

Population and Public Health: Creating conditions for health and advancing health equity in Alberta

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Despite universal access to publicly funded physician and hospital care, wide disparities in health outcomes exist among communities across Alberta.¹ For instance, the age-standardized prevalence rate of diabetes is roughly 4.5 to 16.1 per 100 000 people across Alberta communities.² Variation in age-standardized rates of visits to the emergency department for mental and behavioural disorders ranges from 425.3 to 11459.3 per 100 000 people among communities.² Furthermore, most conditions follow a social gradient: in general, people who are less advantaged have worse health.³ The circumstances in which we live, the places where we spend our time and the social networks to which we belong have much greater effect on health than the medical care we receive.⁴

Improving population health is crucial to reducing the demands on curative health care and ensuring sustainability of the health system.⁵ Before 2016, the Strategic Clinical Networks (SCNs) each had a specialized clinical focus (e.g., Critical Care and Surgery) and, therefore, did not have the mandate or expertise to focus on population health. Knowing this, the senior leadership of the Population, Public and Indigenous Health provincial program of Alberta Health Services (AHS) identified the need and funded the creation of the Population, Public and Indigenous Health Strategic Clinical Network (PPIH SCN; www.ahs.ca/ppihscn) in May 2016 with 2 distinct core committees, one focusing on population and public health and the other on Indigenous health,⁶ functioning as 2 separate networks.⁷

The population health approach aims to improve the health of an entire population by measuring and addressing the overarching health needs of the population, and identifying and reducing health inequities among population groups.⁸ The mission of the Population and Public Health arm of the PPIH SCN is to drive innovation that creates opportunities and conditions for all people in Alberta to reach their full health potential. The committee is a network of representatives from universities, provincial nonprofit organizations, professional associations, primary care providers, medical officers of health, provincial and federal government departments, AHS patient advisors, and public health and primary care programs. The committee meets quarterly, and members

KEY POINTS

- Increasing pressures from public health threats, such as falling immunization and rates of cancer screening, the opioid crisis and widening health inequities, have refocused attention on improving population health.
- The mission of the Population and Public Health arm of the Population, Public and Indigenous Health Strategic Clinical Network (PPIH SCN) is to drive innovation that creates opportunities and conditions for all people in Alberta to reach their full health potential.
- Breaking down silos and finding new ways of working together to move forward in a coordinated and integrated way is required to truly improve population health outcomes and reduce health inequities in Alberta.
- By upholding population and public health as a strategic priority, the Population and Public Health arm of the PPIH SCN ensures that efforts to focus on promoting health across Alberta Health Services (including across all SCNs) and within communities themselves, are strengthened.

actively participate as collaborators, champion population and public health initiatives, and communicate with colleagues about the initiatives of the Population and Public Health arm of the PPIH SCN.

Using a participatory consensus-based approach,⁹ the Core committee endorsed a Transformational Roadmap that identified 2 strategic directions, based on the World Health Organization's Ottawa Charter for Health Promotion,¹⁰ as the focus on which to build priorities and actions: Strengthen Community Action and Reorient Health Services (Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.190601/-/DC1). Strengthen Community Action reflects the committee's recognition of the importance that social conditions outside the health system have in shaping immediate and long-term health, and the need to partner with communities to create sustainable change. Reorient Health Services envisions a future where health care facilities play a key role with community partners in addressing local population health needs, as well as immediate medical needs.

Since its inception, the Population and Public Health arm of the PPIH SCN has launched several initiatives to move forward on its strategic directions. The network collaborated with other partners of AHS to launch the new health equity page on the Alberta Community Health Dashboard: an interactive online interface that empowers Alberta communities to understand and take action on factors that determine how healthy people are in their communities.¹ The new page aims to advance health equity by providing some of the data required to understand risk factors for cancer and related chronic diseases in the context of associated social and economic conditions. The network has also been actively working in partnership with Alberta's new provincial electronic medical record system (Connect Care) to embed standardized screening and referral for social and preventive factors into the patient health record.

