

Advancing a Population Health Needs Framework: Progress and Future Directions

A Task Force Update (Part 1)

This presentation will be recorded

Acknowledgements

This work was supported by the Population, Public, and Indigenous Health Strategic Clinical Network™, Alberta Health Services [Grant #10676]

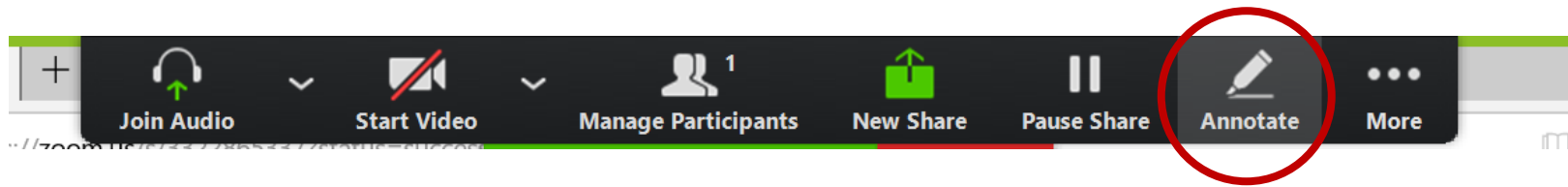


Today's Speaker

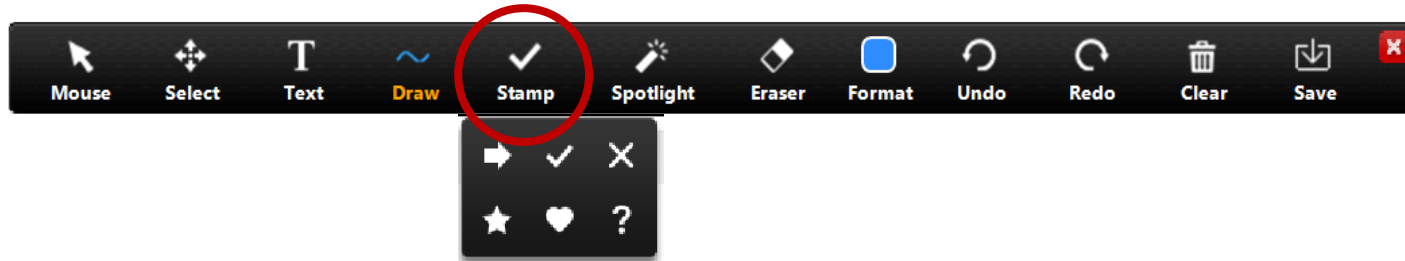
Jacqueline Krysa, PhD

Scientist, Primary Health Care, AHS

How You Can Participate: Annotate

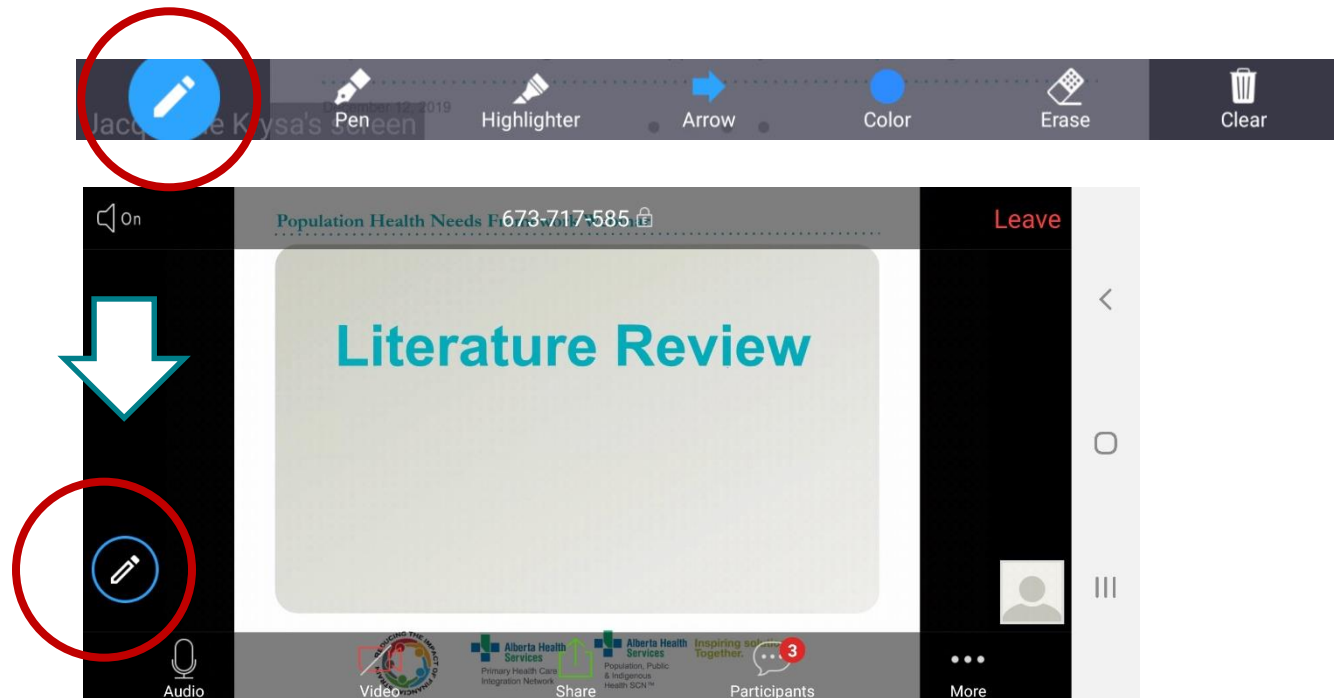


1. When prompted, drag your cursor to the top of the zoom browser and this panel will appear
2. Select '**Annotate**'



1. Under Annotate, Select '**Stamp**' and choose an icon according to your thoughts

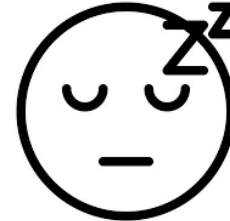
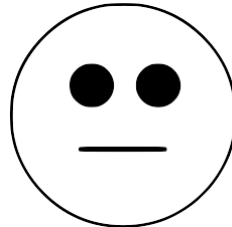
