



Upstream Approaches to Canadian Population Health

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In Canada, upstream interventions have, at all times, shaped healthcare policies and strategies aimed at ensuring that Canadians enjoy a superior health status. Juxtaposing the U.S and Canadian population health approaches is a vital process through which the U.S' health care strategies could craft feasible mechanisms that America might use to produce good health from an entirely population-oriented dimension. This paper describes an existing intervention in Canada that has primarily targeted health inequities; thus playing a leading role in upstream determinants of health. Afterward, the discussion will shift to dissecting how public health strategists and specialists in the U.S could apply the lessons from Canada in elevating population health in America.

Existing Intervention in Canada

An existing intervention for addressing health inequities in Canada is capacity building. According to Kirst et al. (2017), capacity building has been an invaluable for eliminating the presumably unjust inequities in health among the Canadian populace. Two important capacity building techniques are improving housing standards in major urban centers as well as ascertaining that all Canadian children access education. Education mainly is a significant intervention since an educated society is able to understand how to recognize and combat illnesses as well as conditions which could predispose them to a malady (Public health Agency of Canada, 2013). Canada has been consistent in creating awareness among its people to educate all youngsters. To the Canadian values, education plays an integral role in improving the long-term health status of the whole nation. The Canadian government has further taken calculated steps to improve urban housing (Bleich, Jarlenski, Bell & LaVeist, 2012). This has entailed

decongesting some parts of Ontario and major cities as a part of improving the health inequities which are associated with housing.

The inequity which the capacity-building intervention seeks to solve is that of sicknesses associated with poor housing and high illiteracy levels. Raphael, Rootman, Dupéré, Pederson, and O'Neill (2012) revealed that cities often have varied standards of housing which influence the levels of ventilation, the likelihood of communicable diseases becoming highly virulent, hygiene, and how city dwellers access emergency services. Additionally, capacity-building in the form of improving accessibility and the perception of education and schooling is vital in addressing the health inequities linked to illiteracy and low levels of education. From a critical angle, the health inequities associated with education and housing imply that Canadian city dwellers living in the country's cities' leafy suburbs are less prone to diseases and conditions associated with sanitation and accessibility to emergency services compared to those who live in congested neighborhoods. Capacity-building, therefore, targets the social lives of Canadians as a notable upstream determinant of health.

The Organizations Involved

The organizations involved in capacity-building are the Canadian Population Health Initiative (CPHI), the Canadian Government, as well as the National Collaborating Centre for Social Determinants of Health (NCCDH). CPHI has played a leading role in examining the connection between housing and the incidences of diseases like typhoid; thus, playing a pivotal role for in advocating for proper urban planning as a notable upstream intervention in improving the long-term health of Canadians living in major cities (Raphael, Rootman, Dupéré, Pederson & O'Neill, 2012). NCCDH and the Canadian government have undertaken spirited efforts to

educate urban and rural Canadians to educate their youngsters since education is known to have trickle-down effects on the health of children (Krumeich & Meershoek, 2014).

Lessons the U.S Could Learn

The capacity building intervention has been successful as evidenced by how Canada scores highly in health when compared to America. The first lesson that the American public and population health professionals and strategists could learn is that improving population health is a matter of collective responsibility which begins at the individual level. For instance, NCCDH and the Canadian government have involved the citizens in directly reducing the incidences of diseases linked to health inequities. This justifies the assertion that improving the health of a population does not have to involve substantial spending. Secondly, the public health practitioners could learn that population health relies on core national values. Since Canada's core values lean toward improving the significance that citizens attach to education, it is apparent that the U.S could investigate those core national values which could facilitate improving population health in America.

Conclusion

This discussion has dissected the central lessons that America could learn from its contiguous neighbor, Canada, concerning population health. While the U.S enjoys a superior economic status compared to its neighbor, this is not the same to its health status since Canada arguably enjoys a finer population health status as evidenced by most health measures such as longevity. Delving on the upstream determinants of health is essential in recognizing the non-individualistic factors which determine the health status of a population. While a layman's interpretation of Canada's advanced health status might lean toward assuming that its universal

health approach is the reason for its improved public health, this paper has demonstrated that this is not the case, as the scholarly resources indicate. On that note, this paper could form an analytical foundation for the U.S' public health strategies to go back to their drawing boards to review the efficacy of the current population health approaches in America.

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