

Why We Need to Work with Priority Populations and How this Relates to Population Health

What is Population Health?

The population health approach achieves its goal of improving the health status of the entire population by considering health determinants and strategies to reduce inequities in health status between groups.

(Health Canada, 2001).

Population health is defined by Public Health Agency of Canada (PHAC) as the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services (Health Canada, 1999b).

A longer definition of population health is provided in the Ontario Public Health Standards, 2008. It is:

Population health is the health of the population, measured by health status indicators. Population health is influenced by physical, biological, behavioural, social, cultural, economic, and other factors. The term is also used to refer to the prevailing health level of the population, or a specified subset of the population, or the level to which the population aspires. Population health describes the state of health, and public health is the range of practices, procedures, methods, institutions and disciplines required to achieve it. The term also is used to describe the academic disciplines involved in studies of determinants and dynamics of health status of the population (OPHS, 2008).

The outcome of population health approaches is a measure of the overall health of the population. While the population health approach measures the entire population in terms of health outcomes, to impact that overall outcome, targeted approaches are required with specific populations where evidence points to health inequities or where a sub-group of the population is disadvantaged in terms of their health outcomes. In the Ontario Public Health Standards (OPHS), these groups are called “priority populations”. Greater gains to the overall health of the population may be made by reducing health inequities within a population and by focusing efforts on these priority populations. The targeted approach is used as part of a thoughtful multifaceted health promotion strategy in conjunction with the universal approach

As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations.

Priority Populations within a Population Health Approach

The OPHS directs Public Health Units to identify “priority populations” by surveillance data, epidemiological analysis, or other research, including community and other stakeholder consultations. Practitioners could either adjust universal interventions to increase accessibility for certain sub-groups, or develop specific strategies in order to address inequalities in the social determinants of health. This approach challenges public health practitioners to balance resource allocation between universal and priority population- focused interventions to increase impact and affect overall population health outcome.

Priority Populations: Illustrations

We can think of the focus on priority populations using the example of a school classroom approach. The classroom teacher is required to teach all the students in her class regardless of their ability and needs. Some students will require more support than others on certain issues or with certain topics in order to keep up with the rest of the class. The teacher can access resources to provide intensive support to students with higher needs. In order to get access to these resources, the teacher requires evidence that is gathered through assessments of the students' needs, abilities and test scores. By providing targeted approaches to the students most in need, the overall class results will see improvements as well. In other words, if the whole class had continued to be taught with the same approach, the overall class results would not have improved as much as when targeted help is provided to those who need it.

The priority population approach mirrors this example with the key elements being assessment of needs and developing appropriate strategies to meet those needs, while at the same time supporting the rest of the population.

An example from our public health work:

Women over the age of 50 are a target population for breast cancer screening because evidence shows they benefit the most from screening interventions. However, within that target population, priority populations who have barriers to accessing screening services may include women without a family doctor, recent immigrant woman, and women who live in rural areas. By tailoring interventions for these sub-groups of women over 50, we increase the overall screening rates for all women over 50 while at the same time still reaching the general population of women over 50.

Addressing the Determinants of Health: From theory to action

According to the Ontario Public Health Standards and its specific requirements, Public Health practitioners have the following roles in addressing determinants of health and health inequities:

a) *identify and describe evidence of health status and health inequities*

through health status reports, statistical data, and evidence from surveys:

by looking at the relationship between health outcomes and health behaviours and socio-demographic factors (e.g. income and heart disease, physical activity, food skills....) or socio-demographic characteristics of neighbourhoods and EDI scores; recent immigration and post partum screening scores....

through interviews, focus groups, community consultations:

by looking at what the lived experience, needs and capacities of particular populations are; how they affect their health and health behaviours, and how can we modify our interventions to reduce health inequities;

through program evaluations:

by looking at who our interventions are reaching, and how they are benefiting, and who they are not reaching, and/or who is not benefiting, and comparing those findings with those from other sources of evidence.

b) *modify public health interventions to meet the unique needs and capacities of priority populations*

Because socio-economic factors (as well as some individual factors, such as genetic endowment, gender, age, ability), either cannot easily or at all be altered, we also need to consider how our general population health interventions are delivered so that the needs of populations that experience health inequities, can be met. This could be accomplished by modifying what, who and how we engage in public health interventions. This includes engaging stakeholders in designing and delivering tailored programs,

considering most suitable locations and settings, modifying how interventions are delivered (e.g. peer approach, group or individual), and removing barriers to access.

