Population Health Promotion Strategy Framework
Population Health Promotion Practitioners Council of Saskatchewan
POPULATION HEALTH PROMOTION
STRATEGY FRAMEWORK

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**Vision**

**Key Goals**
- Life Settings and Conditions are Supporting Wellbeing Throughout the Life Course
- Communities are Informed, Engaged and Supporting Wellbeing for All
- Communities are Taking Action to Improve Wellbeing for All

**Action Strategies**
- Strengthen Personal and Community Capacity for Action
- Recruit the Community to Population Health Promotion
- Create Supportive Environments Throughout the Life Course
- Develop Strong Collaborative Intersectoral Partnerships
- Influence Public Policy to Promote Wellbeing for Everyone
- Take Collective Comprehensive Action Using a Determinants Based Lens
- Evaluate and Report Progress Regularly

**Areas for Action**
- Life Settings
  - Homes
  - Schools
  - Workplaces
  - Neighbourhoods
- Life Course Stages
  - Early Years
  - School Years
  - Young Adult Years
  - Mid-life Adult Years
  - Older Adult Years
- Life Conditions
  - Personal
  - Economic
  - Environmental
  - Societal
  - Cultural

**Crucial Factors**
- Mental Wellbeing
- Physical Wellbeing
- Social Wellbeing
- Emotional Wellbeing
- Spiritual Wellbeing

**Guiding Principles**
- Upstream Focus
- Multiple Strategies
- Evidence Informed
- Meaningful Participation
- Local Relevance
- Cultural Competence
- Balanced Approach
- Equity for Wellbeing

Dong Ramsay, Health Promotion Coordinator, Regina Qu’Appelle Health Region (2014)
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INTRODUCTION

Beginning in 2004, health promotion practitioners in Saskatchewan used Healthier Places to Live, Work and Play: A Population Health Promotion Strategy for Saskatchewan (2004) as a guidebook for their work and a resource to help others understand and appreciate population health promotion. It was an excellent document. However by 2012 some of the content was dated and no longer reflective of the current population health promotion approaches and issues.

Development of this framework was started in June 2012 in the Regina Qu’Appelle Health Region with the intention of guiding the work of health promotion practitioners in Mental Health & Addiction Services and providing a tool to inform others about, and increase support for, population health promotion. In December 2012 it was determined that such a framework would also meet the need for a common vision and understanding of population health promotion to guide the collective action of the Population Health Promotion Practitioners Council (PHPPC) of Saskatchewan. Upon completion, the framework was adopted by the Council.

This framework is the result of discussions with health promotion practitioners, other experts in population health promotion, and an extensive review of the literature. Although it uses the most recent knowledge from the literature it is still grounded on previous foundational frameworks, particularly the Ottawa Charter (1986) and A Population Health Promotion Strategy for Saskatchewan (2004). This new framework integrates and expands on those earlier strategy frameworks. For example, the original four action strategies of the Ottawa Charter are retained and two new action strategies are added: ‘Evaluate and Report Progress Regularly’ and ‘Take Collective, Comprehensive Action Using a Determinants-based lens’. Also new to this framework is the ‘Areas for Action’ section which outlines the essential life settings, life conditions, and life course stages that must be considered to achieve population health promotion. In addition, the overall vision and goals are reframed to ones that all sectors can identify with and collaborate on while staying within their mandates.

This framework can be used as a resource to guide health promotion practitioners in their daily work and as a communications tool to show others what population health promotion is, to build partnerships to take collective action as well as to promote population health promotion, to build support for population health promotion, and to re-orient the community toward population health promotion.

When viewing the framework, it is important to keep in mind the need to use as many of the approaches and strategies as possible, simultaneously and in a coordinated and balanced manner, in order to achieve the overall vision. Taking collective, comprehensive and balanced action using a determinants-based lens is the keystone of the action strategies. It benefits all sectors to collaborate in achieving population health promotion goals.