How You Can Participate on mobile: Annotate





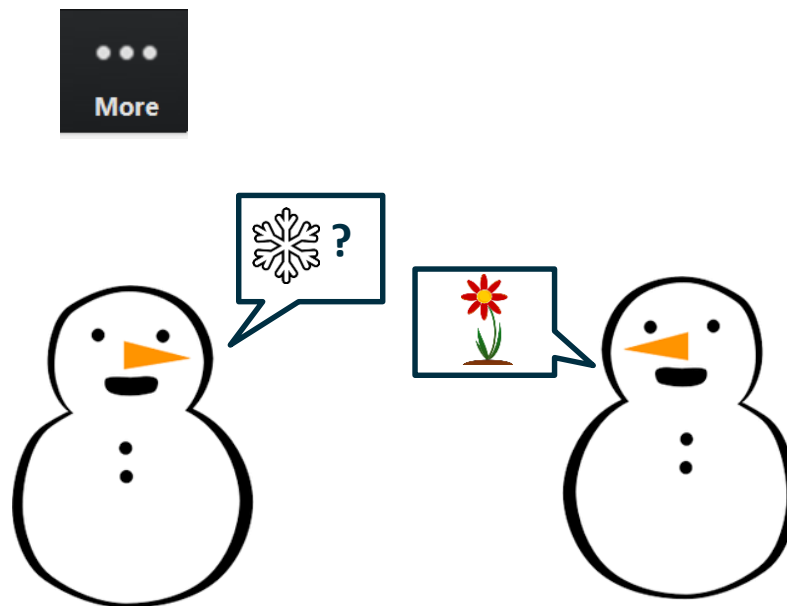
Let's Try it Out

Which of these smiley's represents your mood today?



How You Can Participate: Chat

You can type questions in the chat panel,
under **‘More’**



Population Health Needs Framework: Update and Discussion (Part 1)

Tim's Story



Used with permission from: Primary Healthcare Patient Videos to Inspire Change



Which of these areas are most relevant in Tim's journey?

- | |
|---|
| 1. Physical, Biological, and Mental Health |
| 2. Built Environment |
| 3. Social Environment |
| 4. Health Behaviours and Lifestyle |
| 5. Community Adaptiveness and Resilience |
| 6. Socioeconomic and Political Context |

What areas can we be working on to ensure individuals with financial strain are tapping into all the social benefits provided by government and community?

