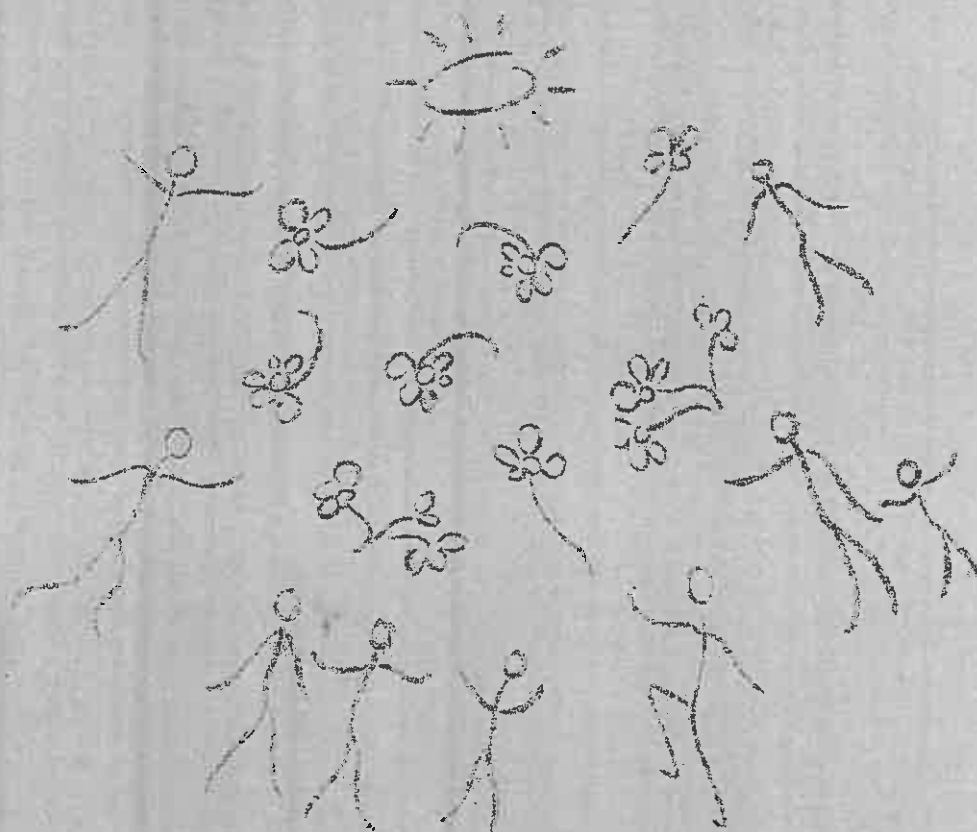


WORKING DOCUMENT

Mental Health Promotion: *The Time is Now*



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Mental Health Promotion:

Why Now?

During this past century, the extraordinary growth of research and technology in biomedicine has expanded diagnosis and treatment of physical diseases to include many aspects of human behaviours, including emotions and thoughts. This expansion has given rise to a diversity of medical and mental health services. While this new development in knowledge and services has improved our control over various aspects of our life and health, our increased dependency on specialized professional and external health services and systems has also resulted in feelings of helplessness and loss of control. (SEE APPENDIX 2)



A growing consensus that health care costs consume too large a portion of our economic resources has led to the acknowledgement that a shift towards individual and group capacity to take back control over their health and life is now a necessity. Indeed, the national movement toward a renewal of health systems recognizes that by applying some of these resources to the improvement of other aspects of human life such as living, working and environmental conditions would be a sound investment in both human and financial terms¹.

By focusing on, and investing in, individual and community capacity to be responsible for their health and life, *mental health promotion* is an integral part of Health Canada's mission to "help the people of Canada maintain and improve their health". It supports the Department's vision for "a renewed national health system that is based on a health determinants approach to population health".²



A LEADERSHIP ROLE FOR HEALTH CANADA

1996 marked the 10th Anniversary of Canada's hosting the 1st International Conference on Health Promotion. Canada provided leadership then, and continues to be recognized today as a world leader in health promotion. Health Canada's current involvement in *mental health promotion* is an important extension of this and other past initiatives.