Taking collective, comprehensive and balanced action using a determinants-based lens is the key strategy.
OVERVIEW

VISION
Thriving Communities
Thriving Communities creates a vision that all sectors can relate to and take ownership of. The term ‘thriving’ means flourishing, booming, prospering, successful, functioning well, developing potential...all very positive and not the purview of just one or two sectors but of every sector. The term ‘community’ speaks to where we live and the settings therein, that is, our homes, schools, workplaces, neighbourhoods, regions. In order to achieve the vision there are three primary goals that must be accomplished:

KEY GOALS
The goals are interlinked. Using the present participle tense ‘are supporting’ and ‘are taking’ reflects action and indicates that they are always in the process of actively happening.

1. The life settings and life conditions are supporting wellbeing throughout the life course
   The quality of our life settings and life conditions determine the quality of our thriving. Goal one is the primary goal that, if achieved, will result in the realization of the vision ‘Thriving Communities’. Consequently, fostering supportive settings and conditions is the where the bulk of the collaborative work is required. However, simultaneous work is required on the other two goals.

2. Communities are informed, engaged and supporting wellbeing for all
   This goal is essential to accomplish the other two goals. The community must be engaged and supportive of wellbeing for all and must also take the necessary action required for wellbeing. To achieve those two ends, people need to be informed – they need to know and understand what wellbeing is, how important it is to themselves and to others, how valuable the benefits of everyone achieving wellbeing are, and how wellbeing for all can be accomplished.

3. Communities are taking action to improve wellbeing for all
   This goal also plays an vital role in accomplishing goal one. People need to do more than just understand, believe in and talk supportively about wellbeing – they need to be doing what it takes to achieve wellbeing for all. To be sustainable over the longterm the community has to take action themselves – sustainable action cannot be done ‘to’ or ‘for’ the community by others.

ACTION STRATEGIES
There are seven primary strategies required to accomplish the goals and achieve the vision. These are also closely interwoven and although we can sometimes put more emphasis on one of the strategies than another we cannot exclude any of the strategies if we are to succeed over the longterm:

1. Strengthen personal and community capacity for action
   Skills and abilities are needed for action to be undertaken successfully. This includes personal skill development of individuals (such as literacy, social skills, conflict resolution skills, communication skills, etc.) and community development (advocacy, empowerment, mobilization, etc.).
2. **Reorient the community to population health promotion**
   The community needs to understand and support population health promotion. This entails informing all citizens about the benefits of promoting the wellbeing of all citizens and engaging them to support resourcing population health promotion initiatives and rebalancing resources amongst promotion, prevention and treatment services.

3. **Foster supportive environments throughout the life course**
   This involves identifying what is needed to build wellbeing in all settings and at all stages of life and then working to fulfil those requirements.

4. **Develop strong collaborative intersectoral partnerships**
   The work requires the efforts of all sectors working together and using a common lens in order to accomplish the common vision.

5. **Influence public policy to promote wellbeing for everyone**
   Establishing public policy that promotes wellbeing for all is critical. It will not only help ensure communities are fostering supportive environments throughout the life course, it will help make the healthy choice the easy choice and eliminate man-made barriers that lead to inequities in wellbeing.

6. **Take a collective, comprehensive and balanced action using a determinants based lens**
   This really is the keystone strategy that encompasses the first five strategies. All action needs to be undertaken by a a collaborative intersectoral network or collective of all sectors that uses a determinants-based lens focused on addressing root causes. The action plan also needs to be comprehensive and balanced in its approach to creating supportive environments throughout the life course, strengthening individual and community capacity, reorienting the community to population health promotion.

7. **Evaluate and report progress regularly**
   Without evaluating and reporting progress regularly you’ll never know the outcomes of the collective action that is being taken or what progress is being made on the goals. Successes need to be celebrated but without evaluation and progress reports you won’t know what to celebrate or what action to take next – and the partnerships will slowly dissolve.

**AREAS FOR ACTION**

Our overall well-being is determined and shaped by our life circumstances and the life events we experience throughout our lives which are, in turn, influenced by a complex interaction of our life conditions and life settings. The quality of our life settings and life conditions can increase or diminish the quality of our well-being and is something we can act on to improve. The protective factors and resilience we develop and maintain, and the experiences / opportunities we have during our life stages, will also have a significant effect on how well we function and our level of wellbeing.