- 1. Physical, Biological, and Mental Health**
- 2. Built Environment**
- 3. Social Environment**
- 4. Health Behaviours and Lifestyle**
- 5. Community Adaptiveness and Resilience**
- 6. Socioeconomic and Political Context**

Overview

1. Framework Context and Scope
2. Process for Developing the Framework
3. Current Findings
4. Next Steps

Context

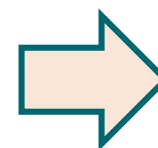
Health is sensitive to social/societal factors and the physical conditions of the environment



What **Makes** Us Healthy



What We **Spend** On Being Healthy



Health care planning in Alberta mainly considers **health care utilization data**

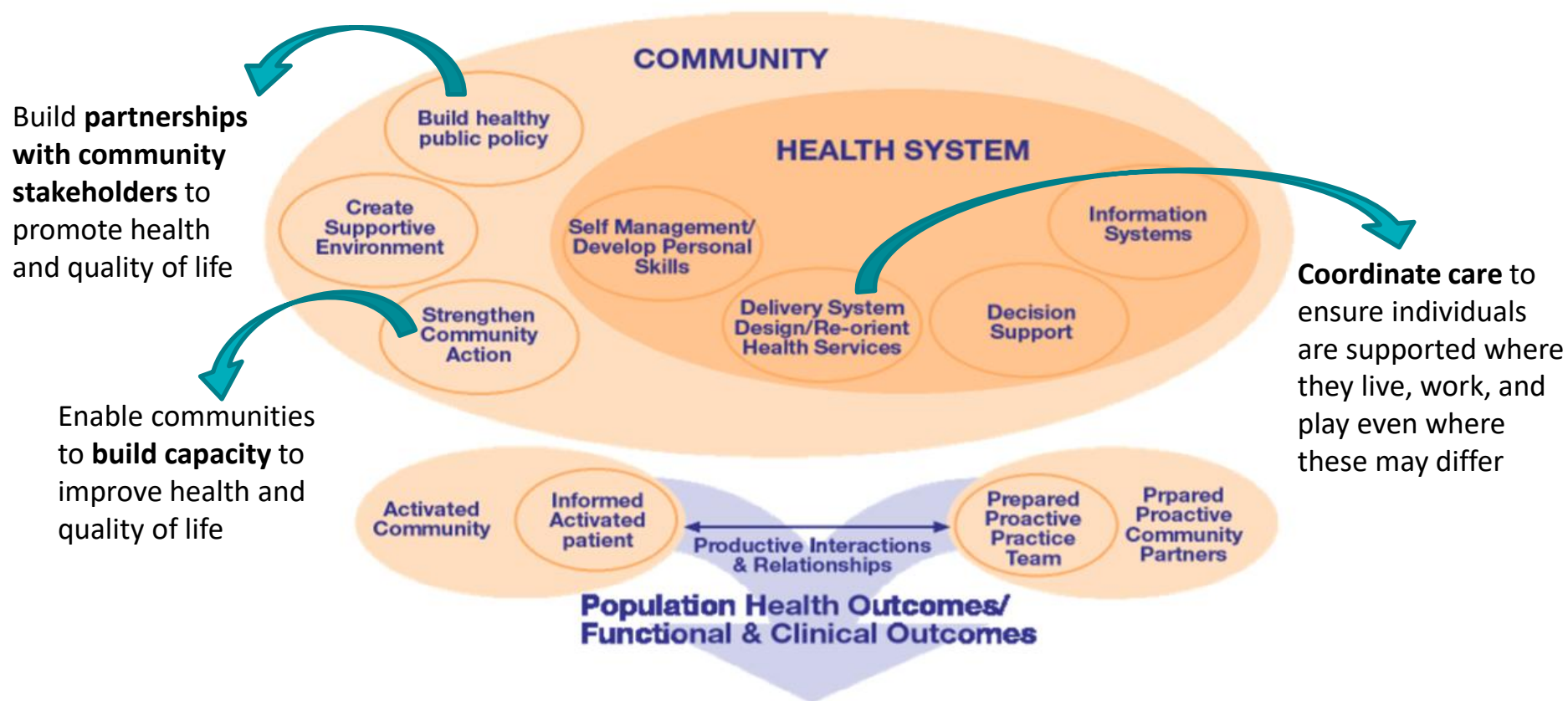
- **Population health:** The health outcomes of a group of individuals, including the distribution of such outcomes within a group¹
- There is **no universal definition of population health needs** nor ways it can be incorporated into our current health service planning structures

