also a barrier for newcomers to Canada and to involving some participants affected by the project on an equal basis.

The concepts themselves were seen by some as "warm and fuzzy" but not too difficult to explain and they could provide analogies from real-life but project partners from other sectors and volunteers participating in the projects might proceed from different experience and understandings of health.

Indeed, we found that project participants had widely varying depths of understanding of what is meant by the population health approach, the determinants of health, and the interaction between them. These differing understandings have some implications for the effectiveness of the projects. Many participants showed interest in taking advantage of opportunities to expand on their knowledge and understanding of the whole approach. However, it was clearly essential that in order to keep everyone informed and participating from an equal base of knowledge the non profit project staff had to have excellent communications skills and to be able to invest a good deal of time and resources explaining the approach.

In addition, as projects emphasized, the vast scope of the issues covered by the determinants of health meant that making change should not and could not be the responsibility of any one sector. Although the projects had assumed a leadership role in promoting a population health approach at the community level, they realized that they required more support from other sectors and other levels of government to make the approach widely accepted.

"The challenge is to make population health popular".

DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

4.2 Attitudinal Change

A unique challenge that these projects faced was that their success in the longer term depended on shifting attitudes in their communities to a broader understanding of health, an understanding based on the knowledge concerning the influence of the determinants of health.

Several project participants noted that this was a major challenge since many health programs and provincial health policies continued to focus on changing lifestyle and behavioural factors to improve health. They said they believed that the public in general assumed that health is wholly under individual influence or control; when people thought about health they thought about health care. Moving people to a population health perspective, therefore, required a profound shift in public thinking.

Projects felt that they had to take on a much broader task (than their project might seem initially to require) of shifting these entrenched public attitudes toward an understanding of a broader view of health that required all members of their community to consider it as a collective responsibility.

Some project participants said they even experienced challenges in getting this "buy-in" for a broader view of health from health professionals. Involving key decision-makers from different sectors at the local, regional, or provincial level might also require that projects work on creating a major shift in their attitudes about what impacts the health in their community.

The projects found that the need to promote public education on population health to create greater public awareness and understanding of the population health perspective in order to change attitudes was greater than they could address on their own. The key issue was how to move the research and information available on population health from "academic and policy circles and into the hands, heads, and hearts of decision-makers at all levels in the private, public and voluntary sectors".

It may be that voluntary associations are well placed to promote population health in some sectors of their communities but they learned that they had a limited ability to do so in other sectors.

Project participants suggested that the federal government needs to be more proactive in promoting the approach with the general public since they found that this responsibility was too great for the voluntary sector to shoulder alone.

4.3 Achieving Long-term Outcomes and the Need for Longer Time Frames

"Process itself is a product and should be regarded as a result".

Evidence of success builds credibility and helps change attitudes. However, the population health funded projects are unique in that outcomes and thus evidence of success can be difficult to measure and takes much longer to realize than other types of community projects. For example, success in improving early childhood development is not readily observable in the short term.

Developing effective benchmarks and indicators is a challenge but necessary for accountability. It was usually difficult for projects to measure results because of the qualitative nature and large number of variables involved and because the time frames needed to effect changes in the health of a community are long term.

Projects argued that the meaning of success needs to be clarified for population health projects. They were unsure whether it was a project's results, health outcome results or process results that defined success? Many of the population health projects, reflecting perhaps the community development methods that many used and the challenges that the broad involvement of participants from different sectors working together brought, were of the opinion that the *"process itself is a product and should be regarded as a result*".

A number of projects had undertaken participatory and process evaluations to illustrate how their projects were unfolding and what was being learned in the process. Some adjusted their plans during the project to reflect what they learned. The funding allowed for considerable flexibility and innovation but a change in direction could bring new communication problems.

Thus, major challenges for projects were finding a balance between short term and long-term outcomes and recognizing that outcomes may change as the process evolves. Some projects found that they had been overly ambitious in planning what they could realistically achieve in the time period that they were funded for.

"Process itself is a product and should be regarded as a result".

DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

4.4 Community Participation

"People need to know what's in it for them".

Project participants indicated that they encountered many barriers in their attempts to ensure meaningful community participation. They described these barriers as being attitudinal, cultural, language-based, systemic and related to the availability of human and material resources. They said that barriers to participation were embedded in social structures and policies at all levels.

Project staff members noted that a major challenge they faced was the broad-based, active participation that a population health approach required.

Many of the project participants said that using an egalitarian approach to including community people was very important. They believed that inclusiveness was the key to achieving the long-term goals of the population health approach. But these ideals were often challenging to achieve in practice.

The projects found that it was important to build trust in order to keep people involved but they said that process had to be seen as a long term goal, likely extending beyond the life of the funded project.

Promoting and fostering ways of being inclusive, open to and respectful of diversity, and of including people with different levels of education, different degrees of understanding of English, perspectives, ages and cultures was considered to be a key challenge by most projects. Some projects met these challenges by developing new tools and building on models for participation developed in other areas.

