



Tackling Health Inequalities Through Population Health: A Leadership and Management programme

SESSION 1:

POPULATION HEALTH MANAGEMENT
AND HEALTH INEQUALITIES



The programme aims are:

1 Develop across the system, participants' capacity, capability and confidence in utilising a population health management approach in their day-to-day work

3 Explore and review evidence-based population health approaches at local and regional level to inform need-based planning and cost-effectiveness in decision making and prioritisation.

5 Enable participants to include a PHM approach in continuous improvement to:

- a) Reduce demand for Health and Care services,
- b) Reduce inequalities, and
- c) Improve public and patient outcomes and sustainable public services

2 Understand the care and health needs of specific populations, this may include but is not limited to, understanding access / treatment gaps, inequalities, and impact of the wider determinants of health

4 Develop across the system participants capabilities to support the use of Population Health management approaches to inform demand and capacity of services, service design and delivery, and to ensure the system is connected

Population Health Management and Health Inequalities:

OBJECTIVES:

- Understand the meaning, and content of population health approaches in the context of system or ICS
- Explore global population health management approach across African, Asia, Europe, and America in the context socio-economic global trends i.e., Covid, Ukraine Crisis, Climate Change
- Identify local, regional, and national opportunities for improving population health and evidence-based approaches (best practice)
- Understand the role of systems to challenge their approach toward population health
- Consider what you can do in your local teams to create positive impact
- Toolkit / manual video resources to be designed for local use
- Post session evaluation

Ground Rules

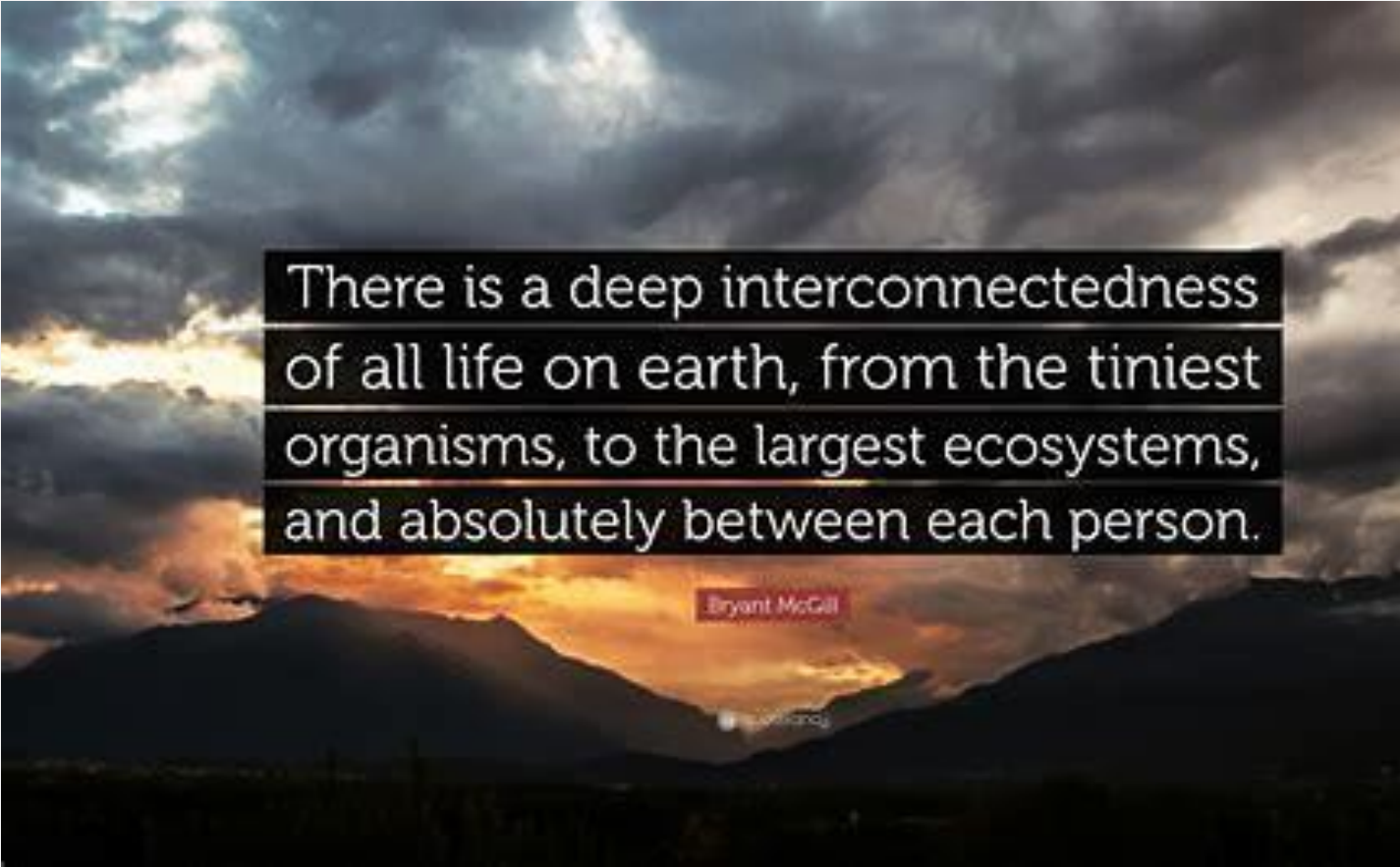
1. Be present – and please have your camera on and microphone off (unless speaking)
2. We are here for 90 minutes – please commit to be with each other until we close
3. Respect the requests for timeliness
4. Discretion
5. Participation – fully and respectfully in groups
6. Be aware of the difference in the whole group