Population Health Needs Framework: Update and Discussion (Part 1)



Population Health Needs Framework: Update and Discussion (Part 1)

Expanded Chronic Care Model: Chronic Condition and Disease Prevention and Management¹



Original Image from: Barr JV (2003); *Hosp Q*

¹A Vision for Chronic Condition and Disease Prevention and Management (2016) available from <https://www.albertahealthservices.ca/assets/info/hp/cdm/if-hp-cdm-ccdmp-strategy.pdf>

Purpose

To develop a framework that guides planners on how to begin addressing population health needs, and plan and deliver appropriate services to address these needs

Scope of Framework

In-Scope:

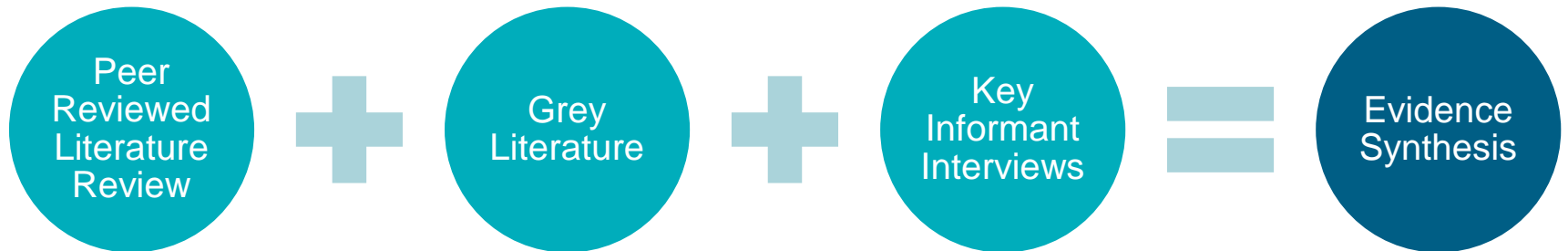
- Conceptual understanding of population health needs
- Organizational, Primary Care Network (PCN), and Zone level service planning
- Can be tailored in future for specific populations

Out-of-Scope:

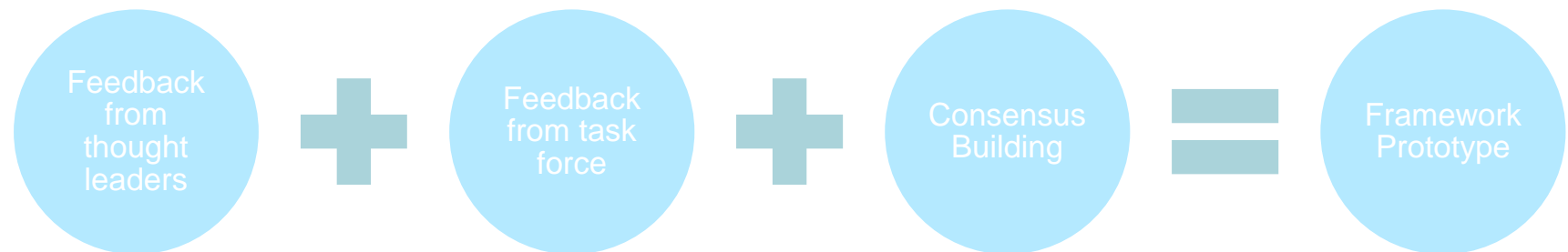
- Individual level needs framework
- Specific population needs framework (e.g., cultural groups)
- Data-focused framework
- The provincial health care level in terms of policies and programming

Designing A Framework to Address Population Health Needs in the Context of Service Planning