Another initiative focusing on social and preventative factors, *Reducing the Impact of Financial Strain*,¹¹ recognizes that income is one of the most powerful determinants of health and that intervening can have a profound effect on health outcomes.⁵ This initiative is a scalable collaboration requiring partnerships between AHS, the Alberta Medical Association, Primary Care Networks and various community organizations that aims to reduce financial strain as a barrier to health. It is supporting primary care providers to screen for and respond to financial concerns among their patients, strengthening linkages to existing community services that provide supports to individuals experiencing financial strain, and assessing and building capacity among community members and organizations to address gaps. A fundamental component of the project evaluation will be assessing the process and effect of the collaborative work among partners and understanding the effect on providers, patients and their communities.

The journey to date for the network has not been without its challenges. At the time of its launch, the vision was to create an SCN that spanned population, public and Indigenous health. Shortly after its inauguration, all members of the network recognized that to address the broad and diverse areas of scope appropriately it was necessary to create 2 "arms" within the broader PPIH SCN. The 2 core committees (Population and Public Health and Indigenous Health) were thus created with a specialized focus and membership for each arm of the network while maintaining strong alignment between both arms (e.g., cross-appointed leadership roles). In addition, given that the role of each arm is to test and implement innovative solutions, this network was embedded within the already existing provincial program, which strengthens AHS' ability to identify pressing population and public health issues, collaborate with operational partners on workable solutions, sustain successful initiatives and test innovative approaches that span beyond the walls of the health system.

Another challenge has been breaking down silos to create shared understanding of the importance of population health and the role that the entire health care system has in improving population health outcomes and decreasing inequities. To begin to address this challenge, the network is launching a pan-SCN prevention initiative through which the Population and Public Health arm of the PPIH SCN can support AHS' 16 SCNs in new ways of working together to address population health improvements, including reducing commercial tobacco use and alcohol consumption.

Future directions include the development of quality indicators for the Population and Public Health arm of the PPIH SCN. The members of its core committee are participating in a robust consensus-building process to develop and refine candidate quality indicators across the broad scope of population and public health to select key indicators that will measure and track the ongoing progress in achieving the network's strategic directions. The Population and Public Health arm of the PPIH SCN provides the foundation for transformative innovations that can enhance conditions and opportunities for all people in Alberta that will lead to improved health outcomes for the entire population.

References

1. Alberta Community Health Dashboard: health equity. Calgary: Alberta Health Services; 2018. Available: www.healthiertogether.ca/prevention-data/alberta-community-health-dashboard/ (accessed 2019 May 14).
2. Interactive health data application. Government of Alberta; 2018. Available: www.ahw.gov.ab.ca/IHDA_Retrieval/ (accessed 2019 Sept. 7).
3. Key health inequalities in Canada: a national portrait – executive summary. Ottawa: Public Health Agency of Canada; 2018. Available: www.canada.ca/en/public-health/services/publications/science-research-data/key-health-inequalities-canada-national-portrait-executive-summary.html (accessed 2019 May 14).
4. *Health care in Canada: What makes us sick?* Ottawa: Canadian Medical Association; 2013. Available: https://legacy.cma.ca/Assets/assets-library/document/fr/advocacy/What-makes-us-sick_en.pdf (accessed 2019 May 14).
5. The population health template: key elements and actions that define a population health approach. Ottawa: Health Canada; 2001. Available: www.phac-aspc.gc.ca/ph-sp/pdf/discussion-eng.pdf (accessed 2019 May 10).
6. Williams K, Potestio ML, Austen-Wiebe V. Indigenous Health: applying Truth and Reconciliation in Alberta Health Services. *CMAJ* 2019;191(Suppl 1):S44-6.
7. Population, Public & Indigenous Health Strategic Clinical Network. Calgary: Alberta Health Services; 2019. Available: <https://www.albertahealthservices.ca/scns/Page13061.aspx> (accessed 2019 May 14).
8. Population health approach: the organizing framework. Ottawa: Public Health Agency of Canada; 2013. Available: <http://cbpp-pcpe.phac-aspc.gc.ca/population-health-approach-organizing-framework/> (accessed 2019 Apr. 17).
9. Kemmis S, McTaggart R. Participatory action research: communicative action and the public sphere. In: Denzin NK, Lincoln YS, editors. *The Sage handbook of qualitative research*. Thousand Oaks (CA): Sage Publications; 2005.
10. *Ottawa charter for health promotion*. Geneva: World Health Organization; 1986.
11. *Reducing the Impact of Financial Strain (RIFS)*. Calgary: Alberta Health Services; 2019. Available: <https://together4health.albertahealthservices.ca/FinancialWellness> (accessed 2019 Nov. 6).

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