Session outline

1. Welcome and intros
2. Check in
3. What is population health and PHM?
4. Reflection on Health Inequalities: What Gets in the Way?
5. What are ICSs? – brief recap and accountability
6. Ethical challenges & Basics of resource allocation – Cancer pathway example – group exercise on allocating cancer funding
7. What is happening globally – international examples, group discussion on reflections and learning
8. Impact of three socio-demographic trends (Covid-19, Violent Conflict and Climate Change), and introducing the concept of ‘One Health’ – group discussion on reflections and learning
9. Getting started locally – reflection and signposting
10. Close and action planning

We are all more complex and various than we might think ourselves

When we focus solely on the medical model, sometimes we forget:



There is a deep interconnectedness of all life on earth, from the tiniest organisms, to the largest ecosystems, and absolutely between each person.

Bryant McGill

What is population health?

Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group

DRS. DAVID KINDIG AND GREG STODDARDT

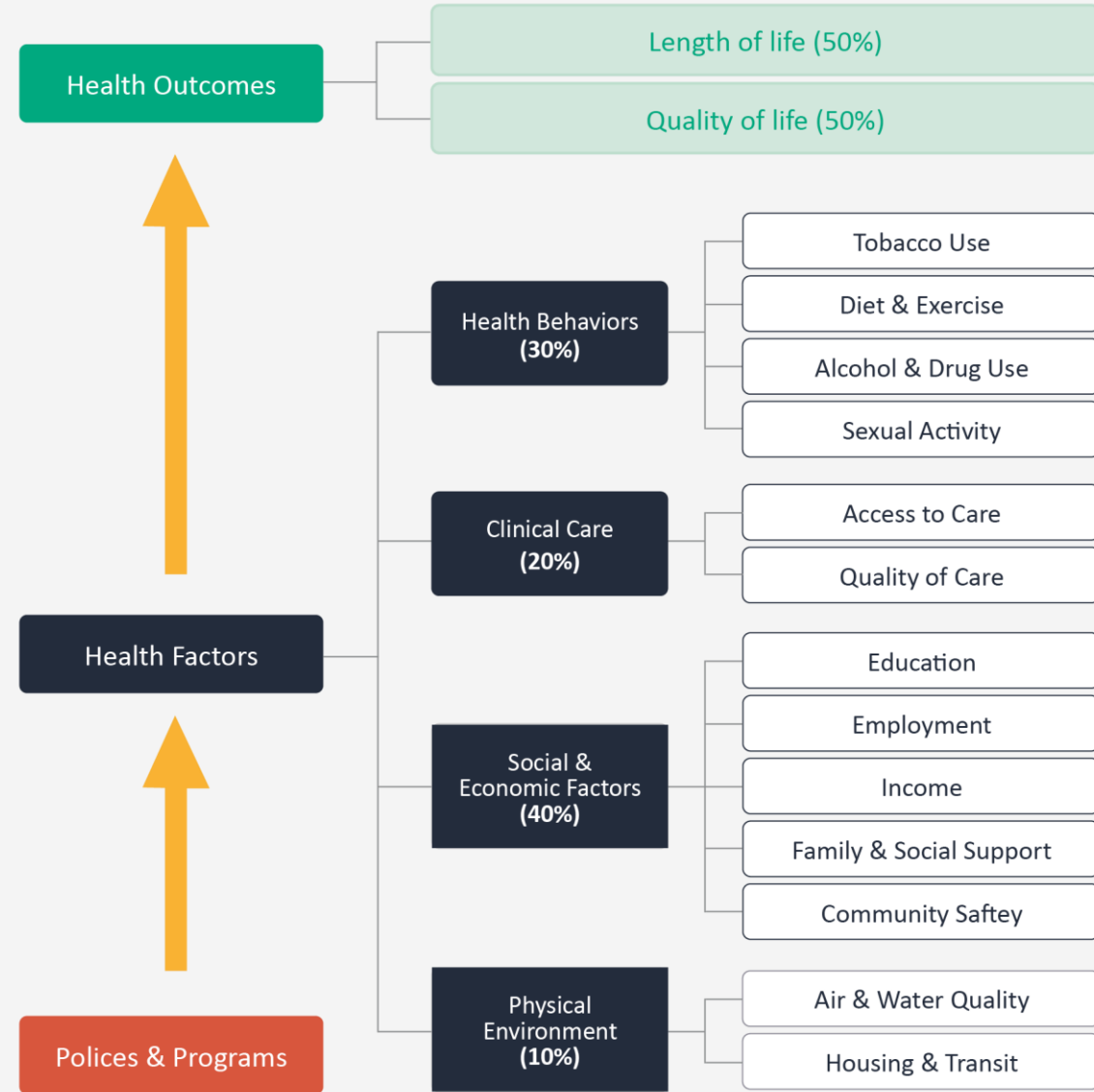
Question

What proportion of a person's outcomes are attributed to the ability to access good quality health care?

Understanding population health...

WHO DEFINITION OF HEALTH:

