

101ST MEETING OF THE HEALTH OFFICERS COUNCIL
OF BRITISH COLUMBIA

HOC POPULATION HEALTH COMMITTEE
DRAFT TERMS OF REFERENCE

[ATTACHMENT IV]

OCTOBER 25TH TO OCTOBER 28TH, 1994

SHERATON LANDMARK HOTEL, 1400 ROBSON STREET
VANCOUVER, B.C. 687-0511

POPULATION HEALTH

(Standing
COMMITTEE OF HEALTH OFFICERS COUNCIL)

DRAFT TERMS OF REFERENCE

September 1, 1994

Define Pop Health to be
I. Preamble

end of title promotion
from that
As part of the terms of reference it was felt that it would be advisable to define what is meant by 'prevention', 'promotion' and 'non-communicable disease'. The committee feels that it is necessary to include these words in the title to accurately delineate the purpose of this committee as distinct from the functions of the communicable disease committee which obviously has a 'prevention' function and the Office of the Health Promotion which clearly has a promotion function.

'Non-communicable disease' is meant to exclude any consideration of infectious diseases and to include chronic conditions of a non-infectious nature such as heart disease, stroke, cancer, lung disease, mental illness, injuries (intentional and unintentional), musculoskeletal illness, metabolic diseases and so forth.

'Health promotion' and 'prevention' are used to describe a continuum of activities directed at improving the health of individuals and communities. 'Prevention' is used to describe those activities with a more clinical, disease-oriented and risk factor focus and would include cancer prevention programs (e.g., Pap smear, mammography), hypertension detection and treatment programs, hypercholesterol screening programs, anti-smoking campaigns, substance abuse programs and so forth; the concern of 'prevention' programs is largely (but not exclusively) the identification of individuals who are at high risk of developing a disease and providing a form of intervention to avert this. 'Health promotion' on the other hand, while overlapping to some extent, tends to concentrate not so much on individuals at risk as on developing processes within a community that enable 'people to increase control over, and to improve, their health.' Hence 'health promotion' rather than having a specific disease and risk factor focus is more concerned with broader socio-ecological issues that are associated with the creation of wellness. These issues include such considerations as income distribution, education, employment, social isolation (single parenthood, poverty, ethnic minorities), transportation, recreation, social support networks, housing and stress.

POPULATION HEALTH
(COMMITTEE OF HEALTH OFFICERS COUNCIL)
DRAFT TERMS OF REFERENCE
September 1, 1994

I. **Preamble** (continued)

In Achieving Health for All: A Framework for Health Promotion, Mr. Jake Epp has included prevention of illness along with reducing inequities and enhancing coping as strategies in health promotion; clearly then there is considerable overlap between prevention and promotion. This committee feels that 'prevention' and 'promotion', as outlined above, generally describe different but overlapping activities that are complementary to one another in improving community health. As such it is felt that it is appropriate and necessary that health unit staff be involved in the continuing development and support of both 'prevention' and 'promotion' initiatives and that it is therefore reasonable to include both terms in the title of this committee. ?

James A. ...

II. **Purpose**

The Committee will have these functions:

1. To monitor provincial trends in health through the periodic evaluation of various indicators including those relevant to chronic disease and disability incidence, mortality patterns, risk factor prevalence, socio-economic variables and such wellness indicators as are available.
2. To monitor inequities in health status within the province and make recommendations, where possible, as to ways to reduce these inequities.
3. To discuss recent developments in knowledge about effective preventive and promotional programs and interventions and make recommendations for government action.
4. To provide an advisory, coordinating and liaising function on behalf of the Health Units for the development of new programs in prevention/promotion and in community development.

POPULATION HEALTH
(COMMITTEE OF HEALTH OFFICERS COUNCIL)
DRAFT TERMS OF REFERENCE
September 1, 1994

II. Purpose (continued)

5. To liaise with the Provincial Health Officer, Population Health Resource Branch, B.C.M.A. Council on Health Promotion, Department of Vital Statistics, Federal Department of Health Promotion, Heart Health and the UBC Institute of Health Promotion Research.

III. Reporting

The Committee will report to Health Officers' Council.

IV. Composition

The Committee will include three representatives from Health Officers' Council and the Provincial Epidemiologist.

*PHNA Council rep
COP Council rep*

V. Operations

The Committee will meet at least four times a years.