ABSTRACT

This research inquiry used qualitative and quantitative methods to examine how key decision makers from Saskatchewan health districts and Saskatchewan Health understand the determinants of health. The inquiry was based on the premise that key decision makers’ understanding of the determinants of health, and the consensus regarding these understandings, hinder or facilitate dialogue, choice of effective strategies, and achievement of health promotion goals.

Interviews indicated variation in perspective and emphasis regarding how key decision makers understand the determinants of health. A survey of key decision makers found: 1) inconsistencies in respondents’ understanding of the determinants of health, particularly between stated beliefs and priorities for actions; and 2) that the degree of consensus among decision makers was higher for stated beliefs and lower for choices of action. Results indicate a need for clarification and consensus-building processes concerning the determinants of health, as well as for clear policies that foster consistency between beliefs and actions and minimize inappropriate or undesirable differences in interpretations.

ABRÉGÉ

Cette recherche-enquête utilise les méthodes qualitatives et quantitatives pour examiner comment les décideurs clés des districts de la santé en Saskatchewan et de Saskatchewan Health comprennent les déterminants de la santé. Cette enquête est basée sur la prémisse que la compréhension des déterminants de la santé par les décideurs clés et le consensus concernant ces compréhensions, limitent ou facilitent le dialogue, le choix des stratégies efficaces et la réalisation des objectifs en promotion de la santé.

Les entrevues indiquent des écarts dans les perspectives et centres d’intérêt concernant la façon dont les décideurs clés comprennent les déterminants de la santé.

Une enquête auprès des décideurs clés montre : 1) des incohérences dans la compréhension par les répondants des déterminants de la santé, en particulier entre croyances affichées et priorités d’action; 2) que le degré de consensus entre les décideurs était plus élevé en ce qui a trait à ce qu’ils indiquent savoir et plus bas en ce qui concerne les choix d’action. Les résultats indiquent le besoin de moyens pour clarifier et construire le consensus concernant les déterminants de la santé, ainsi que pour des politiques claires qui encouragent la cohérence entre croyances et actions et minimisent les différences d’interprétation inappropriées ou indésirables.

Understanding the Determinants of Health: Key Decision Makers in Saskatchewan Health Districts and Saskatchewan Health, 1998

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Although the terminology may be relatively new, the concept of the determinants of health, which refers to the factors that influence health, has been both explicitly and implicitly understood for a long time. In recent history, both professionals and the general public have identified and/or created a variety of explanations for what makes them get sick or stay well, feel good or feel bad1-7 – understandings and conceptualizations of the influences on, or determinants of, health which have differed as a function of culture, geography, and historical times.8-10

In 1992 the Saskatchewan government, in announcing its “wellness” approach to health, stated that health determinants included “employment, income, education, housing, the environment and individual lifestyle choices.”11 In 1993, 30 health districts and their respective boards were created (later increased to 32) and given accountability “for the overall health of their district’s residents.”12 More recently, Saskatchewan Health’s Population Health Branch endorsed the Population Health Promotion Model, including its conceptualization of the determinants of health.13

This, then, describes the context in 1998, when this research inquiry was conducted. The Saskatchewan government’s position was that a number of factors, ranging from the personal to the social and economic, have a profound effect on a population’s health. And, decisions influencing these determinants of health were the responsibility of both the central and local levels of government. Accordingly, this inquiry was designed to examine the understanding of the determinants of health among Saskatchewan health district and Saskatchewan Health key decision makers. The inquiry was based on the premise that how the determinants of health are understood by key decision makers, both in their clarity and explicitness, and the degree of consensus that exists regarding the determinants of health will hinder or facilitate productive dialogue, the choice of effective health promotion strategies and, ultimately, the achievement of health promotion goals such as “health for all.”

For purposes of the inquiry, key decision makers included: health district CEOs and board chairpersons, executive directors of Saskatchewan Health branches, and the Minister/Deputy Minister’s Office group.

METHODS

The inquiry used both qualitative and quantitative methods. Initially, we interviewed seven key decision makers, who were selected using two major criteria. First, to ensure potential representativeness, interviewees included at least one member of each key decision-maker group (health district CEOs, health district chairpersons, Saskatchewan Health executive directors, and members of the Minister/Deputy Minister’s Office group). The three health district interviewees represented one primarily urban and two primarily rural health districts; one was locat-
ed in the south-central area of the province, one in the north-central area, and one in the north. The second criterion was anticipated depth of thought concerning the determinants of health. According to the subjective assessments of those who recommended them, selected interviewees were knowledgeable concerning the determinants of health, with a strong awareness of the complexities involved.