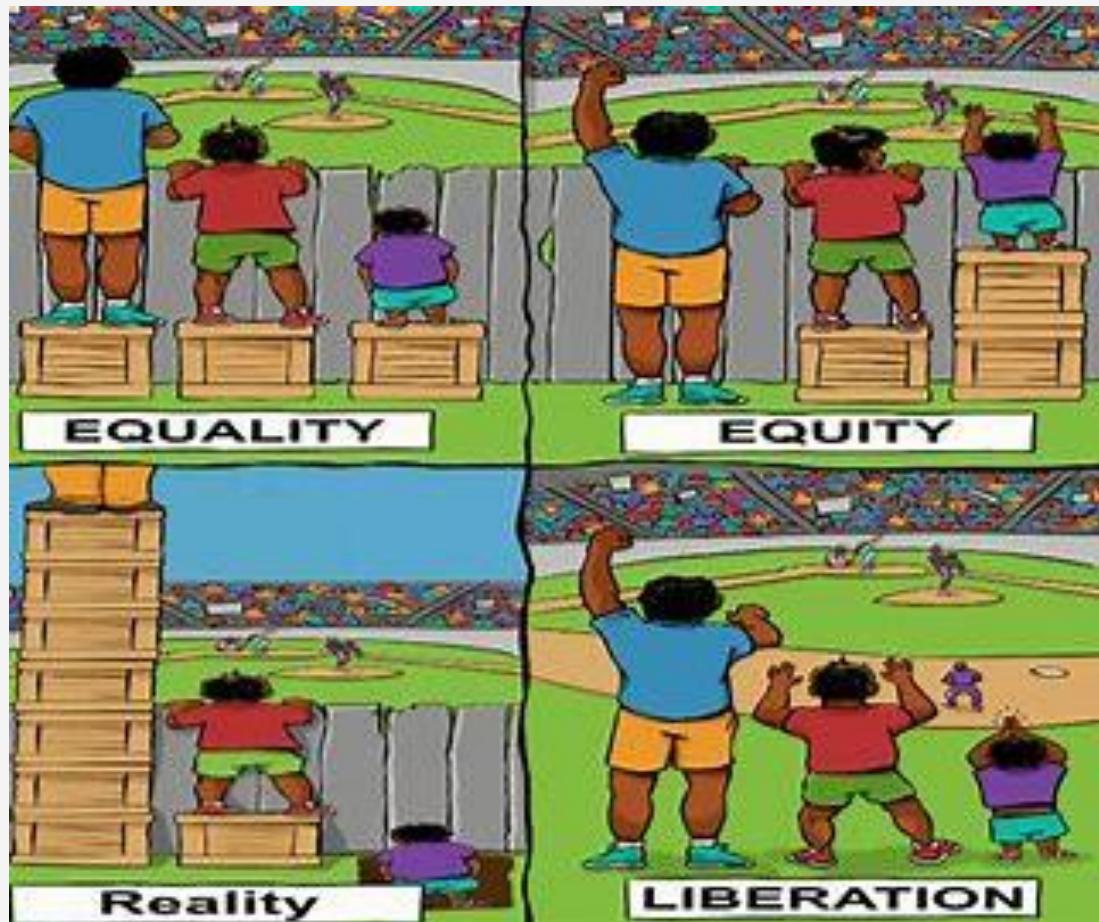
- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.