For nearly two decades Canada has enjoyed the reputation of being the country that introduced health promotion. Internationally, the federal government is applauded as the publisher of the groundbreaking documents, *A New Perspective on the Health of Canadians* and *Achieving Health for All: A Framework for Health Promotion*; as host for the First International Conference on Health Promotion, which produced the Ottawa Charter for Health Promotion; and as organizer of the Health Promotion Directorate, the first of its kind in the world.³



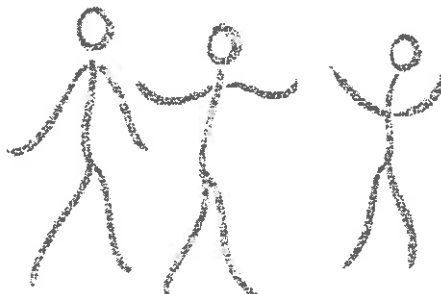
The Lalonde Report, *A New Perspective on the Health of Canadians*, set the stage in 1974 for the current emphasis on population health by establishing key health factors: lifestyle, environment, human biology and health services. This was a serious attempt to evaluate how health is promoted.

In 1986, Canada hosted the First International Conference on Health Promotion. This was a culmination of discussions concerning determinants of health, particularly the influence of the environment. Two key documents that came out of the conference, *The Ottawa Charter for Health Promotion* (WHO) and *Achieving Health for All* (Health Canada), have focused policy and program discussions on health promotion and how it can be achieved equitably by society as a whole.⁴

In November 1988, the federal government released *Mental Health for Canadians: Striking a Balance*. This discussion document put forward a positive definition of mental health and offered a set of guiding principles for developing, reviewing and implementing mental health-related policies and programs based on a health promotion framework, *Achieving Health for All*.

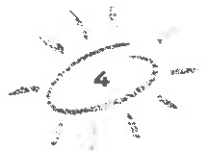


Health Canada's leadership role now is defined largely by continued and strategic health promotion and *mental health promotion* research and project activities, and by ensuring that the evaluation outcomes from these are ultimately translated into public policies.



The *Essence* of Mental Health Promotion

More than forty years ago, the WHO defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. In this definition, health is a resource for everyday life rather than the objective of living, and it is affected by a variety of factors including biological, psycho-social, economic, cultural, physical and environmental factors.⁵



It is well known that health is more than the absence of disease. The state of well-being that is associated with being healthy reflects not only physical capacity, but also the resources available to cope successfully with life's challenges.⁶

Mental health promotion validates, strengthens and supports fundamental competencies and the inherited socio-cultural values and generational wisdom (knowledge and practices) that increase and sustain individual and community well-being.

It is not a “program” but an approach to dealing with everyday realities. It focuses on factors which influence health rather than risk factors.

Mental health promotion builds on human determination and courage, creativity and industry, and a sense of self-in-community — attitudes that enable all individuals, including those who experience mental health problems or mental illnesses, to face and deal with the challenges of living.

In the past, mental health policies and services were largely concerned with the prevention, treatment and management of mental illness. More recent approaches “emphasize effective coping



with the demands of the environment, optimal development of abilities, and just, satisfying relationships among people".⁷ This latter approach has increased the focus on *mental health promotion* — building personal resilience and social support, strengthening coping skills, addressing social injustices and other stressors, and fostering healthy attitudes.⁸

People care about their health: they try in a number of ways to maintain it, to improve it or to adapt to its decline. Individually and in groups at various levels — families, associations, work groups, communities and nations — they engage in a wide range of activities that they believe will contribute to their health.⁹



Principles and practices of *mental health promotion* are consistent with those of health promotion, which enable people to increase control over, and improve their own health. Both *mental health promotion* and health promotion:

- involve the population as a whole, including persons experiencing risk conditions, in the context of everyday life
- are directed towards action on the determinants of health, rather than focusing on risk factors or conditions
- combine complementary methods, within fiscal boundaries, that include communication, education, organizational change, community development and local activities against health hazards
- build on and involve the competencies of the population
- are activities involving the health and social fields as well as medical services.¹⁰

Effective *mental health promotion* and health promotion activities are oriented towards building strengths, resources, knowledge and assets for positive health, with the people concerned controlling issues and processes. They focus on the enhancement of well-being, rather than on illness.¹¹



Evidence Supporting the *Effectiveness* of Mental Health Promotion

A recent review of the effectiveness of *mental health promotion* undertaken by the Department of Psychiatry and Behavioural Science, University of Auckland, New Zealand, concludes that: "...on the whole, the evidence is that most programmatic efforts to enhance positive mental health are successful, often on a lasting basis. Most emphasis to date has been on young people in pre-school, school and community settings, and there appear to be considerable payoffs in this area. Adult programs also work well, and community development and culturally-oriented projects appear to be effective".¹²

In this review, *mental health promotion* is defined as any activity:

Whose "goal" or "aim" is positive mental health for as many people in a population as possible and which deals with concepts such as "well-being", "life satisfaction", "quality of life", and "spirituality".

Which involves a combination of educational and environmental supports for actions and conditions of living conducive to mental health, and includes policy, improving environmental/societal conditions, community actions, personal skills development, and altering existing services.

Which uses a community development approach.

Which involves the Ottawa Charter concepts of "enabling", "empowerment", and "people control", which in practice means population groups and communities working in a self-determining way in partnership with public funding agencies.



An overview of key findings from this review follows.

- Good preschool experiences, especially through community-based family support and educational programs and good child care facilities for working parents, have beneficial and often long-lasting effects on both children and parents, even where severe disadvantages exist.
- Schools deliberately structured in a mentally healthy way, which empower teachers and involve parents, have had dramatic effects on positive mental health, academic and social indicators. School health curricula also have a positive impact, especially those emphasizing competence, social skills and social support. Antibullying programs at schools have also been effective.
- Adolescent peer programs oriented to positive life skills are effective.
- Workplace health promotion programs generally have had good results.
- Community self-help groups generally benefit participants; attempts to build supportive neighbourhood networks can have enduring positive effects.
- Well-organized attempts to mobilize the elderly into lifestyle and similar programs at the community level can have marked positive effects on depression, anxiety and other common mental health problems including memory impairment.
- Anger management is an effective, short-term way of dealing with abuse and violence problems.
- Small group approaches to stress management are effective.

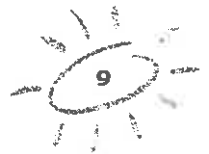


The evidence is also supportive in Canada, where positive benefits of *mental health promotion* are well documented.

- As part of a larger project in which the community as a whole is examining its needs and assessing possible changes, high school students in a downtown Vancouver school are working with university-based researchers. The project attempts to involve adolescents in documenting the process of youth empowerment in dealing with quality of life issues, such as the environment, safety, substance abuse and cultural and age differences. The students have conducted a survey, analyzed results, and are now publishing a newspaper with the intention of establishing a permanent medium through which they can express their concerns and ideas (Cargo *et al.*, 1994).¹³
- In a project in Montreal, researchers and Haitian families studied the life conditions, relationships within the family, the families' relationships with the outside community and their values. The data indicated internal strengths within the families (Eustache & Ouellet, 1990).¹³
- A stress management training program for low income women in Quebec also proved effective by reducing anxiety and depression. In addition, participants reported that the program increased their sense of control over their environment and enabled them to act positively, e.g., returning to school, changing their living situations and finding work.¹⁴
- *Better Beginnings, Better Futures*, a joint federal provincial, 25-year primary prevention policy research demonstration project concluded, after its first four years, that project participants showed evidence of increased self-confidence and self-esteem, greater social support, new skills and knowledge and many other benefits.¹⁵



Mental health problems are a frequent cost-driver in health resources, because they can be misunderstood, misdiagnosed or simply not considered. Often, a social deficit is created through doing nothing in situations where experience and research indicate that *mental health promotion* can have a positive and long-lasting effect. It is clear that where mental health programs have been introduced (including *mental health promotion* activities and the prevention and treatment of mental illness), overall health costs can be reduced.¹⁶



Moving Forward

In March, 1995, as a part of a restructuring exercise within Health Canada, the Mental Health Promotion Unit was created and located within the Health Programs and Promotion Branch. This places the Unit in a strategic position for introducing mental health promotion principles and practices into activities at the Division, Directorate and Department levels.