Some projects commented that a community might not be ready for marginalized groups to be involved or to take a lead in decision making. The need to build some communities' understanding of the meaning of inclusion was, therefore, another challenging task that the projects felt was difficult to address alone. This issue raised questions for some participants about how to facilitate empowerment and overcome the barriers created by the existing balance of power in communities.

A critique of the population health approach is that it has ignored issues related to power. Clearly much more needs to be understood about how to such dynamics in a community can be countered.

"People need to know what's in it for them".

DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

Ensuring that information sharing and skill building occurred were also seen as challenging tasks. Project participants viewed information sharing as fundamental to good community involvement. They said that if people were to contribute meaningfully and share in decision making, they needed to proceed from an equal knowledge base and to be kept informed. However, projects believed that for this process to work well, it was necessary to build the skills of community members for collective action, disseminate information, share knowledge, provide mentorship, create opportunities for volunteering and establish employment opportunities—no mean task.

Involving aboriginal communities in meaningful ways also posed new challenges for many. Projects found that building trust was fundamental but again it could only occur over time—more time than most projects lasted for. Recruiting and maintaining a good level of involvement also meant breaking down access barriers such as the use of special terms that could limit information sharing. Since the language used in population health documents was viewed as not sensitive to either aboriginal or multicultural communities' needs and found to be difficult for many community volunteers to understand, their equal participation was predicated on the ability of the project leaders to explain concepts. It also depended on the availability of resources to develop new tools and ways to reach out and involve marginalized groups. Several projects seem to have met these challenges quite successfully.

A high turnover of volunteers in some projects created challenges. Like other non profit association projects, these projects relied on the participation of volunteers from the community. Some participants noted that the BC population is more transient than most and suggested that there is a corresponding degree of turnover in volunteer participation for that reason and particularly of people from the disadvantaged groups targeted by the projects. As people moved on, there was a continuing need to build new relationships, to recruit and provide new volunteers with orientation and to include them in a process of continuing education.

The dilemma posed by people who wanted to be included and to be able to voice their opinions but who did not really want to commit to being more actively involved was less usual. This situation seemed to reflect power dynamics in a community and might require some skilful intervention on the part of the project leader.

New volunteers also needed to be shown that the project provided benefits for them—as one person put it: *"People need to see what's in it for them."*

DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

Keeping these many diverse interests committed and passionate over the long term required a significant commitment of time and resources. It clearly also required that the project coordinators have the kind of communication skills that would enable them to communicate effectively with people from all sectors of their community.

Isolation because of geography, age, disability, level of education or cultural differences were seen as a significant barrier to participation. Projects said that they needed more information on innovative strategies and resources in order to to reach out to people who were isolated and to enable then to participate them in meaningful ways.

4.5 Intersectoral Collaboration

"Collaboration takes time, energy, resources, and leadership. It needs 'feeding' and 'fuel'"—Project participant
"The need to join with other people to solve problems is nurtured by a particular combination of goals, goals that cannot be attained by a solitary organization. These goals are also very demanding: more accountability, more efficiency, more transparency."—Pierre-Gerlier Forest et al. 1999[16]

The requirement that projects have intersectoral collaboration is a fundamental principle of the Population Health Fund and the regional guidelines for BC and the Yukon. All the projects said they recognized the logic and importance of such extensive involvement in furthering their projects' goals and the goals of the population health approach. They knew that they could not achieve these goals on their own and had an expectation that intersectoral collaboration could be achieved. They also hoped that such involvement would develop relationships that would help them to access other sources of funding to sustain their project beyond the term of the Health Canada population health funding.

For some projects, the experience of initiating intersectoral involvement and being responsible for maintaining the involvement of different sectors was a new experience. For most, achieving intersectoral collaboration emerged as their greatest challenge.

The projects had varying resources and capacities for ensuring intersectoral collaboration and so had varying degrees of success. Projects that were managed by associations that were well established and visible in the community seemed to be more likely to achieve a broader degree of intersectoral involvement and to be able to access additional funding sources.

Many projects were successful in linking voluntary organizations and government agencies from the health, social services and education sectors at the community level—natural allies with whom they were likely to have had previous working relationships. They faced major challenges in developing linkages with other government departments and agencies, municipalities, the private sector or labour.

Participants from one project mentioned that they started out by involving partners from business and labour that traditionally have different and sometimes conflicting goals and cultures and found these differences added a new degree of complexity to the project.

Many projects did not establish the kind of partnerships that could offer resources that

"Collaboration takes time, energy, resources, and leadership". "It needs 'feeding' and 'fuel'

—Project participant

DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

"The need to join with other people to solve problems is nurtured by a particular combination of goals, goals that cannot be attained by a solitary organization. These goals are also very demanding: more accountability, more efficiency, more transparency."