Video of health equity from American PH association



Addressing Inequality is not about treating everyone the same

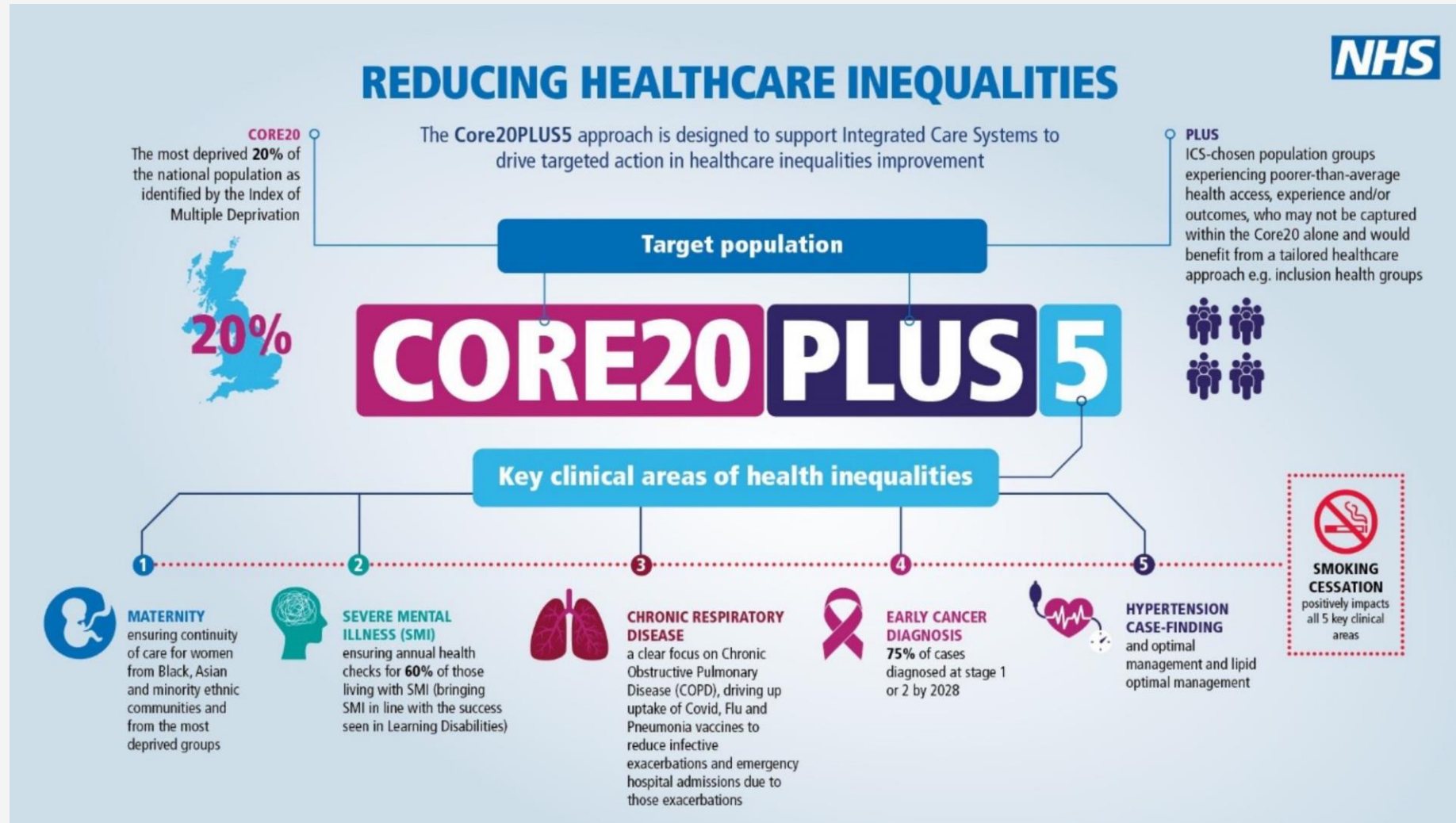


Group discussion

What factors make up the fence for our patients and communities ?