The goal of the Mental Health Promotion Unit, in collaboration with partners, is to contribute to the development of healthy public policy, and to facilitate research, knowledge development and projects which promote and foster mental, social, emotional and spiritual health and well-being, within a variety of environments.

CHALLENGES AND OBJECTIVES

The immediate challenges which have been identified by the Unit are as follows:

- Building intersectoral consensus on the importance of integrating *mental health promotion* approaches in all health-related activities.
- Developing a national *mental health promotion* agenda for action that effects the shift from an "illness" to a "health" approach.
- Building strategic alliances.
- Advocating healthy public policies which incorporate *mental health promotion* principles.



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- Facilitating and disseminating findings of research, evaluation and knowledge development about *mental health promotion* approaches.
 - Monitoring change.

Each challenge is described and followed by specific objectives for the Unit.

BUILDING INTERSECTORAL CONSENSUS

The broad and diverse health systems renewal initiatives currently underway across Canada, provide opportunities to build consensus across sectors and disciplines, on the value of integrating *mental health promotion* in all health-related activities, for the improvement of the health status of all Canadians.

The work of the Unit will:

- Identify and build on evidence of effective *mental health promotion* activities.
- Identify and build consensus on priorities for action in *mental health promotion*.
- Elevate and sustain the visibility of *mental health promotion* as an integral aspect of research, healthy public policy and all health promotion strategies.

STRENGTHENING A "HEALTH" APPROACH

A *mental health promotion* approach emphasizes mental health and protective factors rather than focusing on illness and risk factors. One role of the Unit is to facilitate this shift in approach both within and outside of government.

The work of the Mental Health Promotion Unit will:

- Clarify concepts and develop definitions that distinguish "mental health" from "mental illness" and *mental health promotion* from "disease prevention".¹⁶



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- Reinforce and maintain a *mental health promotion* perspective as an integral part of the work of the Department.
 - Influence the incorporation of *mental health promotion* principles, such as empowerment and community participation, into program development, and public and professional education programs.

CREATING AND SUSTAINING ALLIANCES

The establishment of interdepartmental, intergovernmental, intersectoral and interdisciplinary partnerships and collaboration are key to the integration of *mental health promotion* principles in all pursuits that influence the health and well-being of Canadians.



The work of the Unit will:

- Build on existing mental health and health promotion partnerships and create new working relationships.
- Establish and maintain mechanisms to ensure coordination, collaboration and networking between sectors and disciplines.
- Establish and maintain working relationships with national and international organizations.

ADVOCATING HEALTHY PUBLIC POLICIES WHICH INCORPORATE MENTAL HEALTH PROMOTION PRINCIPLES

Mental health promotion is a key element in Health Canada's vision of a "renewed national health system". When *mental health promotion* principles are integrated into healthy public policies, they become a protective mediating strategy between people and their socio-economic, physical, political, and cultural environments.

The Unit will seek to:

- Raise awareness about the importance of *mental health promotion* in health system renewal.



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- ☛ Encourage the establishment of focal points for *mental health promotion* at all government levels to demonstrate political commitment and provide leadership and accountability.
 - ☛ Promote and encourage the incorporation of *mental health promotion* principles, which include a concern for psychological well-being and quality of life, into health policies at every level, emphasizing social, economic and environmental perspectives as well as physical and mental perspectives.
 - ☛ Integrate *mental health promotion* principles into housing, workplace, and social services policies through interdepartmental and intergovernmental partnerships and collaboration.
 - ☛ Build consensus on priorities for healthy public policies that support *mental health promotion* over the next ten years.