—Pierre-Gerlier Forest et al. 1999

would sustain their project for the longer term and their initial expectations that they would obtain future resources from these partners proved to be largely unrealistic. However, some of the projects were able to use their population health funded activities as a basis for obtaining other longer term funding.

The gap between the principle and desire for wide collaboration and the actual implementation was evident to most project participants. They noted that there was a great demand from many levels of government for communities to engage in more collaboration. One project participant noted:"*Collaboration has become the flavor of the decade; everyone wants you to collaborate. This is leading to collaboration fatigue."*

Effective collaboration on population health projects, as we noted earlier, requires the participation of the groups affected as well as of decisions-makers, of industry and labour, and of different levels of government. Ensuring such collaboration also meant that projects had the challenge of building linkages across government. Projects commented that they needed to find new ways to link with other federal government departments, with other levels of government and with the private and voluntary sectors outside departments of health. They said that within the health system, population health initiatives could benefit from being more closely linked with other health programs such as Aboriginal Head Start, CAP-C, CPNP and with national initiatives such as the National Child Care Agenda.

Some projects observed that the way in which government ministries, departments and agencies are organized might also hinder the collaborative approach needed to address the broad determinants of health in an integrated manner. Since many of the key determinants of health lie outside the jurisdiction health ministries, the projects saw a need for new ways to be developed that ensured that a population health "knowledge transfer" takes place not just within the health field, but within government in multi-sectoral and multi-disciplinary environments.

4.6 Ensuring Adequate Time and Resources

"It takes time and resources to build relationships, develop trust and maintain the relationships."

The majority of the projects said that Health Canada funding guidelines did not sufficiently support the complexity and uniqueness of the population health projects or the length of time necessary to demonstrate success. They believed that these types of projects required longer term funding and funding for a diverse range of activities within the same project, such as, applied research, community participation, collaboration, skill building, and advocacy to deal with power imbalances within communities.

The main challenge for Health Canada, they suggested, was to design a flexible funding formula which would realign the traditional patterns of resource allocation across government departments and that would move away from what they called "stove-pipe funding" to more integrated ways of providing funds for such projects. Such an approach would also necessitate that many more departments and agencies of government become informed about the population health approach and its implications.

Ensuring sustainable funding was a key challenge for the population health projects. Many did not in fact establish the kind of partnerships that had the potential to provide resources for the long term. The consensus from the projects was that even when they were successful in forming partnerships with potential future funders, this relationship did not give them a competitive edge and they tended to be treated equally with other projects by these partners when they approached them for continuing funding.

All projects had some level of concern about how they were to obtain funding to sustain their efforts in the longer term, although sustainability was much more of a concern for some projects than others. Those that had a staged level of implementation or where a valued service to marginalized groups had been initiated and would likely be terminated expressed frustration that the relationship building and development work accomplished with great effort would be lost.

What was evident was that projects that were established in the community prior to the population health funding and had other sources of funding had a good chance of sustaining themselves. New and innovative projects might have a lesser chance of sustaining themselves.

"It takes time and resources to build relationships, develop trust and maintain the relationships."

DISCUSSION: CHALLENGES AND IMPLICATIONS FOR THE FUTURE

4.7 Evidence Based Decision Making

The majority of the projects had no previous experience of putting the population health approach into action to guide them in their work. A major challenge for most was that the term "evidence based' and the related expectations of the Fund were not clearly understood. Some seemed to believe that they were required to be knowledgeable about and make decisions based on population health evidence and thus to be familiar with that body of evolving research. Some thought they needed to show that decisions specific to their projects were based on the "evidence" on that issue. Some of the projects felt that they were required to engage in research. Some did research to gather evidence, collecting data to create dialogue and facilitate action at the community level.

A key challenge for a number of projects was their capacity to access or interpret research related to the determinants of health. Those projects which had a strong research component and the research capacity to evaluate evidence in the relevant research seemed to be those with prior links with the academic community.

The main challenge for communities with regard to using population health evidence would seem to be that the theory and knowledge base is still evolving and the search for supporting evidence related to the various determinants of health and the relationship between them is still primarily conducted in academic and policy circles and they are usually outside this loop.

5. CONCLUSIONS

The consultants' overall assessment of the collective experience of the eleven projects putting the Health Canada population health approach and the principles of the Fund into action at the community level is that together they provided many opportunities for innovation and major new challenges that inspired a high degree of creativity and, as intended, promoted much broader community participation than usual.

Many of the project organizers commented that the framework provided by the approach, together with the guiding principles set out in the Population Health Fund, affirmed their own experience as community workers about what influenced health. They noted that the approach recognized what many of them were already attempting to do—engage communities in addressing health issues from a broad perspective that recognized the influence on health of social, economic and environmental factors interacting with each other. Some organizers also learned that, once explained, the population health approach gave their projects additional credibility with public sector partners. The Fund also allowed for some flexibility in testing new models for engaging all sectors of the public in a collective approach to improving health and well being.