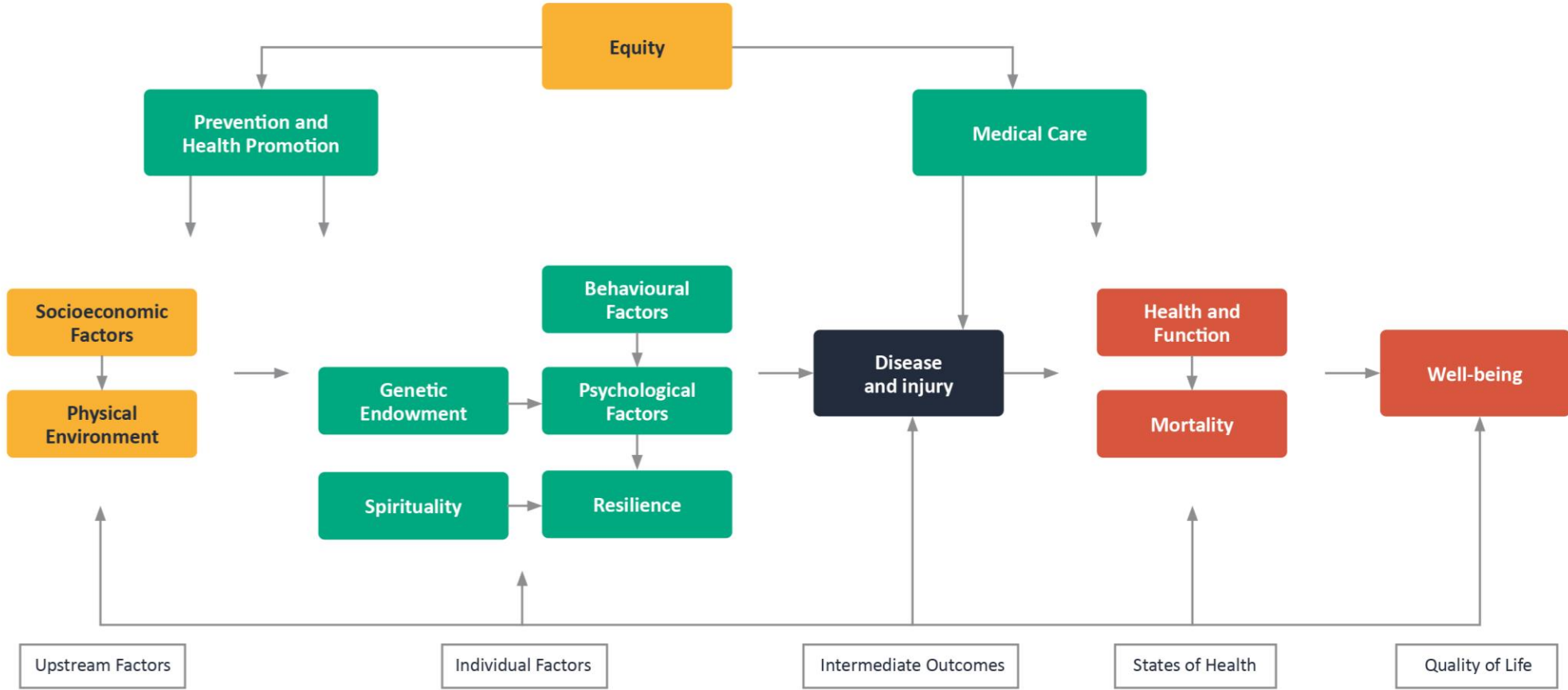
What is getting in the way of healthy lifestyle choices?

Reducing healthcare inequalities



IHI Population Health Composite Model

www.IHI.org 2020



Key components of PHM programmes

INFRASTRUCTURE

The attention, governance and actions of multiple actors / stakeholders

INTELLIGENCE

What do we need to know about determinants of health outcomes?

INTERVENTIONS

What interventions are effective. How do we ensure cost and benefit transparency and equity?

INCENTIVES

The levers to effect change

Who are the key stakeholders in your practice or system who need to be engaged?

who are some of the key stakeholders in improving population health – lawmakers at local, national and international level, managers, providers, individuals, academics, 3rd sector, private sector?