Interviews served two purposes: 1) they led to an in-depth understanding of how a few key decision makers conceptualize the determinants of health, and to the development of conceptual maps that represent the **uniquely individual** understandings of the determinants of health as reflected in four of the interviews (see Figures 1 and 2 for examples); and 2) they provided the foundation for the development of a larger survey.

The larger survey produced a statistical profile of the range of understandings and the overall level of consensus that exists among a broader group of key decision makers in health districts and Saskatchewan Health (see Figure 3 for a composite model of how questionnaire respondents understood the determinants of health). For this survey, questionnaires were sent to all 84 key decision makers as defined in the inquiry; 39 (46%) were returned. The 39 respondents included: 17 health district CEOs, 13 health district board chairpersons, 4 executive directors from Saskatchewan Health, and 1 from the Minister/Deputy Minister’s Office group. Of the remaining 4 respondents, 2 were delegated by key decision makers in Saskatchewan Health to respond in their place, and 2 were delegated by key decision makers in health districts. Fifteen of the 32 responding from health districts were from sparsely populated rural regions of the province (i.e., districts in which the largest centre had a population of less than 5,000 people).

A major limitation of the inquiry is that, while a 46% response is not unusual and can be adequate for some purposes, we must exercise caution in generalizing from the responses of 39 people, even though they might be excellent representatives of key decision-making groups. The present results should therefore be interpreted with care, and should be seen to provide a working description, rather than statistically generalizable model, of perspectives among decision makers. In addition, the low response from Saskatchewan Health made it impossible to compare responses from health district and Saskatchewan Health decision makers.

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**Figure 1.** How one Saskatchewan Health key decision maker understands the determinants of health.
context: positive
- alliances and strategic partnerships forming at grassroots level
- people beginning to see how their social life impacts on their health
- ongoing education at board and community levels (increased understanding of health determinants)
- districts are not only three years old

how determinants work
- economic development is a big one for Saskatchewan because that’s going to guarantee jobs, which creates income, which creates taxation, which can then go into education
- I really believe in the power of genetics, so many things are being traced back to genetics

context: negative
- not enough technical training available
- not doing enough health education & promotion
- lack of resources (result of governments not spending money wisely)
- a lot of people measure health care by the number of facilities
- lack of coordination between provincial & district levels
- staff in institutions wary of community services (many lost jobs & beds)
- government wheels turn slowly, causing frustration for people in the field
- some districts have had to spend energy fighting closures of facilities
- at the district level there is not a lot of impact on employment, or housing

Figure 2. How one Health District key decision maker understands the determinants of health.

INTERVIEW RESULTS

Interview results identified differences in perspective and emphasis concerning the determinants of health – differences that were not necessarily incompatible.

Areas of consensus generally included: the holistic nature of health; a core set of the determinants of health that includes income, education, employment, lifestyle, and social supports; and the importance of a multi-sectoral approach, increased awareness and understanding of the determinants of health, and education as a priority for action. Beyond this, however, there was a diversity in responses. For example, with respect to priorities for action, only one person each suggested changing the welfare structure, involving people in supporting each other rather than relying on professional services, providing a social safety net for children, or providing youth employment and training.

Models based on two of the interviews are included here to illustrate similarities and differences (see Figures 1 and 2). These two conceptualizations were selected for several reasons: they provide a comparison between views from provincial and health district levels; both are well developed and thoughtful; there is a clear-cut contrast between them; collectively, they include many points made in the other interviews.

The first conceptual model (see Figure 1) viewed health and its determinants in a highly complex fashion: it saw health as integrally related to science as well as to faith and mystery; it viewed the influences on health as being complex rather than as elements in a simple cause-effect scenario; it acknowledged health determinants as having dimensions that are not generally recognized (e.g., serendipity and chaos); and it stressed the primary influence of a caring community and the importance of equity and social justice.

