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Population Health Santé de la Population

Taking Action on Population Health

*A Position Paper
for
Health Promotion
and
Programs Branch
Staff*

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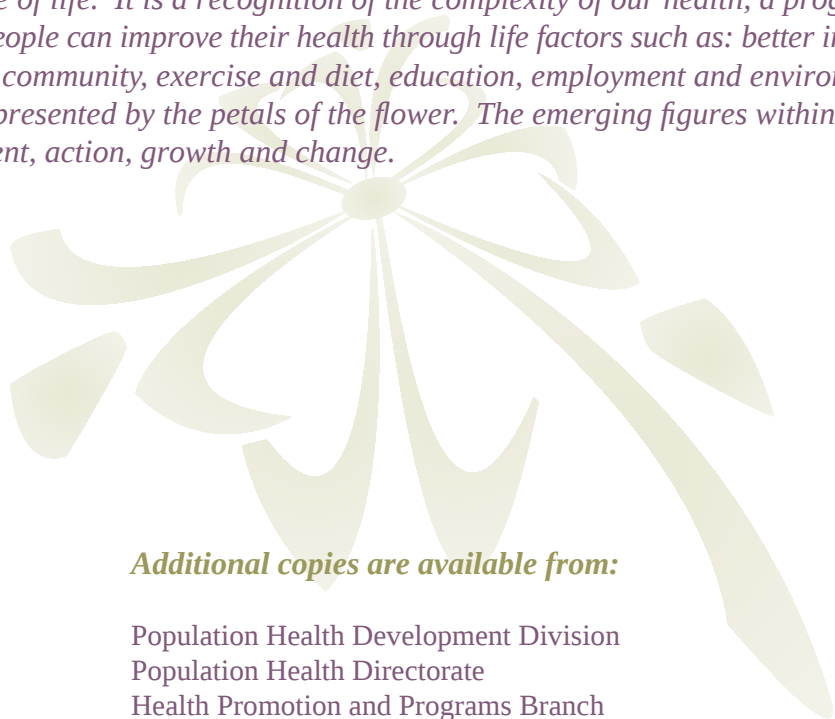
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Our mission is to help the people of Canada maintain and improve their health.

Health Canada

About The Population Health Approach “Look And Feel”

The underlying flower concept gives the feeling of growth and renewal. The flower is living and will have a cycle of life. It is a recognition of the complexity of our health, a progressive view of how everyday people can improve their health through life factors such as: better interrelationships with family and community, exercise and diet, education, employment and environment. These elements are represented by the petals of the flower. The emerging figures within the art work express movement, action, growth and change.



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La santé de la population : une action concrète



To All Staff of the Health Promotions and Programs Branch

The population health approach is positioned within Health Canada as a unifying force for the entire spectrum of health system interventions — from prevention and promotion to health protection, diagnosis, treatment and care — and integrates and balances action between them. It is integral to the Department's overall mission of improving the health of all Canadians.

The Health Promotion and Programs Branch (HPPB) is the departmental lead for the Promotion of the Population Health Business Line which cuts across all Branches and therefore all sectors. By bringing Branches and other organizations together as partners, many health issues can be addressed that go beyond the previous scope of anyone organization.

While HPPB has been increasingly using the population health concept, it is now time to consolidate our position and to use these concepts to shape our knowledge and our work in and outside the Branch and the department.

I would like to encourage you to apply the concepts of *Taking Action on Population Health*. It was developed as an internal paper for HPPB and has been approved by the Branch Executive Committee as a position paper for all staff.

While the future of the population health approach is not clearly laid out for us, we are prepared for the journey. Much of the knowledge and expertise already exists. We must use them in a way that will make a real difference — a lasting positive influence on the health of Canadians.

Ian Potter
Assistant Deputy Minister
Health Promotion and Programs Branch

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Acknowledgment

Taking Action on Population Health was prepared by the Major Projects Directorate as a resource for the Health Promotion and Programs Branch (HPPB). The paper reflects the ideas and contributions of many people. Ideas were drawn from the writings of Beverly Nickoloff, Diane McAmmond, Paula Stewart and Sandra Jones. Glenn Irwin, Heather Fraser, Anne Malo and Lisa Hrynuik of Major Projects Directorate added their thoughts and facilitated the process. Valuable comments were provided by David Hoe, Michel Boyer, Heidi Liepold, Nancy Garrard and Louise Plouffe, among others. As well, the feedback provided by participants in a series of pilot workshops within the Health Promotion and Programs Branch was extremely helpful. Their efforts and ideas are gratefully acknowledged.

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I Context and Background

Provides a working definition and examples of the “population health approach”, and outlines the evolution of the concept and the potential it holds for improving the health of Canadians.

I Context and Background

Purpose of the Paper

The purpose of this paper is to provide the staff of the Health Promotion and Programs Branch (HPPB) with a better understanding of what the adoption of a population health approach will mean to their work. Initially developed to serve as a basis for discussion at a series of Branch workshops on population health, the paper will also provide a resource for Branch staff as they become involved in further developments of the population health approach.

We recognize that many Branch staff members have already devoted a great deal of time to developing an understanding of population health concepts, and are already putting some into practice. Our aim is to continue using the underlying concepts of the population health approach and to make it an integral part of “the way we do work around here.” While the jobs themselves will not change, the way we do them may change. The changes in our approach are part of a broader “business transformation” across the entire department. The new approach must be thought, learned, adopted, applied and strengthened through the “doing.”

Taking Action on Population Health presents an overview of the population health approach. It includes a working definition of the approach, and reviews its evolution and its links to health promotion. The paper also describes the key implications of the approach for the way Health Canada, and specifically HPPB, carries out its work. Finally, the paper identifies some of the challenges the Branch and others will face in taking action on population health — as well as some opportunities for moving forward towards widespread participation.

Of course, the work done by each of us in the Branch will not create all of the changes necessary for the population health approach. Other strategies are being employed to integrate the approach into broader Health Canada activities,

to inform Canadians about both the approach and population health initiatives, and to ensure that the population health approach is considered and included in the broader federal political agenda to position population health as the new vision for health in the next century. This multi-level approach is aimed at securing understanding, commitment and action within government and beyond.

HPPB will play a key role in this broader effort through its leadership in promoting the population health approach and through its role in coordinating national population health strategies.

What is a Population Health Approach?

The overall goal of a population health approach is to maintain and improve the health of the entire population and to reduce inequalities in health between population groups.

There is strong evidence indicating that factors outside the health care system significantly affect health. These “determinants of health” include income and social status, social support networks, education, employment and working conditions, physical environments, social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture.

In a population health approach, the entire range of known (i.e., evidence-based) individual and collective factors and conditions that determine population health status — and the interactions among them — are taken into account in planning action to improve health.