BREAK

Understanding resource allocation is crucial to population health management

VALUE

is the primary concept to understand

VALUE = OUTCOMES/ COST

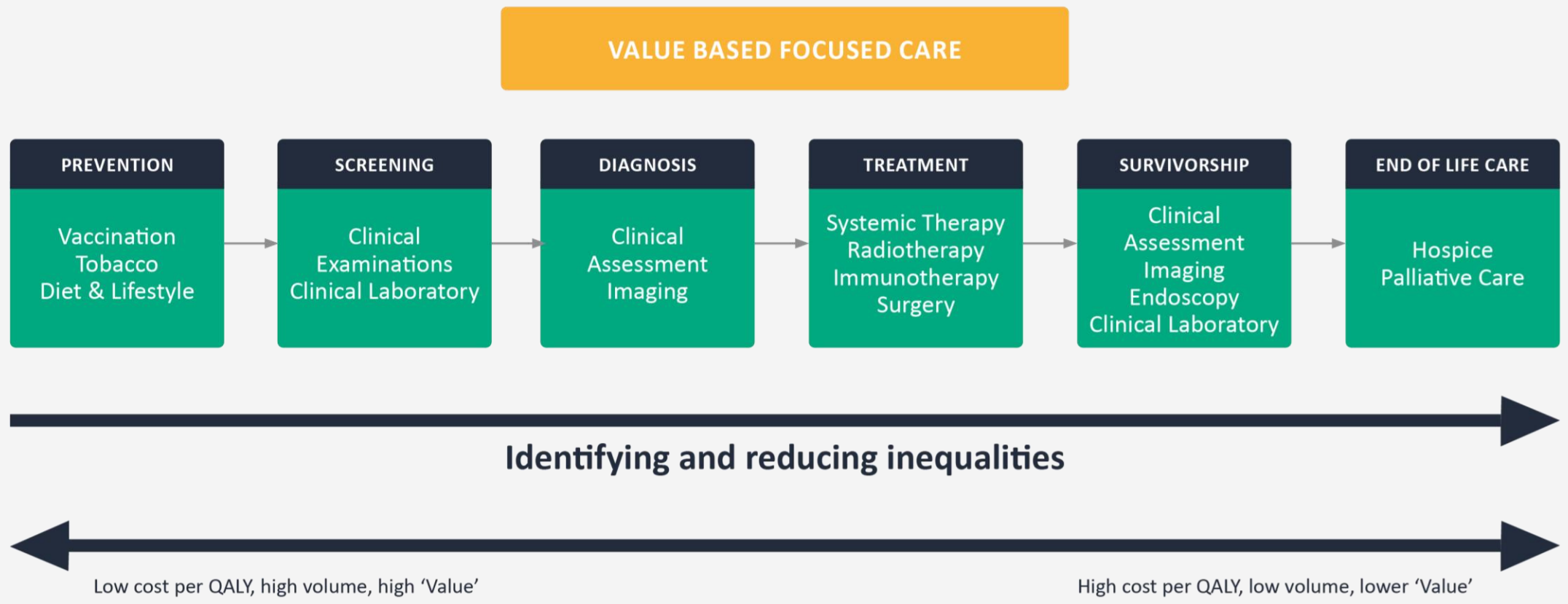
Upstream interventions tend to be very high value, for large numbers compared to clinical treatment and care packages which tend to be lower value, high cost, for smaller numbers.

How you spend your limited funding are key ethical decisions