Framework Process



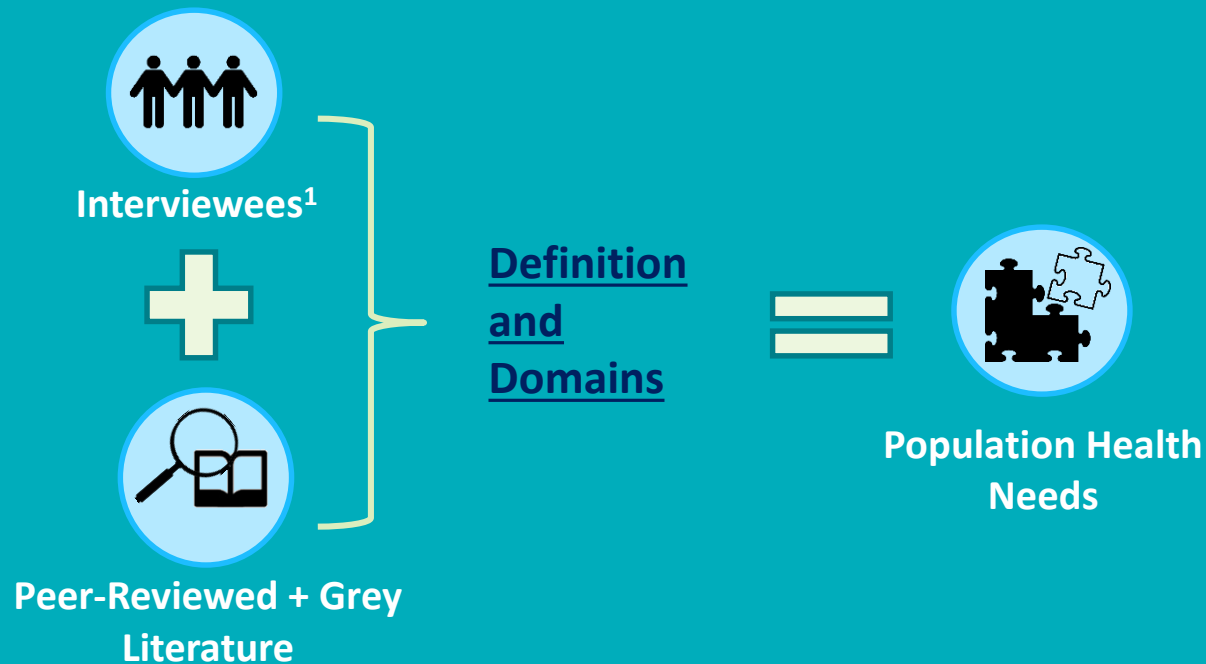
December 2019



January 2020

March 2020

Population Health Needs Definition and Domains



¹Interviews were conducted with AHS partners, PCN, and community agencies to learn more about: **(1)** how we plan for services, **(2)** define population health needs, and **(3)** how population health needs are considered when planning for health services

What are Population Health Needs?

- The difference between health status or services necessary to deal appropriately with health problems versus the actual/current health status or services received¹

Terms associated with population health needs:

- Addressing health inequities
- Addressing social determinants of health
- Geography
- Access to Care and Services

.....
¹Carr and Wolfe (1976); Int J Health Serv

Common Definition of Population Health Needs

- What *really* influences our health?
- What matters to us when we think about our health?
- How can we build processes into our planning to meet the health needs of our population?

Strategic

The process of directing, coordinating, and providing oversight for an organization's long-term planning strategies



Operational

The arm of an organization that is concerned with ground-level service provision and forecasting short-term planning initiatives





Strategic Definition of Population Health Needs

An approach to health service planning whereby strategic direction, vision, and strategy are aligned to promote a shared understanding of the factors that influence the health and wellness of the population living in Alberta.



Operational Definition of Population Health Needs



Local care providers and teams work together with the community to develop a mutual understanding of the local context and community needs (e.g., health equity assessments, patient reported outcome measures).

Together, they co-create meaningful strategies that effectively utilize local resources to address these health needs now, and in the future.



Tell us what you think

What domains reflect population health needs?

- Domains are emerging themes or concepts that were uncovered from our review of sources (peer-reviewed literature, grey literature, and interviews)
- These concepts help understand what really influences our health and how can we build processes into our planning to meet the health needs of our population?