While the definition of a population health approach is still evolving, a number of important attributes have been identified. A population health approach:

- is a **conceptual framework for thinking about health**. It can help us identify the factors that influence health, analyse them and assess their relative importance in determining health. Our decisions on what and where investments should be made will be guided by a single, cohesive framework.
- includes **decisions** (about priorities, investments, or policy change, for example) that **are guided by a consideration of the evidence** about the relative contribution to population health status of multiple health determinants and their interactions.
- is also a **framework for taking action**, through policies, programs and services, on health issues in a population in ways that consider and respond to multiple determinants.
- involves **actions** primarily **targeted at the societal, community, structural or system level** which are necessary in order to have an impact on health status at the population or group level.
- requires **collaboration between multiple sectors** (e.g., government, business and voluntary organizations) in the field on health, environment, transportation and so on. Because most health determinants lie in sectors other than health, their involvement is essential. By the same token, because the focus is on health status, the health sector may take the lead. Multi-sectoral analysis and decision-making characterize a population health approach.

A population health approach has the potential for making a significant contribution to improving health and reducing health inequalities, and to helping integrate policy and action on health services with policy and action on other determinants.

For purposes of federal action, a population health approach aims to ensure that investments (e.g., infrastructure, policies, programs, services,

The Population Health Way

How does using a population health approach really differ from the way we work now? The differences can be subtle for some, and more dramatic for others. While much work needs to be done by the Branch and others to articulate these differences, following are some examples that help to “show the way.”

- Health Canada's support will be at levels other than the individual level. A holistic plan of care for an individual (taking into account the person's physical, social, psychological, economic and spiritual needs) does not constitute a population health approach. On the other hand, planning a service system that would have the capacity to deliver the holistic care plan to a population (or population sub-group) is a population health approach.
- on its own, studying and reporting on the health status of children (or another “life stage group”) is not a population health approach. However, applying an evidence-based, collaborative process for intervening on multiple determinants (e.g., income, environmental factors) to address the health status issues being studied is a population health approach, and even more so if linked to action and evaluation. Reporting on progress and accountability would need to be included in the approach as well.
- using evidence-based planning and delivery of health services on its own is not a population health approach. Including it as part of a broader effort that considers the relationship of health services to interventions on other determinants (e.g., social support) constitutes a population health approach.
- researching the determinants of health and their interactions is essential, but is not (on its own) a population health approach. Integration of the results into a population health “framework” (which encompasses all or many of the determinants of health), and identifying and applying intersectoral action on the results would constitute a population health approach.

Taking Action

A diverse group, including community members and three levels of government, is collaborating to address the HIV epidemic among injection drug users in Vancouver's downtown east side.

The partners are developing a model which integrates primary care into the broader health system. They are exploring conditions such as poverty, lack of safe and affordable housing, social isolation, criminalization of drug addiction, marginalization of injection drug users, lack of supported training/employment and lack of access to appropriate and integrated health and social support services.

As part of its contribution, Health Canada is supporting the development of a 24-hour resource center that will provide a safe and supportive environment to assist people in meeting their basic needs, normalizing their lives, supporting themselves and their community, learning basic skills, receiving information on HIV/AIDS and linking with existing programs and services.

A federal interdepartmental coordinating committee is developing an agreement between three levels of government to support long-term and sustainable economic development for the area, with a particular focus on housing and employment issues.

research, education) will have the greatest positive impact on the health of people and communities in which they live.

Entry Points to Health

Health can be approached from many different perspectives and health concerns can manifest themselves in a wide variety of ways. None of these “entry points” is unique to the population health approach and all are valid places to begin in considering health and interventions to improve health. An essential feature of the population health approach is understanding health in terms of its broad determinants. Because determinants interact, pursuing a population health approach beginning with any given entry point will typically lead to consideration of an array of inter-related perspectives and concerns, many of which could equally well have served as the entry point. Entry points include:

- demographic groups (e.g., children, women, Aboriginal peoples, persons with low income);
- diseases or causes of death (e.g., AIDS, cancer, influenza, heart disease, diabetes);
- hazards to health (e.g., radiation, contaminated water, unsafe products, environmental tobacco smoke, violence);
- settings (e.g., homes, schools, workplaces, municipalities, recreational facilities);
- behaviours/lifestyle (e.g., tobacco use, alcohol or drug abuse, nutrition, exercise); and
- determinants of health (e.g., income and social status, education, employment and working conditions, social support).



Table A:
Possible Starting Points for a Population Health Approach

Entry Point	Populations (examples)
AIDS	IV drug users, men who have sex with men
environmental tobacco smoke	children of smokers, bar workers
schools	students
tobacco use	young women, Aboriginal peoples
social support	seniors living alone, street youth

As **Table A**, above, demonstrates, regardless of the entry point chosen, it is always possible to identify one or more population groups that are of particular concern.

A population health approach goes beyond acknowledging that it is always possible to identify one or more population groups for a given entry point. An understanding of the populations experiencing a particular health concern or problem is crucial to understanding that health problem, and, in turn, to assessing possible interventions. In other words, whatever the entry point, selecting the best mix of interventions (e.g., programs, policy, education, research) at the appropriate levels (e.g., individual, family, community, regional, national, international) requires a thorough understanding of the health concern and the populations that are affected.

A Look Back

One of the ultimate goals of Canadian society is to improve the health of its members. Prior to the 1970s, the focus was principally on individuals and the health of the population was directly linked to medical science. As the limits of such an approach became clear, the concept of population health has grown from the strong roots established through work in the fields of public health, community health and health promotion.

Health Promotion — A Turning Point

Health Canada has played a leading role in the development of a comprehensive understanding of health for more than 20 years. Since the early 1970s, Canada has gained international renown for its work in the area of health promotion. This

Health Promotion and Population Health

Health promotion has long been recognized as a way of taking action on the social, physical, economic and political factors that affect health. It has emphasized the need to work with other sectors to ensure that the collective policy environment becomes one that supports health.

A process for enabling people to take control over and improve their health, health promotion includes five key strategies: building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services. These strategies were extremely successful at the individual level (in promoting self-care) and at the community level (in promoting mutual aid in the context of the family, the neighborhood, the voluntary sector or the self-help group). However, despite well-documented successes in two of the five key strategic areas, the remaining three strategies — building healthy public policy, creating supportive social environments and reorienting health services — have proven more difficult to achieve. These strategies will benefit significantly from the population health's systematic approach to responding to new evidence on the role played by the broad range of social, economic and environmental determinants in improving overall health.

reputation relates to the development of a number of important initiatives, including community action programs for health promotion, health advocacy and healthy public policy.

The release of the highly acclaimed Lalonde report, *A New Perspective on the Health of Canadians* (1974), was a turning point in broadening Canadians' understanding of the factors that contribute to health as well as the role of the government in promoting the health of the

Population Health and the Civil Society

The population health approach is consistent with the notion of civil society as it directs our attention to the quality of social interaction both within the community and in the larger society. At the local community (micro) level, groups and organizations need to play an important leadership role in tackling social issues such as crime and poverty. Institutions and groups that encourage social inclusion, citizen engagement and social cohesion improve the capacity of communities to work together for the common good.