ENCOURAGING RESEARCH, EVALUATION AND KNOWLEDGE DEVELOPMENT ABOUT MENTAL HEALTH PROMOTION PRINCIPLES AND ACTIVITIES

The challenge for researchers in *mental health promotion* is to address the complex social, political and economic forces that contribute to conditions of health as well as of risk, using rigorous research methods to generate information based on both qualitative and quantitative approaches.

The work of the Unit will:

- ☛ Summarize current information and encourage further research on factors which influence mental health and the linkages between them.
- ☛ Influence the integration of a *mental health promotion* approach into research related to health, social and economic development.
- ☛ Urge public and private sector research funding bodies to make *mental health promotion* a higher priority and recognize the



important contribution that sound participatory action research can make to this field.

- Encourage the development and funding of intersectoral and interdisciplinary *mental health promotion* demonstration projects.
- Collect and analyze information about existing *mental health promotion* research, policy and programs and their effectiveness in order to identify the best investments to influence healthy public policy.
- Encourage the development of : (a) simple, practical tools that provide benchmarks for self-assessment in mental health; and (b) practical evaluation tools and approaches for use by local health departments, health professionals, communities and individuals involved in *mental health promotion* activities.
- Establish and maintain mechanisms to ensure that research and knowledge generated from evaluated strategies and projects is disseminated and adopted by researchers, policy makers, programme managers, professionals, communities and other individuals interested in *mental health promotion*.



MONITORING CHANGE

Monitoring change is an important part of efforts to maintain and improve the mental health and well-being of the population.

The Unit will need to develop a system for identifying indicators of change as well as a method for collecting, analyzing, and disseminating the information. Indicators should include those that relate to outcomes as well as process.

Conclusion

People today are increasingly aware of the contribution that mental health can make to their lives.

Mental health has profound implications for every aspect of human existence. It is not a narrow field of concern only to professionals; every member of society has a stake in mental health issues and a contribution to make. The promotion of mental health in Canada is a challenge that needs to be addressed on many levels, employing a diversity of talents, resources and strategies.¹⁷



Improving the mental health of the population is also recognized as a worldwide challenge. As reported in "World Mental Health", mental health problems are the public health issue of this decade.

We are in the midst of a largely unheralded crisis in world mental health — problems such as substance abuse, violence, suicide, and dementia are encountered in low-income and high-income societies alike... Mental health represents one of the last frontiers in the improvement of the human condition.¹⁸

Internationally, *mental health promotion* has become a constructive response in an overall public health strategy to address this growing problem, and is provided leadership by the Mental Health Promotion Unit of the World Health Organization (WHO).

Canada continues to make a substantial contribution to the international growth and progress of health promotion activities. However, as noted in *Advancing the Dialogue on Health and Health Care*, (National Forum on Health, 1996), "Canada has not sufficiently developed health policies". Maintaining and



improving the mental health and well-being of all Canadians, including disadvantaged groups, is a significant challenge for Health Canada and its partners.

The Mental Health Promotion Unit is strategically placed to enhance Canada's efforts in research, evaluation and knowledge development, and building healthy public policy.

The time to act is now!



APPENDIX 1

Glossary

• Disease Prevention

Within a medical framework, the meaning of health promotion overlaps considerably the meaning of prevention. Primary prevention is aimed at reducing incidence of disease and other departures from good health; secondary prevention aims to reduce prevalence by shortening the duration of an illness; and tertiary prevention is aimed at reducing complications that result from disease.¹⁹

Prevention in the mental health field starts from a concern with a specific disease, such as schizophrenia, or a social problem such as teenage suicide, or some other clearly definable negative condition. The aim is to reduce the incidence, prevalence or seriousness of a targeted problem.