However, as the literature makes clear, the population health approach is still evolving at the theoretical level and provides an incomplete conceptual framework. It may be that this level of conceptual development can provide sufficient guidance for planning in highly structured environments, local government or health authorities, for example, with support from senior levels of government. However, the approach clearly presented many new challenges for voluntary associations where resources are usually insecure and the rules of engagement with the public are different.

CONCLUSIONS

Many of the projects stressed that the key to success for them was to build on the strengths and resources already existing in their communities. They learned that recognizing and using existing capacities, and supporting and enhancing established community networks avoided duplication and competition. Other learnings were that finding and involving the appropriate mix of people, from marginalized individuals and groups to those with influence and power who were keenly interested in participating in the project and shared a common vision and values helped to ensure positive results.

We learned that a major challenge for projects was a dearth of models, methods or materials appropriate or effective for the implementation of population health projects at a community level. Most projects used community development strategies and tools for involving all sectors in their work. However, these methods did not appear to be as effective for ensuring intersectoral involvement as they were for fostering community involvement. Indeed, the requirement of the Population Health Fund for extensive intersectoral collaboration added an unusual degree of complexity to the projects and we learned that it was the greatest challenge that the projects faced.

A clear articulation of the values underlying the population health approach that might help with explaining the concepts and in creating effective collaborations with other sectors was also lacking in the Health Canada background materials available to projects.

We observed that in attempting to meet the broad goals and objectives of the Population Health Fund, it could be difficult for projects to discern reasonable boundaries or expectations for their activities. Some groups tended to be overly ambitious in planning what they could accomplish in the time and with the resources available. When it came to implementation, many projects found they were not adequately prepared for the complexities and time involved in putting into action an approach that required the involvement of so many different stakeholders with different levels of education, knowledge and experience.

Projects learned that it was difficult to develop indicators of success that encompassed the expectations of all sectors and addressed both long term and short term objectives. Issues of accountability to the community and Health Canada then became a concern.

The requirement that projects assumed for broad community involvement meant that projects needed to share information about the approach with community members. However, many found that the language of the population health approach could be a barrier both in communicating and sharing information with stakeholders and in tackling the huge task of changing the deeply held belief of many that health was an individual responsibility.

It seems clear that both the language and the concepts of the approach need to be presented in a more universally accessible and popular form both to promote the acceptance of the approach generally and also to assist community groups seeking to provide all project participants with an equal knowledge base.

The responsibility for projects to provide leadership in explaining and popularizing the population health approach with the community was inherent in the expectations of the Fund but the projects had widely varying capacities for doing this. We would suggest that the different capacities, strengths and limits of the voluntary sector need to be better understood and integrated into government planning if that sector is to be a leader in promoting a population health approach. Projects complained that many demands are now being made of voluntary groups by governments that do not reflect their capacity, and that they do not have resources to address.

Nevertheless, the consultants are of the view that the voluntary sector may be the sector best placed to take a lead in promoting the population approach within the broader community. Other sectors do not appear to have the same latitude or incentive to pursue what is indubitably a long term course of action. Public sector support depends on the prevailing political winds which may or may not support a population health approach. The private sector partners, like community volunteers, need to see "what is in it for them." Clearly, however, given the inherent complexities of the approach, the voluntary sector cannot be very successful in taking a lead without additional resources.

Implementing a population health approach requires a long-term commitment and needs an investment of time and resources to ensure it is sustained. A clear acknowledgement by all involved of the time and energy required for developing intersectoral collaboration and ensuring a broad community involvement is critical. Support is required to ensure that community members do not "burn-out" and do not give up in their efforts to create healthy communities. A key message from the projects to Health Canada was that it needed to recognize the long-term nature of implementing a population health approach.

CONCLUSIONS

Acknowledging that population health initiatives need to operate within a longer time frame than other types of project raised the question of how these projects should be structured and funded. Projects suggested that Health Canada and communities needed to work together to find innovative ways to support population health projects that recognized their long term and changing nature.

To be effective, they said, projects need to be viewed as three to five year initiatives, with both short and long term strategies, and with different activities that could be phased in over time. They also said that for population health projects to be successful Health Canada needed to increase its support of the development of the infrastructure required to implement population health projects at the community level. This support included community capacity building to create more inclusive and cohesive communities. Health Canada also needed to provide more leadership in promoting the approach more broadly by expanding access to information on population health, by promoting new knowledge related to population health, and by building linkages reflecting population health goals nationally and provincially across traditional structures of government.

ENDNOTES

[1] Federal Provincial/Territorial Advisory Committee on Population Health *Report on the Health of Canadians*, (Prepared for the Meeting of Ministers of Health, Toronto, September, 1996).