In the second model (see Figure 2), health was seen holistically (including spiritual aspects of health), and was defined in very practical terms, namely, “people being able to do what they want to do within their limitations.” Genetics was seen as a key influence on health, while economic development was stressed as a basic strate-
UNDERSTANDING THE DETERMINANTS OF HEALTH

**health**

- includes physical, mental, emotional, social aspects (100%)
- is more than the absence of disease (97%)
- extends beyond the individual to include family, community, society (97%)
- includes spiritual aspects (90%)
- is linked to social justice & equity (87%)
- is something to help us live our lives, not an end in itself (82%)

**determinants of health**

- income/economic status (83%)
- education (66%)

- ensure social safety net for children ages 0-6 (92%)
- address issues facing education system (87%)
- focus health care system on primary health care (84%)
- increase opportunities for youth employment & training (82%)
- ensure adequate housing (79%)
- increase opportunity for meaningful work (76%)
- increase community supports (68%)
- increase health education (66%)
- improve effectiveness of disease screening programs (66%)
- ensure adequate incomes (66%)

**how determinants work**

- a range of factors affect health (100%)
- health factors are interconnected (97%)
- influence of factors which affect health varies from situation to situation (77%)

**priorities for action**

- communities, neighbourhoods, provinces & society that work to enable everybody to maximize their potential (90%)
- increased understanding of the determinants (85%)
- increased coordination of programs & services (82%)
- more political will to address the determinants (82%)
- more caring communities (80%)
- increased collaboration between government sectors (76%)
- increased individual motivation to address the determinants (74%)
- a change in basic beliefs about poverty (72%)

**primary focus when addressing determinants**

- children ages 0-6 (95%)
- youth & adolescents (92%)
- the poor (90%)
- First Nations issues (84%)
- Northern Saskatchewan (81%)
- Metis issues (74%)

**important contributing factors to positively influencing the determinants**

- communities, neighbourhoods, provinces & society that work to enable everybody to maximize their potential (90%)
- increased understanding of the determinants (85%)
- increased coordination of programs & services (82%)
- more political will to address the determinants (82%)
- more caring communities (80%)
- increased collaboration between government sectors (76%)
- increased individual motivation to address the determinants (74%)
- a change in basic beliefs about poverty (72%)

**context**

- effectiveness of health districts is limited due to no control over some of the major determinants of health (69%)
- the term determinants of health is difficult for the general public to understand (69%)
- we have not yet developed effective methods to positively influence the determinants of health (67%)

**who currently has power to positively influence the determinants**

- Saskatchewan Health (74%)
- communities (74%)
- individuals (72%)
- provincial departments other than Saskatchewan Health (69%)
- health districts (67%)

**who should have power to positively influence the determinants**

- health districts (92%)
- communities (90%)
- individuals (90%)
- Saskatchewan Health (87%)
- provincial depts. other than Sask Health (74%)
- federal government (66%)

**why bother?**

- health districts (92%)
- communities (90%)
- individuals (90%)
- Saskatchewan Health (87%)
- provincial depts. other than Sask Health (74%)
- federal government (66%)

**chosen by 72% as one of the three actions which should be given the highest priority in order to positively influence the determinants of health in Saskatchewan (the only action chosen by a majority)**

**chosen by 62% as one of the three factors most important in positively influencing the determinants of health (the only factor chosen by a majority)**

**concerns**

- effectiveness of health districts is limited due to no control over some of the major determinants of health (69%)
- the term determinants of health is difficult for the general public to understand (69%)
- we have not yet developed effective methods to positively influence the determinants of health (67%)

**Figure 3.** Composite of key decision makers’ understanding of the determinants of health.

Notes: Represented in this model are the views of 17 district CEOs, 13 district board chairpeople, 4 Saskatchewan Health executive directors, 1 from Minister/Deputy Minister’s Office group, 4 other. Percentages in this model refer to the proportion of key decision makers who gave a high rating to the specific points listed. Only points receiving a high rating from two thirds or more of the key decision makers are included in this model.
SURVEY RESULTS

The survey of respondents’ views concerning different components of a determinants of health model are summarized in the following highlights (see also Figure 3):

**View of health.** There was considerable agreement among respondents that health is holistic, multifactorial, and can be applied beyond the individual level (a view expressed by 90% or more of respondents), and that health is linked to social justice and equity (87% of respondents).

**Identification of determinants of health.** There was less consensus among respondents regarding factors that act as determinants of health: only four factors were identified as determinants of health by 50% or more of respondents, namely: income or economic status, education, employment, and social support.

**Importance of determinants of health approach.** Eighty percent of respondents agreed that an approach concentrating on positively influencing the determinants of health is the only way to improve the health of the Saskatchewan people.