For each of the many different systems and settings that make up the micro-level communities, there are corresponding mezzo and macro systems. It is at the broader, macro level that collaboration must occur to put health on the collective agenda, at the same time fostering changes through the development and evaluation of intervention models at the other levels.

At the broader level, a civil society increases the capacity of its members to build a caring and mutually responsible society. Population health addresses this macro context through healthy public policies which have the goal of increasing social cohesion and quality of life.

population. The report, which identified human biology, environment, lifestyle and health care organizations as the four principal elements affecting health, was a catalyst for changes in government policies on the health of the population (e.g., seat belt legislation) and shifted the focus to issues related to individual lifestyles (e.g., exercise, diet, smoking).

By the mid-1980s, there was growing recognition of the limitations of many health promotion efforts. It was argued that the health and behavior of people were also determined by conditions such as income, employment, social status, housing and environmental factors. The emerging focus on these non-medical determinants of health, and the release of *Achieving Health for All* (1986) which added social justice and equity to the mix and the *Ottawa Charter for Health Promotion* (1986), began to shift attention to the societal (population) level — beyond factors that were within the immediate control of individuals, professionals and communities.

Through a Wider Lens

In the early 1990s, population health researchers began to publish findings and to articulate a model of the determinants of health that provided additional evidence for many of the fundamental principles and activities initiated by the health promotion agendas in many government and health policy circles. Thus the current population health agenda includes important elements from the field of health promotion, including some of the key directions for health improvement from *Achieving Health for All* (i.e., reducing inequalities in health, strengthening community health services and fostering healthy public policy) as well as earlier milestones that encouraged Canadians to think differently about the processes underlying health.

In 1994, the population health approach was officially endorsed by the Federal/Provincial/Territorial Ministers of Health in the report *Strategies for Population Health: Investing in the Health of Canadians*. The report summarized what is known about the broad determinants of health and articulated a framework to guide the



development of policies and strategies to improve population health.

If the Department is to successfully continue on the course it set out for itself almost 25 years ago — aimed at improving the health of the whole population and reducing disparities — it must embrace the population health approach as a new way of doing business.

What is the Potential of a Population Health Approach?

Population health strategies hold enormous potential. Such strategies are effective because they recognize and address the complexity of the individual determinants of health and the interaction between them. At the same time, population health addresses health issues along the entire health continuum, from prevention and promotion to health protection, diagnosis, treatment and care, and integrates and balances action between them. As a result, a broad range of partners can be effectively engaged in action on health issues, many of which no single jurisdiction or sector could tackle on its own. In short, multiple strategies are used in multiple settings, systems, and sectors.

A population health approach should result in dividends at many levels, including integrating and breaking down barriers in the health system, engaging partners from other sectors, informing decision-making on health, promoting increased growth and productivity of the nation, and strengthening social cohesion and citizen engagement. The approach offers a carefully thought out framework aimed at contributing to broad federal objectives. The framework's focus on the broader determinants of health is consistent with current federal policy priorities including environmental stewardship, a supportive society, expanding opportunities for Aboriginal peoples and safe communities.

The adoption of this approach as a framework for reorienting the work of Health Canada provides a mechanism for the Department to:

- address the various conditions of risk that affect health as well as some of the persistent inequalities that exist in the health status of the population;
- maximize the impact of resources dedicated to population health activities by intensifying efforts on those determinants of health that lie outside the control of the traditional health sector and, through this intersectoral approach, bring the actions of a broader range of sectors into the mix;
- strengthen its capacity to improve the health of Canadians in two ways: by building internal flexibility that will permit timely and integrated responses to priority issues within an overall framework; and by making sound investments to better link decision-making and resource utilization to an evidence base and to health outcomes;
- respond to new evidence on the role played by the broader range of social, economic and environmental determinants in improving overall population health;
- demonstrate the Department's leadership role as a steward of resources that supports health through effective policy making, as well as investment in, and brokering of, knowledge; and
- provide an opportunity to build on Health Canada's strengths and achievements, particularly related to its work in the areas of health promotion, protection and disease prevention.



II Guiding Principles

Outlines eight core principles that reflect the beliefs and values underlying the population health approach adopted by Health Canada. These will serve as guideposts for discussion and action.

Taking Action

Environment Canada, Health Canada, other federal and provincial departments and non-governmental organizations have joined forces to achieve healthy, productive and sustainable ecosystems and communities in British Columbia's Georgia Basin.

The Georgia Basin Ecosystem Initiative is an evolving action plan designed to enhance coordination and collaboration among stakeholders for achieving measurable improvements in conditions affecting human health and sustainable environments. The Initiative addresses the intersection between the environment, health, economic development and population growth at both macro and micro levels.

II Guiding Principles

The underlying principles of a population health approach draw from past experience and also point to new directions. These principles reflect the values and beliefs underlying the population health approach. They serve as a reference for setting priorities and as a basis from which we can plan and evaluate health initiatives. In essence, the principles shape the lens through which we analyze health issues and design our interventions.

1. Health is a Capacity, a Resource for Everyday Living

Our thinking about how health is defined has shifted. The notion of health as a positive concept, signifying more than the absence of disease, led initially to identifying it as a state of complete physical, mental and social well-being. However, making health synonymous with well-being, human development and quality of life confused health with its determinants and made it unmeasurable as the outcome of action addressing those determinants. Moreover, it became impossible to talk about the contribution of health to social well-being and quality of life — yet their relationship should be seen as reciprocal and (potentially) mutually reinforcing.

The population health approach recognizes that health is a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one's goals, to acquire skills and education, and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. The best articulation of this concept of health is “the capacity of people to adapt to, respond to, or control life's challenges and changes”¹ (Frankish *et al.*, 1996).

¹ Frankish, C.J. *et al.*, Health Impact Assessment as a Tool for Population Health Promotion and Public Policy (Vancouver, Institute of Health Promotion Research, University of British Columbia: 1996) 6.



2. The Determinants of Health are Addressed Recognizing That They are Complex and Inter-Related

“Determinants of health” is the collective label given to the factors and conditions that research has shown to influence health status. These are currently identified as income and social status, social support networks, education, employment and working conditions, social environments, physical environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture. This list is likely to evolve as knowledge in the area grows.

The determinants do not exist in isolation from each other, but rather function in an intricate web. A population health approach considers the interconnectiveness of determinants and mediating factors and their influences on health. For this reason, using a population health approach means establishing strong links with other sectors and influencing them to take action that would also contribute to the community’s health.

Ask yourself...

What is the issue of concern and what are its immediate “causes?” Have I considered the big picture to get at the roots of the problem? Does my intervention address underlying causes?