**Life Settings**

These are the places where we live (homes, neighbourhoods, communities), learn (schools, universities) and work (work places, job sites) within a region of the country. The quality of those settings and region has a significant effect on the quality of our wellbeing.
Life Course Stages
The beginning and ending of the life course stages are not exactly the same for everyone (except for conception and death). There are transition periods between the stages which vary from person to person. Some people will enter a new stage earlier and some people later – think ‘early bloomers’ and ‘late bloomers’. This could amount to a difference of several years among people especially with the young adult and mid-life adult stages. To illustrate this variability, the age ranges of the life course stages in this document overlap and are referred to as “about” a specific chronological age range.

The Early Years is from conception until about age 5. This is the most significant stage as far as building the foundation for our wellbeing throughout our lives. The most significant setting for us prior to birth is the womb and then our home after we’re born. The School Years is from about ages 5 to 19. We hopefully continue to build on the foundation established in the Early Years though sometimes need to repair damage done during that stage. If we develop protective factors and resilience during these first two stages then we’ll do better during the last three stages especially if the settings or experiences we have during those final life stages aren’t of the best quality. The most significant settings during the School Years are our home, school and neighbourhood though the work place might also play a significant role for some. The Young Adult Years is from about ages 19 to 45. The most significant settings during this stage are our home, neighbourhood and work place. The Middle Adult Years is from about ages 45 – 65. The most significant settings are the same those in the young adult years. The Older Adult Years is from about ages 65 until death. The key setting during this stage of life is our home (private or institution) and to some degree our neighbourhoods.

Life Conditions
The life conditions that most significantly affect our wellbeing can be grouped into five main categories:

Personal
This includes our genetic endowment, developed knowledge and skills / abilities, temperament, values and beliefs, relationships, support networks, current health status, age, gender, marital status, employment, education, and financial state.

Economic
This includes such things as employment opportunities, available capital for development, investment climate, and income levels within the community and region.

Environmental
This includes both the natural and built environments and also involves access to such basics as food, water, shelter, transportation and safety.

Societal
This includes such things as community services, supports, capacity, cohesion, diversity, citizenship, social inclusion and dominant values and norms.

Cultural
This includes individual and family beliefs, values, practices, customs and norms acquired by belonging to a specific subgroup within the larger society.
CRUCIAL FACTORS
Wellbeing encompasses all facets of our lives – mental, physical, social, emotional, spiritual. Our mental wellbeing, physical wellbeing, social wellbeing, emotional wellbeing and spiritual wellbeing are inseparable. Although they are all interwoven in ways that can never be completely disentangled, we can focus on individual facets in order to strengthen them. In fact it is helpful to focus on each of them individually at times, though never to the total exclusion of the others. It’s also clear that what we experience can have varying effects on one or all of the areas simultaneously depending on the type, intensity and duration of the experience.

GUIDING PRINCIPLES
Upstream Focus
We need to use a ‘determinants-lens’ throughout all sectors. This involves identifying the root causes or determinants of our goals and then taking action to ensure the determinants are addressed.

Multiple Strategies
The factors involved in achieving thriving communities are numerous and their interactions are complex. As a result it requires many and varied strategies to address those factors and the interactions in order to achieve population health.

Evidence Informed
To achieve success, actions have to be based on evidence – whether it’s best or promising practices or knowledge gained from experience AND actions also have to be evaluated to determine effectiveness.

Meaningful Participation
The power and decisions about actions to be taken has to be in the hands of the community. That might mean community capacity has to be built first. Initiatives must be ‘community-focused, community-led’, done with the community not to the community.

Local relevance
In order to achieve community mobilization and engagement the issues and initiatives have to have meaning for and be relevant to the local community.

Cultural Competence
All interactions with the various communities have to be done with sensitivity to and awareness of the cultural background and customs.

Balanced Approach
Since the areas for action are so intricately linked it’s important to ensure action is taken in all the life settings, at all life course stages and on all the life conditions.

Equity for Well-being
Actions have to enable all people in the community to achieve their optimal level of well-being. That typically involves removing artificial, discriminatory or systemic barriers that limit segments of the population from achieving well-being.
References


Centre for Addiction and Mental Health (2010). *Best Practice Guidelines for Mental Health Promotion Programs: Older Adults 55+.* Ottawa.