[2] Federal Provincial/Territorial Advisory Committee on Population Health*, Strategies for Population Health: Investing in the Health of Canadians* (Prepared for the Meeting of Ministers of Health, Halifax, *September* 1994 and *Report on the Health of Canadians*, (Prepared for the Meeting of Ministers of Health, Toronto, September, 1996).

[3] John Lynch and George Kaplan, Socioeconomic Position. In Lisa F. Berkman and Ichiro Kawachi (eds.), *Social Epidemiology*, New York: Oxford University Press., 2000 p.29

[4] Monica Townson, *Health and Wealth: How Social and Economic Actors Affect Our Well Being*, Canadian Centre for Policy Alternatives, Ottawa: 1999. p.6.

[5] http://www.hc-sc.gc/hppb/phdd/approach/e_approach.html, p.1

[6] Health Canada, Population Health Fund, *Guide for Applicants*, April 1999, provides the information for the list and a brief description of the determinants of health. More detailed information on the Fund is provided on the Health Canada web page: http://www.hc-sc.gc.ca/hppb/phdd/implement/e_implementation2.html

[7] Monica Townson, *Health and Wealth: How Social and Economic Factors Affect Our Well Being*, Ottawa: Canadian Centre for Policy Alternatives, 1999. P.3.

[8] Alex Ostry, " Book Review of Health and Wealth by Monica Townson", in *ISUMA, Canadian Journal of Policy Research,* Vol.1, No 1. Spring 2000

[9] Michael V. Hayes and James R. Dunn, *Population Health in Canada: A Systematic Review*, CPRN Study No. H\01\, 1998 , provides an assessment of different research and policy perspectives on population health and health promotion.

[10] Monica Townson, *Health and Wealth: How Social and Economic Factors Affect our Well Being*, Ottawa: CCPA, 1999

[11] Lisa F. Berkman and Ichiro Kawachi, *Social Epidemiology*, New York: Oxford University Press, 2000. p.8-9

[12] Projects determined who would be included in providing information in the information gathering process and selected project participants for the gathering.

[13] Flo Frank and Anne Smith, *The Community Develoment Handbook: A Tool to Build Community Capacity*. Ottawa: Human Resources Development Canada , 1999. p.10.

[14] Social capital is defined as "those features of social structures—such as interpersonal trust and norms of reciprocity and mutual aid—which act as resources for individuals and facilitate collective action" by Ichiro Kawachi and Lisa Berkman, "Social Cohesion, Social Capital and Health" in Lisa F. Berkman and Ichiro Kawachi, *Social Epidemiology*, New York: Oxford University Press, 2000. pp.174-188

[15] G. Veenstra, "Social Capital and Health". In, *ISUMA, Canadian Journal of Policy Research*, Vol.2 , No 1, Spring 2001.p.75.

[16] Pierre-Gerlier Forest et al., *Issues in the Governance of Integrated Health Systems*, Ottawa: Canadian Health Services Research Foundation, Library Series, June 1999. P.8-9

Appendix

PROFILES OF PROJECTS

The following descriptions provide a brief summary of each of the eleven projects funded by the Population Health Fund and illustrate a number of the key elements of a population health approach implemented by each of the projects.

Childhood and Adolescence

Action For Food Security

Sponsor: Farm Folk/City Folk in conjunction with the Sustainable Agriculture Working Group of BC—Provincial in scope.

Overview

The overall goal of this project is to work with and increase the effectiveness of Health Canada's prenatal and early childhood funded projects in attaining long-term improvement in the health of pregnant women, young children and their families by laying the foundation for a local, long-term food supply. Most of the food-related work done by Pregnancy Outreach Programs (POP) addresses immediate access to food.

The main role of the project is to provide information, analysis and support to increase the capacity of participants in the prenatal programs to gain access to affordable, adequate, appropriate (to age, culture and physical needs), wholesome, safe and healthy foods at all times, ensuring a secure food supply for the long-term. To accomplish this, the project assisted many of the prenatal programs in communities across the province to form linkages with food security organizations in their local areas which include as members: farmers' markets, gleaning programs, good food box programs, community gardens and community kitchens.

In a number of situations, these prenatal nutrition programs developed their own food security programs. For example, in Nanaimo, the spouses of participants in the prenatal nutrition programs developed a community garden. In other situations the prenatal programs were instrumental in developing coalitions in their communities to address issues relating to a sustainable food supply.

Key Elements Of A Population Health Approach Implemented

This project regards a secure food system as a key determinant of population health. The project demonstrates the application of two key principles of the Population Health Fund—intersectoral collaboration and participation. The project involves a broad range of individuals and groups from many different sectors. It is facilitating relationships well beyond the health care sector with local farmers and food producers, people in the food business (grocers, distributors, restaurateurs), charitable feeding programs; self-help groups; and people in need of access to healthy food, especially pregnant women and families with young children.