- c) *to engage in community and multi-sectoral collaboration in addressing the socio-economic needs of these populations*

This involves participation in networks of service providers and community groups to improve service through interventions and integrations to ensure easier access, greater benefit, and well rounded supports; and to create supportive settings in places that are natural, convenient and acceptable to the groups we are trying to reach

- d) *to support community and other stakeholders in policy advocacy for improvements in socio-economic determinants of health*

This means that all our work (evidence, practices, learnings, outreach, and collaborations) enables us to collectively learn and advocate for systemic changes. This action would not only alleviate and address health inequities, but also work to minimize or eliminate them through policy changes at various levels (organizational, community, provincial, federal). Examples include exposing evidence of a relationship between health and low income to contribute to poverty reduction strategies; or to improve recognition of foreign trained professionals.

Things to consider: Guiding Principles of the Population Health

Health Canada lists the following principles that underlie the population health approach and guide its application.

1. *Health is a capacity and as such acts as a resource for everyday living*
This reflects a change in thinking which sees health as a positive concept rather than simply the absence of disease; it also incorporates broader concepts including social and mental well-being rather than being narrowly focused on physical health.
2. *Determinants of health are addressed*
A population health approach addresses health determinants and recognizes that they are complex and interrelated.
3. *The focus is upstream*
A population health approach incorporates the concept that the earlier in the causal stream one can act, the greater the potential for benefits in health status and outcomes.
4. *Decisions are based on evidence*
Evidence gathered from both qualitative and quantitative data is used to drive and help set priorities and goals in population health and to evaluate population health strategies and outcomes.
5. *Management of health issues involves collaboration with other sectors and engagement of the public*
This involves working with other organizations and other sectors in order to achieve desired health outcomes. It may also involve ensuring that information is accessible and useful for individuals and community groups in order to ensure that goals are reached.

For further information:

What is the Population Health Approach? (PHAC)

Click on "What is Population Health"

<http://www.phac-aspc.gc.ca/ph-sp/approach-approche/appr-eng.php#health>

PHAC also has a longer document, "The Population Health Template: Key Elements and Actions That Define A Population Health Approach"

<http://www.phac-aspc.gc.ca/ph-sp/pdf/discussion-eng.pdf>

And 2 shorter documents:

The Population Health Template Working Tool

http://www.phac-aspc.gc.ca/ph-sp/pdf/template_tool-eng.pdf

Summary Table of the Population Health Key Elements

http://www.phac-aspc.gc.ca/ph-sp/approach-approche/pdf/summary_table.pdf

References

Health Canada. (1999a). A population health approach: definitions and guiding principles. Retrieved August 7, 2009 from: www.ssdha.nshealth.ca/A%20POPULATION%20HEALTH%20APPROACH%20ARTICLE

Health Canada. (1999b). Toward a Healthy Future: Second Report on the Health of Canadians. Ottawa: Canada. Retrieved August 7, 2009 from: http://www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/pdf/toward_a_healthy_english.PDF

Health Canada, Strategic Policy Directorate. (2001). The Population Health Template: Key elements and actions that define a population health approach. Retrieved August 7, 2009 from: <http://www.phac-aspc.gc.ca/ph-sp/pdf/discussion-eng.pdf>

Kindig and Stoddart. (2003). What is population health? American Journal of Public Health, 93(3), pp. 380-383.

Ontario Ministry of Health and Long-Term Care. (2008). Ontario Public Health Standards. Retrieved August 7, 2009 from: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf

Patychuk and Seskar-Hencic. (2008). First Steps to Equity: Ideas and strategies for health equity in Ontario 2008-2010. Toronto: Canada.

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