3. The Focus is Upstream

A population health approach is rooted in the notion that the earlier in the “causal stream” that one acts, the greater the potential benefits for health status. For a particular health issue in a population, an upstream approach to intervention can be applied along the entire spectrum of health action — from promotion,

prevention and protection, through to treatment, rehabilitation and other care that will have a positive impact on health.

Ideally, the present health status of a population is analyzed and future health scenarios are developed as the basis for setting goals or targets to improve healthy outcomes for the entire population. Indicators of health status, as opposed to disease status, are needed for all the determinants of health. Changes in the rates or proportions in the population with improved health status can be measured and correlations made between these improvements and changes in the determinants of health for the defined populations.

The key is to identify what strategies or interventions will have the greatest “upstream” impacts. To do this requires the foresight to know what is likely to determine health in the future, over both the short and long-term, and to invest now in ways that will reduce either the probability that a given health problem will occur, or that it will be further aggravated. A second, equally important stage is to decide what types of strategies to employ, who should employ them, to whom they will be directed, and when they will be implemented in order to best contribute to the desired health outcome.

Ask yourself...

Is my policy, program, service, etc. preventive? Will it help maintain or improve group health or quality of life or reduce known hazards? Does my intervention reflect what I found out about the problem's root cause(s)? Where on the health continuum have I invested/concentrated my resources and what was my rationale? How will my intervention(s) maximize savings down the road, and what price tag can I put on those savings in human, social, economic or other terms? What other long term dividends may be expected?



4. Health is Everyone's Business

The population health approach recognizes that all Canadians have a responsibility to promote health and therefore seeks to engage citizens. Many of the determinants of health are outside of the control of the individuals who might be affected but can be influenced by groups or organizations. That is why all sectors need to consider the impact that their policies and programs will have on health problems. Because there are many forces influencing decisions in each sector, the community as a whole must challenge all players to be accountable and to accept responsibility for their part in contributing to the population's health through the development and support of healthy public policies.

Taking Action

The Health Issues Division of Health Canada is taking a population health approach to active living. The department is implementing strategies based on a model that includes both social and individual change, is evidence-based, and focuses on the factors and conditions which act to impede or facilitate active living. They are engaging the support of many agencies in areas as diverse as transportation, schools, and urban planning and are focussing, for example, on activities that are more culturally relevant, urban designs that encourage active transportation, the availability of green spaces and bike paths, street lighting and snow removal, policies for capacity-building, knowledge development and strategic leadership. The aim is to reach youth at risk, persons with disabilities, Aboriginal peoples and women.

Ask yourself...

How are community people involved in my initiative? Do they have genuine say in how things are done? How were they identified as potential contributors? Did they assist in framing the health issue? What was the intensity of their involvement? What is their accountability to the initiative and what is its accountability to them? How are they kept informed of developments and outcomes? How are access and participation facilitated?

5. Decisions are Based on Evidence

Health information databases are needed to ensure that relevant information is available to those who need it in a timely fashion. Currently, we have a tendency to collect disease and mortality data, not health data. While we can use this data in the interim, we need to define health and collect health data. Adopting a population health approach means using existing data and developing new sources — particularly on the determinants of health and on the effectiveness of interventions directed at the determinants. This calls for a greater capacity to include participatory research as a mechanism for collecting data. Much of the information we already collect will need to be drawn together for use in different ways than it may have been in the past.

Ask yourself...

How did I determine what action to take? What evidence did I have and use to justify the strategies selected? What were its sources? Was the evidence valid, reliable, relevant? Was the evidence extensive or fragmentary? Was there evidence against taking the course I chose and if so, why did I dismiss it? Am I documenting my intervention to add to the evidence base?

Although both quantitative and qualitative data are used to identify and evaluate goals and strategies, there has been an increasing emphasis on the use of qualitative data. Quantitative data allow us to estimate the magnitude and type of health issues in the population, and to identify health outcomes. Qualitative data add a richness and depth to quantitative data that is necessary to understand why health problems occur in the population and what strategies are needed to address them. Taking advantage of both types of data can assist in assessing needs, setting goals and priorities, assessing feasibility, selecting program development and implementation strategies, and determining quality assurance, impact assessment and evaluation measures.

6. Accountability for Health Outcomes is Increased

Politicians, bureaucrats and organizations at all levels are increasingly called upon to be transparent, open to comment and scrutiny, and accountable for the short- and long-term impact of their decisions. The desired outcome of our work depends on the role that we are fulfilling and how we are working, whom we are working with and what we are working on. If we are the intermediary or the facilitator and catalyst, then our desired outcomes are different than if we are the program deliverer.

The population health approach calls for an increased focus on health outcomes (as opposed to inputs, processes and products) and on determining the degree of change that can actually be attributed to our work. This emphasis will have an impact on planning and goal-setting processes as well as on the choice of interventions or strategies employed. In making decisions on the best investment of



Ask yourself...

What are my expected outcomes and do they reflect a broad understanding of health? Are any indicators related to risk conditions? Are subjective as well as objective indicators included as well as quantitative and qualitative approaches to data collection? What standards/benchmarks are being used? Are comparisons being made to other groups, regions, countries, years? Is progress being measured towards some goal?

resources, strategies that have the potential to produce the *greatest* health gains will be given priority.

Outcome evaluation is essential in a population health approach. It examines long-term changes in both health and the determinants of health. These include changes in knowledge, awareness and behavior, shifts in social, economic and environmental conditions, as well as changes to public policy and health infrastructure. Outcome evaluation also seeks to measure reduction in health status inequities between population sub-groups. Longer-term outcome evaluation is essential to a comprehensive evaluation program, which also includes process evaluation (to determine whether a policy or program is meeting its goal and reaching its target population) and impact evaluation (to measure immediate results of a program or policy).

7. Management of Health Issues is Horizontal

Adopting a population health approach means moving away from a traditional top-down style towards a more horizontal management of health issues. This will involve encouraging all members and sectors of the community, including individuals, families, voluntary organizations, agencies, businesses, media, networks, service systems (e.g. education, social services, health, justice) and government, to work together towards common goals. One of Health Canada's responsibilities will be to lead by example, ensuring collaboration and communication among members of the Department as well as among partners in other departments.

Ask yourself...

Does my team reflect the issue's breadth? Is the necessary expertise and authority available from relevant sectors, disciplines, jurisdictions and levels of government? How are different team members involved? Besides the "population," where else has input come from? How are responsibilities shared or distributed? What are key structures, mechanisms, communication modes, processes?

Health promotion research has shown that community members are able to work effectively on their own to promote health and to respond to health problems. This community development work is at the grass roots level and horizontal, whereas the population health approach extends horizontal management to other levels, as well. Therefore, the actions of voluntary organizations and community groups are even more effective when undertaken in collaboration with health and social service professionals, and government policy-makers.