- allocative efficiency – maximise population health gain from a fixed allocation of resources (doing the right things)
- vs providers view of technical efficiency – desired objective at least cost (doing things right)

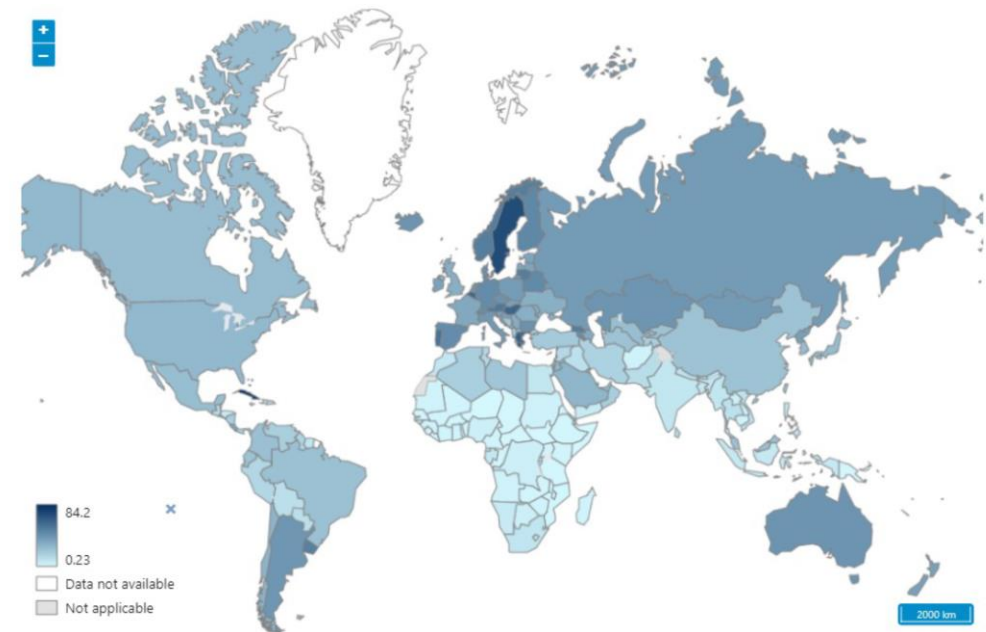


Example of a population health management cancer pathway



How is population health management being approached globally?