Prevention typically involves the targeting of groups and populations deemed to be at high risk. Activities usually come from professionally defined priorities and are under the control of professionals. Health promotion, on the other hand, is oriented towards building strengths, resources, knowledge and assets (towards general good health) with the issue and process under the control of the people concerned.²⁰

Primary prevention stands somewhere between the traditional concepts of prevention and health promotion — it involves those who are well, though frequently they will be in an identified risk group.



☛ Mental Health

Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality.²¹

☛ Mental Disorder

A mental disorder is a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psycho-social factors and can — in principle — be managed using approaches comparable to those applied to physical disease (that is prevention, diagnosis, treatment and rehabilitation).²²

☛ Population Health

A population health strategy focuses on factors that enhance the health and well-being of the overall population. It views health as a resource asset for everyday living, not simply as the absence of disease. Population health concerns itself with the living and working environments that affect health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health.

The goal of population health is the best possible health status for the entire population. In contrast, health care is the treatment or rehabilitation of illness. A population health perspective differs from traditional medical and health care in two main ways:



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- First, population health strategies address the entire range of individual and collective factors that determine health. Traditional health care focuses on risks and clinical factors related to particular diseases.
 - Secondly, population health strategies are designed to affect whole groups or populations of people. Clinical health care deals with individuals who usually have a health problem or are at significant risk of developing one.

Both population health and health care are important.²³

→ **Environment**

Environment, in its broadest sense, includes our physical surroundings, both natural and artificial, and the social, cultural, regulatory and economic conditions that influence our everyday lives.²⁴



APPENDIX 2

Historical Perspective

During the last century, the extraordinary growth in biomedical technology expanded the traditional practice of medicine to involve every system in the human body. This expansion resulted from successes achieved by scientifically-based approaches to diagnosis and treatment of physical diseases.



The world view that has decisively shaped modern science and technology — commonly referred to as the mechanistic or Cartesian paradigm emerging in the sixteenth century — is a radical departure from the thinking of antiquity. The entire universe, including the body of all living creatures, was viewed as a huge mechanical machine functioning like a clock with great precision according to mathematical laws. To discover these laws, man had to apply the analytical method and study their component parts. Understanding these laws allowed man to master and control nature.²⁵

Psychology has also been influenced by the acceptance of a mechanistic paradigm. Developments in the field of mental health have moved away from a holistic, integrated and philosophical approach to human issues and toward a medical, experimental and controlled approach to almost every aspect of human behaviour. As part of this movement, mental health professionals have become increasingly focused on specialties and new technologies grounded in scientific research.

From a professional perspective, human behaviours are increasingly seen in terms of a health disease continuum where health is the absence of disease. Mental health professionals have

come to see what we are doing or not doing through the narrow lens of the medical model. Human behaviours have become diseases to be diagnosed and treated.

These new understandings and services have increased our control over various aspects of our life and health and thus provided us with many benefits. At the same time, however, they have increased our feelings of helplessness and loss of control and developed a dependency on specialized professionals and external health services and systems.

A SHIFTING EMPHASIS

There is growing evidence of a shift away from this emphasis on a biomedical approach to human behaviour and towards individuals and groups taking increasing control over their health.

- The negative definition of health as the absence of disease was rejected by the World Health Organization (WHO) more than forty years ago. Its classic statement, "Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or injury," expresses a general perception that there is much more to health than simply a collection of negatives — a state of not suffering from any designated undesirable condition.²⁶
- Health care consumes economic resources that could be used to improve living and working conditions. A society that spends so much on health care that it can not or will not spend adequately on other health-enhancing activities may actually be reducing the health of its population.²⁷ There is also mounting evidence that the contribution of medicine and health care is quite limited, and that spending more on health care will not result in further improvements in population health.



Health care as it is now understood is only one of a number of factors which make people healthy. Other factors include:

- income and social status
- social support networks, education
- employment and working conditions
- safe and clean physical environments
- biology and genetic make-up
- personal health practices and coping skills.²⁸

Factors in the social environment, external to the health care system, exert a major and potentially modifiable influence on the health of populations, through biological channels that are just now beginning to be understood.²⁹



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