Because all systems within a population are inter-related, it is essential to co-ordinate the planning, development and implementation of related policies, programs and services that operate within the population. Effective communication systems need to exist within and between systems.

A population health approach involves a concerted effort by all partners to pool their resources and expertise, reduce duplication, and get the best return on investment. Promoting consideration of the health impacts of the programs and policies of other government departments in decision-making processes is key to reaping the health benefits of horizontal management.



8. Multiple Strategies, in Multiple Settings, in Multiple Systems and Sectors are Used

Initiatives for improving health are selected for their impact on the population as a whole. Identifying the “best” initiatives calls for analyzing and assessing the health needs of all segments of the population, selecting strategies tailored to the specific needs of each sub-group, and drawing them together into a comprehensive initiative. This broad approach allows for health disparities among sub-groups in the population to then be identified and addressed.

In a population health approach, strategies are directed at all levels (individuals, families, communities, sectors, systems or society) depending on what is needed to improve the health of the population. Some strategies are community-wide and affect all members of the population while others are targeted at a sub-group of the population. Not just strategies, but their combinations, must be analyzed to assess which one(s) will have the greatest impact on the health of the population. Consideration must also be given to the capacity to affect change, the resources available, the benefits of short-term versus long-term interventions and the impact of interventions.

A population health approach should facilitate analysis and decision-making about the relative contribution to health status of investments within the entire system. The analysis aims to identify the most appropriate mix of promotion, prevention, protection, care, and policy initiatives within the health sector in conjunction with interventions in other sectors (e.g., education, social services, industry,

transportation, finance and justice). For many health issues, HPPB will need to coordinate its efforts with other strategic areas, such as risk management and health policy, to develop the best overall approach.

Taking Action

The setting or system in which the population is found is a useful unit of analysis and locus of intervention that lets us address several determinants of health at once. The Comprehensive School Health Model (CSH) shows that systems or settings can be targeted at the macro, mezzo or micro level.

The CSH is a practical framework for action on health involving a broad spectrum of policies, programs, activities, and services that are a shared responsibility of students, teachers, administrators, community and government organizations, and which take place in schools and their surrounding communities. Partnerships are established at the school/neighbourhood, district/regional and provincial/territorial levels. In essence, it is people working together to create the social, cultural, political, economic and physical environments that provide opportunities for all young people to make healthy choices and enhance their own health and the health of their community.

Its essential feature is the connections made among all of its components so that instruction is linked to health services, is supported by health policies, programs and activities in schools and communities, and takes place in a healthy and safe physical environment.

Ask yourself...

What combinations of strategies are being used? Where are actions directed? What types of interventions are being used and at what intervention sites?

III Building the Population Health Approach into Our Work

Sets out how our work will be affected by widespread adoption of the population approach — including how we will develop understanding of the approach and its potential within the Branch, the Department and beyond, as well as the impact on our roles as a Branch.

III Building the Population Health Approach into Our Work

Implications for Action

Adoption of a population health approach has important implications for the way we work. Future success in health will hinge on our ability to balance investments across the health system and to address the major factors that determine the health of Canadians. It will depend on evidence based decision-making and meaningful involvement and participation of individuals, families, local groups and the broader community in the planning, policy, program development and implementation phases.

More specifically, adoption of a population health approach will require that Health Canada:

- promote new approaches to policy development that are based on a comprehensive range of complementary action strategies (e.g., healthy public policies, partnerships and collaboration, community development);
- support expansion of the evidence base (including quantitative as well as experiential or qualitative evidence) to identify priorities and interventions regarding risk factors and conditions;
- champion the use of the evidence base to identify priorities and interventions regarding risk conditions and factors and their interrelationships;
- emphasize activities that affect a wide range of risk factors and conditions where research on determinants suggests new opportunities for health policy and program initiatives;
- encourage community support and participation in the development of programs and policies and in their evaluation;
- promote research on key determinants and their interrelationships, and incorporate the findings into strategies and initiatives;
- encourage discussion, research and programs focusing on issues of equity in the context of population health, and develop initiatives that address these inequities;
- encourage the development of new systems of measurement (i.e. benchmarks, indicators) to monitor changes in population health status and progress made in adopting the population health approach;
- identify mechanisms for influencing the determinants of health in organizations and systems outside the health sector;
- become a catalyst for changing the health consequences focus across the government; and
- promote a long-term, sustained investment and commitment within Health Canada and other departments whose policies have an impact on the health of Canadians.

Taking Action

The Andrews Street Family Center is proving that building community capacity can result in true economic and social change.

Established as a partnership among the city, schools, businesses, social service agencies and Aboriginal groups, the Center provides health programming, information, training and employment opportunities. For example, a community kitchen was established to promote healthful eating, to teach families nutrition skills and as a training facility for catering services. Through a mentoring program, the Center is taking steps to ensure that staff positions will eventually be filled by local residents.

Building the Population Health Approach into Management of Health Issues

There are many accepted approaches to managing issues, including many of the health and social policy issues and programs that HPPB staff manage every day. The population health approach, while comprehensive, has inherent flexibility that will enable the Branch to incorporate the approach into each stage of the management process, from identifying problems and opportunities through to monitoring and evaluating initiatives. Building the population health approach into our work calls for us to:

- analyze health problems in terms of the determinants of health that give rise to them;
- reduce disparities in health among sub-populations while improving the overall level of health and well-being of the whole population;
- use the key determinants of health for an issue or population as the entry points for developing strategies;
- explore alternatives to individual intervention such as policy, program and practice strategies within sectors, systems and settings at the community, regional, provincial and national levels;
- as many key determinants of health for an issue lie outside Health Canada's mandate, determine ways of working with, or contributing to the work of, those with a mandate to intervene directly on the determinants in question; and
- develop, foster and support multi-sectoral partnerships and joint actions on multi-determinant issues and activities.

Table B, on the following page, sets out a broad approach to health issues management, highlighting elements and issues that need to be considered in a population health approach.