*Are these
appropriate?*

Draft Domains

Physical, Biological, and Mental Health

- e.g., chronic health conditions and disease, genetics, disability

Built Environment

- e.g., schools, recreation areas, work place

Social Environment

- e.g., social networks, social participation

Health Behaviours and Lifestyle

- e.g., physical activity, smoking

Community Adaptiveness and Resilience

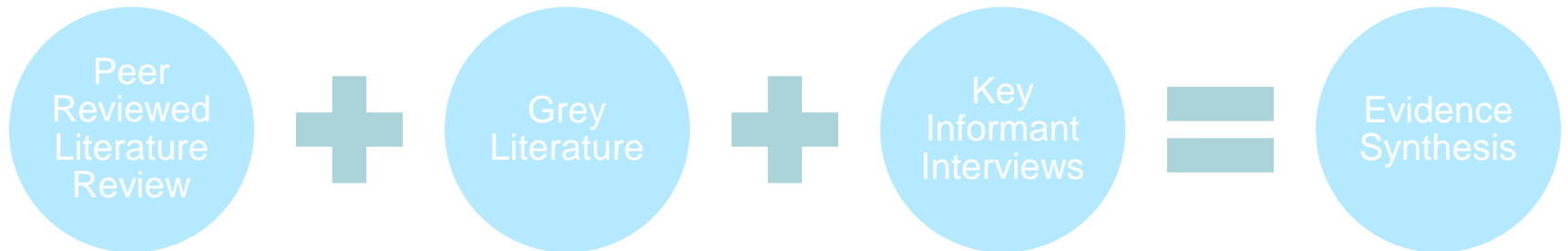
- e.g., community readiness and engagement

Socioeconomic and Political Context

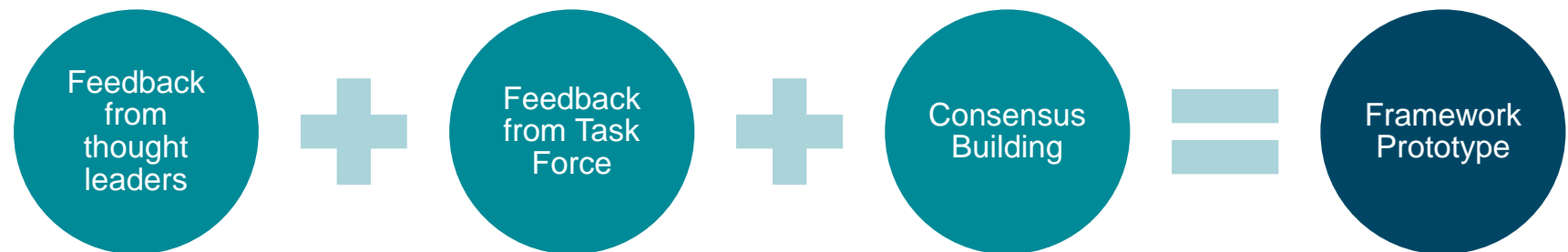
- e.g., housing, environment, income, employment, education, food insecurity, social procurement

¹The framework is directed towards addressing the needs of the broader population and is focused on service planning as opposed to upstream policy initiatives

Framework Process



December 2019



March 2020

Feedback from Thought Leaders: Key Findings

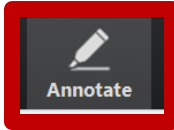
Engaging Thought Leaders

- n=20 select thought leaders were contacted by email from December 2019 – January 2020
- *‘How to make the framework operational?’*
- *‘What are key strategies for building and maintaining inter-sectoral partnerships?’*
- Response rate: n=12 (60%) (email or phone)

Q1: How to Make the Framework Operationally Useful?


*What are some
other suggestions?*





Q2: What are Some Strategies to Advance Inter-Sectoral Partnerships?

Clear Vision

Engagement at Various Levels

Consistency and Alignment of Service Planning Across Sectors



What are some other suggestions?

Leverage and Coordinate Resources

Meet Often and in Person

Next Steps: Essential Enablers

Components of the framework that, alongside domains, will guide users towards the organizational considerations needed to begin planning for population health needs services e.g., appropriate governance and infrastructure, collective impact

Next Steps: Consensus Building

- On-going consensus process with AHS, PCN, community and other partners is being used to determine the appropriateness of framework components
 - Expected to finish by March 1st, 2020
 - If you are interested in being part of this consensus process please email me
-

Next Steps: In-Person Meeting

- Holding 2 in-person meetings in Edmonton: the afternoon of February 27th and March 4th (approximately 2 hours each)
- Prototyping the Framework with care partners
- If you are interested in joining please email me

Thank you!

Join us for Session 2: March 16th,
1:00-2:00pm



jacqueline.krysa@albertahealthservices.ca



Where to Find More Information on this Work and Other Projects Related to Financial Strain?

<https://together4health.albertahealthservices.ca/FinancialWellness>

