Definition of Population-Based Practice

Population-based practice:

1. **Focuses on entire populations**
   A *population* is a collection of individuals who have one or more personal or environmental characteristics in common. A *population-of-interest* is a population essentially healthy but who could improve factors that promote or protect health. A *population-at-risk* is a population with a common identified risk factor or risk-exposure that poses a threat to health. Population-based practice always begins with identifying everyone who is in the population-of-interest or the population-at-risk. It is not limited to only those who seek service or who are poor or otherwise vulnerable.

2. **Grounded in an assessment of the population’s health status**
   Population-based practice reflects the priorities of the community. Community priorities are determined through an assessment of the population’s health status and a prioritization process.

3. **Considers the broad determinants of health**
   Population-based practice focuses on the entire range of factors that determine health rather than just personal health risks or disease. Health determinants include income and social status, social support networks, education, employment and working conditions, biology and genetic endowment, physical environment, personal health practices and coping skills, and health services.

4. **Emphasizes all levels of prevention**
   Prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect after it has occurred. Not every event is preventable, but every event does have a preventable component. Primary prevention promotes health or keeps problems from occurring; secondary prevention detects and treats problems early; tertiary prevention keeps existing problems from getting worse. Whenever possible, population-based practice emphasize primary prevention.

5. **Intervenes with communities, systems, individuals and families**
   Population-based practice intervenes with communities, the systems that impact the health of communities, and/or the individuals and families that comprise communities. Community-focused practice changes community norms, attitudes, awareness, practices, and behaviors. Systems-focused practice changes organizations, policies, laws, and power structures of the systems that affect health. Individual/family-focused practice changes knowledge, attitudes, beliefs, values, practices, and behaviors of individuals (identified as belonging to a population), alone or as part of a family, class, or group. Interventions at each level of practice contribute to the overall goal of improving population health status.

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