Table B:
Key Considerations in Managing Issues the “Population Health Way”

Steps in Issues Management	Population Health Considerations
1. Identifying problems or opportunities — <i>“What might we need to move on or respond to?”</i>	• Collect population health data • Analyze data considering wider range of risk factors and conditions, not just those that immediately present themselves
2. Defining the population health issues — <i>“What is the issue?”</i>	• Describe how the health issue is distributed in the population (time, place and person) • Identify: — determinants/causes of health issue — the risk factors/conditions for the population — how general health can be promoted — whether or not health problem can be prevented — needs of people/families with health problem • Assess capacity to change (within Health Canada, and with partners) • Identify need for taking action (and role of Health Canada and existing/potential partners)
3. Assessing significance — <i>“Is the issue significant enough to merit further work?”</i>	• Work with and consult stakeholders — draw on their knowledge and expertise • Analyze population health data
4. Analyzing existing intervention strategies and identifying options for additional/new strategies — <i>“Is the issue being addressed sufficiently and appropriately by existing strategies?”</i> and <i>“What alternative or additional strategies would be appropriate?”</i>	• Work with and consult stakeholders — effective population health depends on including perspectives from many disciplines and fields • Gather and assess information on the community's situation and strengths (individual, family, local community, provincial, national) • Review evidence of “what works” • Identify possible strategies such as health promotion, health protection, health care, and those based in non-health sectors • Consider strategies directed at individuals/family/ community and systems/sectors/society • Select strategies based on best possible impact on health of the population • Develop an evaluation framework for selected strategies to ensure effective evaluation of strategies and to contribute to a broader knowledge base
5. Implementing the interventions/strategies — <i>“How should they be implemented?”</i>	• Work with and consult stakeholders, recruit new partners if needed • Assess and change resource allocation as needed • Maintain on-going communication with partners/ stakeholders • Carry out an evaluation of activities and adjustment of strategies as needed
6. Monitoring and evaluating progress — <i>“Is the intervention adequately addressing the issue?”</i>	• Work with and consult stakeholders • Assess progress toward outcome objectives • Disseminate findings to expand the evidence base • As required, modify goals, outcomes, and strategies and recruit new partners

Roles

The population health approach is positioned in Health Canada as a unifying force for the entire spectrum of health system interventions — from prevention and promotion, to health protection, through to diagnosis, treatment and care — and also serves to integrate and balance action among interventions. The approach is integral to the Department's broader role in improving the health of Canadians. To be effective, the population health approach needs to be applied to decisions and actions across the Department. This is carried out by the Promotion of the Population Health Business Line — a line which cuts across all Branches and, ultimately, reaches all sectors with potential to make decisions that can affect health.

HPPB takes a lead role in ensuring that the Business Line involves all Departmental Branches in taking action on a range of health priorities. The Branch's major activities include research, policy and program development, support for community-based initiatives, public and professional education, as well as the encouragement of collaboration between governments and the voluntary sector, and information exchanges on issues that affect the health of populations.

In fact, the Branch plays three distinct yet related roles as leader in promoting the approach within and beyond the Department. Each of these roles is set out below — both the types of activities the Branch conducts, and illustrative examples of activities already undertaken by the Branch, are presented for each role.

1. Working with Canadians, Communities and Institutions on the Development of Resources and Tools which improve the Health Status of Canadians

The Branch conducts two main types of activities to fulfill this role:

Building community-based capacity —

The Branch facilitates the development of skills, expertise and infrastructure at the community level to enable citizens to improve their own health and

the overall health of their community. Successful initiatives undertaken by the Branch to build community capacity include: the AIDS Community Action Program (ACAP), Community Action Program for Children (CAPC), and the Canadian Prenatal Nutrition Program (CPNP).

Promoting research and development —

The Branch promotes co-operation between research institutions and other partners to influence health policy and program development (i.e., the Canadian Consortium for Health Promotion Research), and to provide input to departmental research priorities.

We do this by:

- developing and participating in broad partnerships that will support the capacity-building efforts of communities;
- supporting communities' use of knowledge and evidence to expand strategies and influence public policies and to collaborate across sectors to address the determinants of health (i.e., Canadian Action Plan for Children (CAPC), and AIDS Community Action Program (ACAP));
- using successful local action to create pressure to advance higher-level action (i.e., the Canadian Breast Cancer Initiative);
- encouraging the research community (i.e., the Canadian Consortium for Health Promotion Research), all levels of government and other partners to conduct research that:
 - improves our understanding of the determinants of health,
 - provides information essential to model or evaluation design, and
 - contributes to program and policy development;
- ensuring that research results are analyzed and interpreted for their policy relevance; and
- increasing the use of longitudinal studies on health across the life cycle to provide evidence on long-term health impacts and costs of public policy decisions (i.e., the National Children's Agenda).

III Building the Population Health Approach into Our Work

2. Providing Strategic National Leadership in Working to Address the Health of Specific Populations and on Key Health Issues

The Branch conducts two main types of activities to fulfill this role:

Facilitating policy analysis and development — The Branch participates in policy analysis and development by influencing government policy at all levels and by encouraging the exploration of policy alternatives. Examples include the National Tobacco Reduction Strategy and the National AIDS Strategy.

Developing and delivering programming — The Branch designs, develops and manages programming which supports health promotion and disease prevention.

We do this by:

- joint priority setting with levels of government and other sectors to influence health outcomes (i.e., the *National Consensus Report on*

Programmatic Guidelines for Cervical Cancer Screening, and the National Framework on Aging);

- providing a population health perspective in Departmental planning and policy-making processes (the primary role of the Promotion of Population Health Business Line);
- synthesizing research findings, trend data and input from consultations with stakeholders on issues that affect the health of Canadians, and promoting findings for use by policy-makers in Health Canada and other federal departments (i.e., the *Report on the Health of Canadians*);
- initiating or participating in consultations, conferences or round-tables to develop and analyze policy ideas in conjunction with other sectors (i.e., national round tables on seniors and medication; planning for the International Year of the Older Person; and understanding the broader determinants of healthy aging);
- ensuring population health principles and strategies are reflected in program design and delivery (i.e., HIV Action Plans Targeted at High-Priority Groups, and the Educational Initiative of the Tobacco Reduction Strategy); and
- involving a broad range of stakeholders within and beyond the health sector in developing program and evaluation models that will address the determinants of health (e.g., National Framework on Aging, FAS/FAE Initiative).

3. Promoting an Understanding of and Action on the Broad Determinants of Health Across All Sectors of Canadian Society

The Branch conducts four main types of activities to fulfill this role:

Facilitating intersectoral collaboration with a population health perspective — The Branch establishes linkages and partnerships with other federal departments, provincial/territorial and

municipal governments, First Nations, professional organizations, academic institutions, business, labor, and non-governmental organizations to take joint action on the determinants of health.

Examples include the National Cancer Strategy and the National HIV/AIDS Strategy.

Facilitating public education and communication on the determinants of health

— The Branch makes connections and provides resources and information to the public and stakeholders about health promotion and disease prevention issues and the Branch’s role and activities. Examples of initiatives in place to encourage this activity are the Canadian Health Network, the National HIV/AIDS Clearinghouse, and the National Family Violence Clearinghouse.

Increasing information synthesis and exchange

— The Branch works with key stakeholders, communities, networks and partners to build a common understanding that will support strategic action on the determinants of health (i.e., the production of the monograph *Cardiovascular Disease and Obesity in Canada*, and the development of the physical activity component of the five-year National Integration Strategy for Persons with Disabilities).

Educating professionals — The Branch develops and promotes educational initiatives aimed at professionals working in health and other sectors to increase their awareness of the population health approach and to encourage its use. This involves establishing and maintaining partnerships with key organizations and community groups to develop, implement and evaluate professional education material and activities.