**Factors that affect determinants of health.** When asked which factors have the most positive influence on the determinants of health in Saskatchewan, the greatest agreement (i.e., 90%) was found with respect to “communities, neighbourhoods, province, and society that work to enable everybody to maximize their potential” — in another question, this was also the only factor picked by a majority of respondents (62%) as one of respondents’ three choices with regard to the importance of factors in positively influencing the determinants of health. In contrast, fewer than half of respondents (40 to 43%) viewed the following factors as making an important contribution to health: redistribution of resources within government from one sector to another; reduction of inequities between rich and poor; and a change in the way the economic system works.

**Power to influence determinants of health.** Between 62 and 74% of respondents assessed the following as having the most power to positively influence the determinants of health (in descending order): Saskatchewan Health, communities, individuals, provincial departments other than Saskatchewan Health, health districts, and the federal government. Only a quarter of respondents viewed private corporations or non-governmental organizations as having power to positively influence the determinants of health. However, an important distinction was made between ratings of perceived current power and desired power; the difference between these two was greatest for health districts – 67% of respondents gave health districts high ratings with regard to their current power, while 92% gave them high ratings with respect to the power they should have.

**Focus of action regarding determinants of health.** Three quarters or more of respondents agreed that the following should be a primary focus when addressing the determinants of health (in descending order of agreement): children ages 0-6, youth and adolescents, First Nations issues, Northern Saskatchewan, and Metis issues. In contrast, fewer than 60% agreed that the following should be a primary focus when addressing the determinants of health (in descending order): the total population, women, seniors, and the ill.

**Priorities for action regarding determinants of health.** The greatest number of respondents (i.e., 92%) rated “ensuring a social safety net for children 0-6 years old” as a high priority with regard to action that would have a positive influence on the determinants of health in Saskatchewan; as measured by another question, this was the only action chosen by a majority of respondents (i.e., by 72%) as one of their three priority actions to positively influence the determinants of health in Saskatchewan. The fewest number of respondents (42%) selected “reducing differences in wealth between the poorest and richest members of the province” as a high priority for action.

**DISCUSSION**

Survey results suggest inconsistencies in how respondents understood the determinants of health, particularly between their stated beliefs and their priorities for action. Illustrating that people “may operate with several conflicting views simultaneously,” 87% of respondents agreed with the statement that the health of the population is strongly linked with conditions of social justice and equity, while generally a much smaller proportion of respondents chose actions that would address equity issues. Possible reasons for these contradictions and inconsistencies include: differences in interpretation of the concept of equity; respondents choosing only actions that they thought were achievable given current resources or mandate; respondents choosing actions with which they were familiar.

Survey results also indicate that the degree of consensus varied from question to question; it was higher for stated beliefs and lower for choice of actions concerning the determinants of health. For example, as mentioned previously, there was high consensus concerning views on the nature of health, while there was much less consensus concerning two critical elements, namely: the three actions that should receive the highest priority in order to positively influence the determinants of health in Saskatchewan, and the three factors that are most important in positively influencing the determinants of health.

The lack of clarity and lack of consensus indicated by the inquiry have two major implications. First, the desired impact on health will not be achieved if actions taken with respect to health are inconsistent with views of health and the determinants of health. Second, lack of consensus among key decision makers may result in their working at cross-purposes, especially if full consensus is assumed and areas of agreement and disagreement are not clearly identified.
The major policy implication of the present inquiry relates to the need for clear policies that foster consistency between beliefs and actions and minimize inappropriate or undesirable differences in interpretations. To this end it is recommended that the following steps be taken:

1. Establish and widely disseminate:
   • clearly articulated population health goals and objectives that address the determinants of health
   • companion guidelines for planning and implementing initiatives designed to meet these goals and objectives
   • a broad “menu” of creative actions that are consistent with agreed upon beliefs
   • indicators to monitor consistency between beliefs, goals and objectives, and actions
   • indicators to monitor areas of agreement and disagreement
   • indicators to monitor the contribution of actions addressing the determinants of health in achieving higher-order health goals.

2. Increase education, training and discussion concerning the determinants of health, including the congruence between beliefs and actions, both within government (at all levels) and outside government.

3. Ensure resources and mandates appropriate for promoting actions that are consistent with beliefs concerning the determinants of health.

This inquiry indicates a need for a clarification process on the one hand, and a consensus-building process on the other. First, it is essential to critically examine: 1) basic beliefs related to health and its determinants in the light of underlying values and existing evidence, and 2) actions that are both consistent with those basic beliefs and are likely to have the desired positive effect on health. Second, it is important to develop strong consensus regarding the actions and support required to deal with the conceptual and practical challenges involved in addressing the determinants of health.

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