The project demonstrates that to achieve food security for the individual, there must also be food security for the community. Food security work therefore takes on an element of community development as local sustainable sources of food are encouraged and poor and marginal segments of the population are given access to these and skills to make use of them.

Adolescent Health Status And Risk Behaviours: Determinants For Guiding A Youth Agenda For British Columbia

Sponsor: McCreary Centre Society, Vancouver

Overview

The McCreary Centre conducted a second provincial Adolescent Health Survey with over 25,000 BC students in grades 7–12 in 1998, as a follow up to a similar survey conducted in 1992. The McCreary Centre used Population Health funding to prepare a Provincial Highlights Report, a user friendly document of the 1998 survey results and to analyze and disseminate the results of this survey. These results were disseminated through a participatory process called "Next Step". A report and Next Step process were also developed specifically for the Aboriginal communities. A Next Step toolkit and a series of forums were conducted throughout the province, led by young people and engaging young people, families, communities and professionals to assess and share findings and identify priorities that would help initiate youth positive programs, services or policies at the provincial, regional and community levels. Over 500 youth and 100 adults participate in "Next Step" in 10 communities across the province and in 16 Aboriginal communities.

Key Elements Of A Population Health Approach Implemented

This project contributes to extending our knowledge and understanding of the determinants of health during the critical life stage of adolescence. Questions in the survey provide information on determinants of income and social status, social support networks, education, employment and working conditions, social environments; personal health practices and coping skills, culture, gender, biology and genetic endowment.

This project encouraged a wide involvement of diverse groups, youth, parents, community members and professionals. It reached out to a cross section of youth from diverse backgrounds, including aboriginal youth, who have traditionally been socially excluded or "marginalized". The Next Steps toolkit enabled youth to speak out and their voices to be heard by adults in their communities.

This project also demonstrates how research is used to move toward action. The research was used as a basis to organize youth, their families and communities to come together at the local level to share information, and identify priority actions/solutions to improve the health of youth. Preliminary results are evident in some communities. For example, in one community a Youth Committee was established by the Health Board to provide ongoing advice on youth health issues. In another community, discussions are underway to address access to reproductive health services for youth—a Safe Clinic.

Fetal Alcohol Syndrome (FAS) Prevention Project "Communicting Solutions"

Sponsor: Northern Family Health Society, Prince George, BC in cooperation with the Prince George FAS Community Collaborative Network

Overview:

The Prince George FAS Community Collaborative Network undertook to further develop and implement community solutions and policies to respond to Fetal Alcohol Syndrome. A key objective of this initiative is to develop a model or framework that would transfer knowledge for social action and a process that could be replicated in Community Action Program for Children (CAPC) and Canadian Pre-natal Nutrition Program (CPNP) networks and other communities in the province. The intent of this project is to assess the effectiveness of mentoring, sharing and transferring "lessons learned" and what works for FAS policy with other communities. The project has established formal relationships with Fort Nelson, Fort St. John, Dawson Creek, Chetwynd, Fort St. James, Burns Lake and Smithers. Mentoring is taking place through a website, telephone and visits with Prince George and among the communities. FAS networks are being established in these communities with a focus on accessing information, acquiring skills, and dialoguing on community solutions for FAS.

Key Elements Of A Population Health Approach Implemented

This project broadens how communities should view FAS—not in terms of individuals at risk, but as a collective community responsibility. It illustrates how a wide range of determinants impact FAS situations such as: social /emotional factors (self-esteem and social competencies) and economic circumstances (homelessness). It looks at the "root causes" of the problem, i.e., why women are involved in substance abuse, and emphasizes the need to foster supportive environments.

This project places importance on intersectoral community participation. The participants believe that involving a wide range of players from different sectors will lead to a better understanding of FAS issues and to the input required for successful implementation of solutions. What we learn from this project is that involving diverse groups in accepting a broader view of FAS necessitates a shift in attitude. It requires a social marketing strategy to raise awareness and change attitudes that will lead to a change in behaviour.

This project has also used participatory action research, research by women that have lived the experience of addictions, pregnancy, FAS and related issues and who share testimonials of what has worked for them in harm reduction and recovery. The women are not only the source of the research, they are also the researchers. They are identifying their own research directions, training needs and plan for action. They are exploring solutions and sharing this information with the FAS Community Collaborative Network and others for the purpose of developing policy aimed at preventing FAS.

Home Instruction Program For Preshcool Younsters (HIPPY)

Sponsor: Simon Fraser University, Vancouver—partners include Britannia Community Services Centre and National Council of Jewish Women in Canada

Overview

The idea behind HIPPY is that home instruction effectively improves learning patterns of young children. It is designed to meet the school readiness needs of many families living in poverty whose children may enter the school system as children at risk. The objectives of the program include: support parents as the child's first educator and improve child/parent interaction; improve the academic performance of HIPPY children in comparison to similarly situated students; reduce social isolation and foster parent involvement in the community; provide jobs and training to parents who typically experience multiple employment barriers; facilitate the active participation of multicultural families; and contribute to the development of strong active communities.