We do this by:

- working to find common ground with other sectors and developing sustainable partnerships to take action on areas of mutual concern (i.e., the development of a framework for supporting self-care that led to the publication entitled *Supporting Self Care: the Contribution of Nurses and Physicians*);

- strengthening existing intersectoral and interjurisdictional collaborative mechanisms such as the Federal/Provincial/Territorial Advisory Committee on Population Health and the National Children’s Agenda, and creating new mechanisms where advantageous;
- promoting Branch success stories;
- collaborating with provinces/territories and other partners on educational activities (i.e., conferences, special events, workshops);
- mobilizing the public through awareness raising, information and education on the determinants of health and their impacts on populations and individuals;
- collecting, organizing and disseminating information from and to a variety of sectors;
- ensuring that information is accessible, credible and meaningful to the target group for whom it is intended; and
- supporting consensus conferences, information exchanges, and other vehicles (e.g., Web sites) to enhance the exchange of information. Branch examples include the Canadian Heart Health Datatrieve, Analysis of the Workplace Health System, HIV/AIDS Treatment Information Network, and Canadian Community Epidemiology Network on Drug Use (CCENDU).

IV Challenges and Opportunities for Taking Action

Presents some of the challenges — and corresponding opportunities — anticipated over the coming months and years. Depicts the broad “investment plan” or blueprint for taking action on six fronts — a work in progress that will evolve and grow as our experience increases.

IV Challenges and Opportunities for Taking Action

Challenges for the Branch, the Department, the System

There will continue to be challenges for Branch staff in implementing a population health approach. The population health approach is a comprehensive multi-sectoral concept. Staff will need to devote considerable effort to enriching the current understanding of the approach within the Branch, and contribute to building awareness and knowledge beyond the Department's boundaries. The process will be ongoing and iterative, as many of the required changes in thinking, planning and action call for system-wide change.

As we have already experienced through our health promotion efforts, it requires extra effort to consider the broader needs of the population as a whole, and to extend existing networks to respond to issues beyond "health." We need to put health on the agenda of other sectors and systems by linking to these other networks.

Perhaps the most exciting challenge for Health Canada, especially for the Health Promotion and Programs Branch, is to take a leadership role in an area that is still in development. This will mean actively seeking out opportunities to build the population health approach into existing activities, and into new plans. At the same time, it will mean drawing current and potential new partners into the process.

Challenges as Opportunities

Taking the lead does not mean acting alone. Many of the challenging tasks ahead are much "bigger" than the Branch and call for systemic changes that our Branch can support, but cannot change in isolation from the Department, the federal government, provincial and local governments, and the voluntary and private sectors.

In a collaborative approach, one organization's challenge can become another's opportunity. Some of the key opportunities which require effort beyond the Branch level include:

- ***improving the information base for health and its determinants, and facilitating access to health information*** — by definition, the population health approach calls for the analysis of information outside the traditional health-status indicators. For example, indicators related to income, employment and working conditions need to be considered in the allocation of resources aimed at improving the health of a population. Measurement of health at the population level requires extended data collection systems and collaboration with other sectors. The challenge in this area is to broaden the scope of evidence collection and to include multi-sectoral partners where determinants are a shared responsibility with other sectors. For example, measures of employment rates, social supports and community attributes are vital to a population health approach, as are data on the effectiveness of interventions and evaluation mechanisms. In many cases, these data are available and need to be made more accessible across all sectors involved. In other cases, new research approaches will be required to generate necessary information. Our task is to integrate and incorporate knowledge gained from empirical, sociological, community and other sources as we make choices and decisions.

- **aligning government structures to promote government-wide, integrated action on health** — many of the most important determinants of health involve policies and programs that lie outside the jurisdiction of Health Canada and the broader, traditional health system. The kinds of change called for by a population health approach will require significant changes in the way the federal government allocates resources and structures itself to share knowledge and responsibility.
- **cultivating and strengthening linkages between health and the broader government agenda** — while health is already a key item on the federal agenda, it is essential to ensure that health is more than a priority — it must be seen as a lever to achieving other government priorities, such as social cohesion, environmental and economic sustainability, public engagement, and social justice. By strengthening understanding of the inter-relationships between health and other policy issues, and ensuring that health is seen as integral to developing Canadian society, broader social and economic policies affecting Canadians can reflect and benefit from a population health approach.
- **resolving questions of dynamics and better organizing ourselves** — some current approaches in the Branch may be at cross-purposes with a “determinants” view of population health action. This is a source of tension for which some relief can come through greater interaction and agreement between groups in setting priorities and evaluating results. Challenges are created by pressures and decisions to focus on single-issue initiatives and in ways which reflect a disease-oriented and systemic response. Decisions on where to intervene in the causal chain and where to devote resources must be made. Although we still have single-issue responsibilities, we must also continue to use multi-determinant and multi-action strategies. We can then evaluate our progress by measuring success in affecting changes in our overall strategies through a population health approach.

Four Parallel Strategies

The Branch business transformation is one of four major initiatives being spearheaded by Health Canada, collectively aimed at addressing some of the challenges identified above. These initiatives, depicted below in **Figure A**, are aimed at:

- **connecting to the international community to position population health as the new vision for health in the next century** — this initiative will seek to draw current and potential new partners by fostering partnerships at the international level that result in health gains.
- **entrenching the population health approach in the broader federal agenda** — this initiative will seek to build understanding and support for the population health approach at the broader policy level in the federal system.
- **developing a broader awareness of the population health approach to Canadians and Canadian communities** — this initiative will seek to both inform people across the country about the nature and expected benefits of a population health approach.
- **changing the way HPPB does its work, by enhancing and adopting the Department’s population health approach** into all planning and implementation of both current and planned activities.

Figure A



A Blueprint for Action

The challenges and the corresponding strategies will be addressed through a long-term “investment plan” which has been drafted to guide and focus activity and other investment through a series of short-, medium-, and long-term outcomes that are aimed at ultimately improving health of individuals, families and the broader Canadian community (see “Blueprint” at the end of this section).

As with other aspects of the population health approach adopted by Health Canada, this blueprint is a work in progress. As we act on the blueprint, we will increase our capacity to take action on population health. At the same time, we will gain practical experience in applying a population health approach in our respective program areas. Critical reflection on that experience will be fed back into the appropriate components to further develop the blueprint.

Planning and action within the Branch (and, it is hoped, among other partners) will focus on six core components, each briefly described below.

