



WELLESLEY INSTITUTE
advancing urban health

| DRAFT

Population Health Backgrounder



Population Health Background

Definition

The language of ‘population health’ can refer to a broad range of ideas and concepts (often reflecting a merging of ideas in public health and health promotion). In part this reflects the evolution of a specific framework in understanding health. In its broadest sense a population health approach recognizes “the entire range of individual and collective factors and conditions, and the interactions among them¹” as determining health. The Federal, Provincial, Territorial Advisory Committee on Population Health (1997) offers a more comprehensive definition:

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

As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations².

Historical Development

Historically the emergence of this approach is linked to shifts in thinking in public health in the late 1970s and in the 1980s. The Lalonde report ‘A New Perspective on the Health of Canadians’ in 1974 and the Ottawa Charter on Health Promotion (WHO 1985) are, in particular, referenced as turning points in the history of health research in Canada.

The Lalonde report marked an important conceptual shift marking a transition from a biomedical model of public health to one that encourages a broader perspective on individual and community level health, informed by social and physical environments. The Ottawa Charter complemented these ideas, and extended them towards greater recognition of the value of health promotion and the social determinants of health.

In the late 1980’s the Canadian Institute for Advanced research (CIAR) took these ideas one step further and introduced the concept of a “population health” approach. In their conceptual framing, they argued that understanding population health requires a greater understanding of the complex interactions that occur between determinants of health. Put more directly: the determinants of health do not operate in isolation but instead may interact and compound one another. Points of action and intervention then are not

¹ Public Health Agency of Canada (2001) Towards a Common Understanding: Clarifying the Core Concepts of Population Health

² Health Canada (2001) The Population Health Template: Key Elements and Actions that Define a Population Health Approach

restricted to the health care system, but need to be considered on a broader scope, informed by the interactions of the determinants of health. In addition, a population health approach moves the discussion beyond individual experiences of health and recognizes collective factors as having influence but also as points of opportunity for action and change.

This work has had a significant impact in Canada. By the mid-1990's the principles of population health in general and the conceptual framework offered by Evans & Stoddart (1994) and their colleagues were recognized as influencing research and intervention work by Health Canada at the provincial and federal levels (see Appendix A for the conceptual diagram).³

However, this model has not been without criticism. Poland et al (1998) argue that this model remains 'oversimplified and under theorized' and fails to reflect upon the assumptions that underscore their work, including an unproblematic reading of the evidence (such as the Whitehall studies in the UK). In addition they argue that this framework fails to consider issues of equity especially related to wealth. Poland and colleagues assert that in the CIAR conceptual framework (Appendix A), prosperity should be replaced by the concept of 'equity'; arguing that this would enable better analysis on the SDOH (integrating ideas of equity and redistribution rather than a focus on simply generating indiscriminate economic growth).

Coburn et al (2003) also point out some of the limitations of the model. They argue that the model has limited the recognition of determinants of health to the macro level, forgoing micro level determinants. Consequently there may be little understanding of how real people respond at the community level and little attention has been paid to the concept of agency at the individual or community levels (so the ability of individuals or communities to act on their own behalf).

Researchers have commented on the limitations of the roots of the CIAR model (epidemiology and economics), which can result in a limited analysis of the social determinants (and their interactions), and little or no attention to power differentials, effectively side-stepping some of the political and structural dimensions of health (Coburn et al 2003; Raphael and Bryant 2002). One result is the use of reductionist indicators that offer limited insight into the dynamics of the SDOH and how they interact in people's lives.

Despite these criticisms, the original CIAR model of population health has undergone limited refinement over time⁴. Perhaps the most active effort to work with the model is

³ In public health circles, this work also coincided with work elsewhere calling for a framework in epidemiology that moves beyond individual level risk factors and recognizes multiple levels or systems including social and structural influences as well as more traditional medical or health systems (Susser and Susser 1996).

⁴ CIAR has now evolved into CIFAR and the department of Population Health no longer exists in an explicit way, instead they have a program on 'Successful Societies'. The authors of the infamous CIAR model have however written a more recent article responding to criticisms and offering 'what they would have done differently had they know' (Evans and Stoddart 2003).

by Health Canada. The Public Health Agency of Canada has developed a 'Population Health Template' in an effort to consolidate and refine current thinking and provide practical guidance for organizations seeking to design and implement population health initiatives (Health Canada 2001). This guidance provides a brief definition and overview of the concepts underscoring population health in Canada and a summary of key determinants of health, along with eight key elements of population health (see Appendix B). In addition the determinants of health have continued to undergo deliberation and refinement (see Appendix C). Most concretely, emerging from this work has been an emphasis on action plans for health researchers, health care professionals and policy makers on ways to incorporate a population health approach to their work.