Five home visitors are employed per year from diverse communities such as the African, Latin American, Vietnamese, and Aboriginal communities. Each part-time home visitor works with ten to twelve families over the year, on a one-to-one basis in their home, and on average, one hour per week. Parents contract to work with their children fifteen minutes per day. The program also provides opportunities for parents to be brought together at the community level for enrichment activities.

Key Elements Of A Population Health Approach Implemented

The HIPPY project is based on a broad view of health, and the acknowledgement that key determinants of health include education, social support networks, and socio-economic factors. It recognizes the importance of people working together in the community to improve the health of their children and that parents play a key role in this process. Making children school ready makes for healthier children and a healthier population. This project provides a voice for lower socio-economic parents from diverse cultural backgrounds who are often marginalized in their communities.

Spotlight On Children And Youth Campaign: A BC Child And Youth Agenda

Sponsor: First Call—BC Child and Youth Advocacy Coalition, Vancouver—Provincial in scope

Overview

First Call used Population Health Funding to finalize its Child and Youth Agenda. The agenda addresses *Four Keys to Success*: a strong commitment to early childhood development; successful transition from childhood to adolescence; reduced economic inequality; and safe and caring communities. The project implemented a communication strategy to increase public and political awareness for the *Four Keys to Success*. It supported mobilization on the *Four Keys to Success* in 21 communities throughout the province, with 8 sites receiving funding to assist them in their efforts. The project offered training at a provincial workshop. It has conducted a review on progress made, documenting government policy changes and community actions that have had an impact on each of the *Four Keys to Success*. A volunteer facilitator's kit on *the Four Keys to Success* is being completed with training sessions being organized for volunteers.

Key Elements Of A Population Health Approach Implemented

The *Four Keys to Success* are embedded in the determinants of health and the Action Agenda developed promotes the collaboration amongst these determinants. For example, this project promotes the importance of social support networks, education, employment and working conditions and social environments as key determinants of healthy children and youth. It also illustrates that the determinants of health are interrelated. The project advocates for improved economic equality that will lead to safer and more caring communities, which positively impacts the growth and development of children and youth. Similarly, it advocates for infants to be supported to develop to their full potential, so they become more healthy and productive adults who contibute to developing stronger communities and economies.

The First Call Coalition and the community mobilization activities it has undertaken reflect a broad intersectoral approach involving many groups outside of the health care area and across government, voluntary and business sectors. First Call also utilizes research to guide its advocacy activities and promote change. It has utilized a community development approach to mobilize communities and it has made efforts to increase the capacity of communities to advocate by providing them with information, support, resource materials, and opportunities for communication and networking. The fact that local mobilization was connected to a provincial presence (First Call), helped create a critical mass, raise the profile, and gave credibility and a stronger mandate to what local communities had been doing all along.

Windows Of Opportunity—Phase 1 Preparing For Action

Sponsor: Windows of Opportunity Coalition, Vancouver

Overview

The aim of Windows of Opportunity is to foster a collective sense of responsibility by all citizens of Vancouver to work together to: support families; promote healthy newborns; promote health early child development /learning and increase school readiness; promote healthy child and youth development and success in school; support families to stay connected and in times of transition; and to build safe and caring communities.

This project engaged the broader community, including youth, families and service providers in a consultation and planning process that culminated in the development of six detailed network plans and a city-wide "prevention oriented" child and youth action plan.

Key Elements Of A Population Health Approach Implemented

Windows of Opportunity acknowledges the importance of the various determinants of health impacting the health of children and youth and of communities. Recognizing that child health outcomes are linked to income and social status, which in turn is linked to housing options and to the geographic areas of the city families live in, this project organized itself by geographical networks, working within these neighborhoods to identify issues and unique solutions.

This project respected and implemented two key principles of the Population Health Fund: promoting participation and inter-sectoral collaboration. The Windows of Opportunity Coalition itself has representation from local neighborhoods, community and municipal/regional levels. It collaborated across the health, social services, education and employment sectors. It also promoted a wide participation of representatives from across government, business, the voluntary sector, ethno-cultural and aboriginal communities as well as families, youth, parents and individuals. The project's extensive grassroots consultation process is an essential element in implementing a population health approach. It is seen as critical for creating a collective voice and force to promote the well-being of children, families and communities in Vancouver and effect any significant change.

Early To Mid Adulthood

Collaboration On Work-life

Sponsor: BC Council for Families, Vancouver.

Overview

The main goal of this project was to enable a project team of three to support and enhance the long-term sustainability of a *Collaboration on Work-Life* model in Vancouver. The objectives of the project included developing collaborative initiatives with employers related to ensuring supportive work/life environments and inviting them to enter cost sharing arrangements. The project also developed information sharing relationships with people involved in similar initiatives in Canada and internationally.