- **Theory** — This component is focused on further development of the *theoretical framework* for population health which integrates the evidence, suggests useful policy and program interventions, and provides the knowledge base for developing tools for application. It should consolidate what we do know, identify what we still need to know, fill in the gaps, and advance to the level of more practical, applied knowledge. The theory component provides the theoretical and applied knowledge base for development of policy tools and initiatives (policy component), application models and tools to support intersectoral initiatives (mobilization component), and is expected to “feed” into the Marketing component.
- **Policy** — With a focus on stimulating and supporting application of the population health approach to the public policy process, the purpose is to increase the degree to which the public policy process is informed and influenced

by information about population health and its determinants, and takes into account the potential impacts on population health of policies in all sectors. The expected products of work on this component are initiatives and tools that will inform policy decision-makers and assist them with priority setting and accountability (e.g., health goals, population health reporting, health accounts); and policy models and tools (e.g., health impact assessment) that provide practical guidance and help to policy decision-makers. The policy component should set the stage for and drive development of initiatives in the mobilization component.

- **Evidence** — This component is aimed at improving the availability of data, information and knowledge required to support the other components, particularly the theory and policy components. Expected products are research agendas that address population health priorities, initiatives to encourage a population health perspective in all relevant research studies, population health research funding mechanisms, health information systems that capture and report needed population health data (on health status and determinants), and mechanisms to support synthesis of data and information into knowledge that will inform the development of theory, policies and programs. Outputs of the evidence component feed into all of the other components to some degree, but primarily into theory and policy. Marketing would also rely on information generated by the evidence component.
- **Marketing** — This component encompasses informing, influencing and educating policy and decision-makers, stakeholders and the public. Marketing efforts will work to develop and reinforce a better understanding about population health, and to create a supportive climate for more balanced emphasis in public policy-making and investment on all important determinants of health. Efforts will be devoted to: emphasizing to decision-makers and the public the synergies that can result from using population health as a platform for coordinated action by governments and others to enhance health and social well-being; promoting the payoffs of healthier and

more productive people as well as prevention of downstream costs for health care, education, social services and justice systems; and reassuring the public that an effective health care system will be maintained as a key determinant of health. Products could include citizen engagement strategies, public communication campaigns, workshops and presentations for policy-makers and stakeholders, regular publications such as health report cards and progress bulletins, and specialized publications for targeted stakeholder audiences.

- **Mobilization** — Work in this area will be aimed at stimulating, developing and implementing population health initiatives across all sectors and within various levels of government in a collaborative way. Expected products are mechanisms, models and tools that enable and support intersectoral planning and decision-making, and program tools and approaches that reflect a population health perspective. Ideally, partners will share resources and information about best practices as part of the mobilization effort. The mobilization component should generate experience and information that can be fed back to the theory component in an iterative process that will help to refine the theoretical framework, and to the policy component to refine policy decision making. It could also generate information to contribute to the marketing component.

- **Institutionalization** is focused on the institutional and organizational infrastructure and machinery needed to sustain the population health approach, and to evaluate its effectiveness in producing the desired outcomes. Activities would include, for example, establishing appropriate policies and structures within organizations to enable and support a population health approach; and strengthening or setting up effective bodies (such as joint FPT committees), providing organizations with a clear mandate to undertake evaluation and reporting on the success of population health action, as well as developing other mechanisms and bodies to stimulate and support intersectoral collaboration. The institutionalization component is expected to provide the organizational infrastructure to support and sustain intersectoral collaborative activity (mobilization), and to enable ongoing refinement of the other components and accountability for results through feedback of evaluation information. Establishment of the Canadian Population Health Initiative will be a key element of institutionalization.

BLUEPRINT TO PROMOTE A POPULATION HEALTH APPROACH IN CANADA: Making Health Everyone's Business

COMPONENTS

PARTNERS

First Nations
Health Canada
Health and social services system
Provincial Ministries of Health
Universities and colleges and research centres
Provincial and national and local voluntary organizations
Other non-health sectors and government departments
General population
International
Private sector

Theory

Development of Concepts and Theoretical Framework

- Written case studies
- Research on theoretical models and determinants of health
- Development of a process to sustain PHA

Policy

Stimulate Adoption of PHA in Policy Making

- Template to assess impact on health of policies in non-health sectors
- Model Policy Development
- Develop practice guidelines
- Support FPT Population Health Advisory Committee to develop select goals
- Develop goals for a specific health issue
- Develop Canadian health accounts
- Support mechanism to monitor health goals/accounts

Evidence

Development of Evidence Base

- Develop and maintain surveillance systems, CHI conferences
- Evaluation of Health Canada funded projects
- Report card on Health Canada
- Support studies on population health
- Encourage a population health perspective to research studies
- Development of information systems

Marketing

Marketing, Information and Education

- Public documents on population health approach
- Workshops
- Presentations to policy makers
- Framing work of Health Canada in a population health approach
- Lalonde Anniversary
- Millennium showcase
- Progress bulletins
- National Population Health Clearinghouse
- International Symposium

Mobilization

Engage Partners to work in a collaborative way

- Joint initiatives across sectors and levels of government

Institutionalization

Institutionalization of Population Health Approach

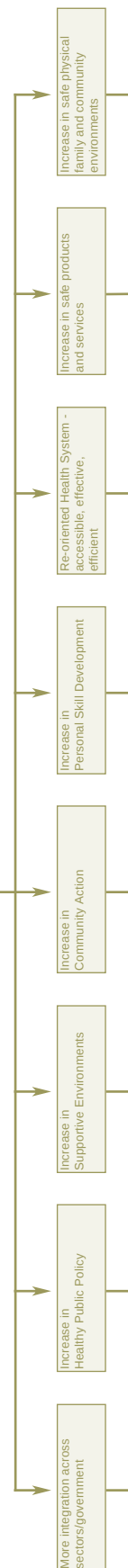
- Support FPT Advisory Committee on Population Health
- Support Canadian Population Health Initiative (CPHI)
- Policies in Health Canada to support adoption of a population health approach
- Strategy of doing business
- Establishing evaluation plan for Health Canada activities to promote population health approach
- Contributing to W.H.O./O.E.C.D. with population health approach

Short-term Outcomes "BUILDING BLOCKS"



Mid-term Outcomes "OUTREACH"

Increase use of Population Health Approach in delivering mandates (needs assessment and priority setting, and the development, implementation, and evaluation of policies, programs, services, allocation of resources, education and research)



Long-term OUTCOME "PAY-OFF"

Consequences





Population Santé de la
Health Population

V In Closing

*A last word —
closing this paper,
but opening the
discussion.*

V In Closing

While the full impact of the population health approach is not yet known, there is a strong sense that, if successful, this approach could have far-reaching benefits for the health of future generations. By taking an “upstream” approach and getting to the root causes of health and illness, we are making our investments where the impacts will be greatest.

This is a new way of doing business for many organizations that do not currently consider themselves part of the health sector or that do not usually collaborate with the health sector. Even for those of us who have “grown up” in the health promotion era, there will be challenges as we expand our networks, and share resources and decision-making within a wider circle of partners.

By discussing and building on the principles outlined in this paper, we will be better equipped to guide the change process. The final result will be a healthier Canadian population.