Key Elements Of A Population Health Approach Implemented

The project was designed to improve the health status of employees and their families through promoting healthy employment and work conditions—a key indicator of health.

Intersectoral collaboration was fundamental to the model used and was achieved through the development of partnerships and relationships between the business, labour, community and public sectors. The project was successful in designing and implementing a series of activities on which it collaborated with employers from industry, labour and large non-profits. The activities included information sharing, the development of a web site, and ensuring the continuing development of a new model through a formative evaluation process.

The partnerships created with employers resulted in, among other things, the coordination of the sharing of an emergency childcare space and the sharing of information through a website.

Organizational Capacity Development

Sponsor: Vancouver HIV /AIDS Care Coordinating Committee (VHACCC)

Overview

The purpose of this project was to increase the organizational capacity of the approximately fifty member agencies of the VHACCC in preparation for implementing a new strategic plan. The new plan reflected a population health approach and was designed to address the spread of the HIV/AIDS epidemic in low income and extremely vulnerable sectors of the population in the Downtown Eastside of Vancouver.

An assessment of organizational capacity was conducted that identified four areas in which introductory level skill-building needed to occur: 1) outcome based evaluation, 2) data collection and analysis, 3) utilization of data in planning and program policy development, and 4) intersectoral partnership building. Between April 2000 to March 2001, four capacity-building workshops were held.

Key Elements Of A Population Health Approach Implemented

The project's overall objective of increasing organizational capacity to better address the needs of a vulnerable sector of the population closely reflects the goals of the Health Canada population health approach. Being marginalized or socially excluded and in poverty are key determinants of health.

Research was conducted and data were collected and analyzed to provide evidence that would support decisions about programs as well as for the purposes of advocacy.

Squamish Communities That Care

Sponsor: Squamish Healthy Communities Committee

Overview:

In order to better address adolescent health and behavioral problems, the Squamish Healthy Communities Committee decided in November 1998 to adopt a prevention program or model designed by the Seattle-based Development Research and Programs Inc.

The major health and behavioural problems facing youth in Squamish were identified as: substance abuse, unintended pregnancy, school non-success, delinquency and violence.

The Seattle program, described in a set of four manuals, sets out three phases for a "social development strategy". The strategy is designed to involve communities in a collective, interagency approach to prevention and to the promotion of a healthy community. The three staged phases in the strategy involve: 1) introducing the model's "risk and protective factors approach" and educating and mobilizing members of the community; 2) building a picture of the resources and risk factors for youth in the community; 3) planning and implementing promising approaches. The Health Canada population health year funding obtained in March 2000 enabled the *Communities that Care* project to complete phase 1 and move into phase 2 of the model.

Key Elements of a Population Health Approach Implemented

The project contributes to knowledge on developing and implementing strategies for mobilizing a rural community to address major health and behavioral issues facing diverse groups of teens in a rural area of BC. Addressing the developmental needs of children and youth are a key focus of the population health life cycle approach.

By involving different sectors of the community in a number of structured committees and subcommittees, and building on existing structures, the project has worked to ensure community participation and intersectoral involvement, fundamental principles of the approach.

A number of determinants of health are addressed as the level of risk of socio-economic and ethno-cultural groups within the community becomes more specifically identified. At the next stage of implementation of the model the community's resources are to be assessed and mobilized to address the issues.

Two professors from Vancouver and Victoria provided capacity building workshops for committee members to increase their understanding of population health theory and practice.

Later Life Stage

Adult Injury Resource Network

Sponsor: University of Victoria—Provincial Project

Overview

The goal of this project was to strengthen the capacity of people involved in planning and delivering programs for seniors and persons with disabilities to plan and deliver injury prevention programs throughout BC. The main strategy developed to accomplish this goal was the formation of the Adult Injury Management Network or AIMNet, a coalition of people working at the academic, community and provincial level on the prevention of adult injuries. Researchers at the University of Victoria School of Nursing provided leadership, coordination and support.

The main tool developed for communicating and sharing information between participants was a web page. Participants also benefited from face to face communication at workshops and steering committee meetings. The project kept community participants aware of the "big picture" and reduced their professional isolation. Those working at the policy level got a better understanding of the work being done on the front lines.

Researchers began to develop a tool for the systematic collection of data on falls that was expected to help to establish the impact of the programs.

Key Elements Of A Population Health Approach Implemented

Intersectoral collaboration was a fundamental element of the strategy to reduce falls. Collaborations included the involvement of people from different professions such as architects, planners and physicians and representatives from government agencies.

Communication technology was used to enable project participants from areas outside Victoria to be involved. A social support network was established and project participants, in rural areas in particular, experienced reduced feelings of social and work isolation. Project participants felt they were able to increase their work effectiveness and as a result had improved interactions with superiors and colleagues.

The project also increased the awareness of partners of the necessity to modify the physical environment to prevent falls.