- All countries have some form of strategic approach to improving the health of the population but they vary greatly
- For some countries, PHM is a way to contain healthcare costs
- For others it is a means to improving outcomes and reducing health inequalities from an ethical perspective
- 44% of WHO member states have less than one doctor per 1,000 population



Example : Africa

Africa faces a double burden of infectious and chronic diseases. While infectious diseases still account for most deaths in the African region, deaths from chronic diseases are on the rise.

FOCUS IS ON:

- training nurses and midwives
- increasing access to essential health coverage (increased to 46% in 2019 from 24% in 2000)
- increasing years of healthy life expectancy (increased to 56 from 46 in 2000)
- improving routine childhood vaccination
- improving access to modern methods of family planning
- curbing the spread of infectious diseases through surveillance for early warning signs of acute public health events, emergency planning and preparedness, training first responders, deploying emergency medical kits and other key equipment as well as tracking epidemiological trends. The time to control an outbreak has dropped to an average of 45 days in 2019, compared to 131 in 2017
- promoting care for chronic conditions along with healthy eating, physical exercise and regular health checks

source: www.afro.who.int/about-us/making-africa-healthier

Impact of socio-economic global trends: Covid-19

- Covid-19 is a ‘catastrophic effect on people’s lives and livelihoods and on global efforts to realize the Sustainable Development Goals beyond dispute’.
- Years, or even decades, of development progress have been halted or reversed.
- **As of Jan 2023, more than 6.6M million people worldwide had died directly due to COVID-19**
- Global health systems were overwhelmed, and many essential health services were disrupted, posing major health threats and undermining years of progress fighting other deadly diseases.
- An additional 75 million to 95 million people will live in extreme poverty in 2022
- Billions of children significantly missed out on schooling and over 100 million more children fell below the minimum reading proficiency level and other areas of academic learning.
- Women have also been disproportionately affected by the socioeconomic fallout of the pandemic, struggling with lost jobs, increased burdens of unpaid care work and domestic violence.
- New COVID-19 variants and continued vaccine inequity, together with rising inflation, major supply-chain disruptions, policy uncertainties, and unsustainable debt in developing countries, caused the global economy to slow down again at the end of 2021.

source: [United Nations 2022](#)

Impact of socio-economic global trends: Violent Conflict including Ukraine

- Highest number of violent conflicts since 1945
- Approximately 2 billion people living in conflict-affected countries by the end of 2020.
- Refugees were at the highest absolute number on record in 2021 and forced displacement has continued to occur and even grow.
- These numbers will only increase with the war in Ukraine creating one of the largest refugee crises of modern time:
 - Most are women and children)
 - Further 7.7 million had been displaced inside the country.
 - Another 13 million were stranded in conflict areas.
- The conflict has caused food, fuel and fertilizer prices to skyrocket, disrupted supply chains and global trade, and caused distress in financial markets.
- Together with the refugee crisis, the impacts of the conflict may lead to a global food crisis and deal a significant blow to SDG progress. Those with the highest exposure to the three-dimensional food, energy and financial crisis are being hit the hardest.

source: [United Nations 2022](#)

7.9m

Refugees from
Ukraine in Europe

715

Verified reported
attacks on healthcare

17,023

Civilian casualties

Impact of socio-economic global trends: Climate Change

- Climate change threatens the essential ingredients of good health – clean air, safe drinking water, nutritious food supply and safe shelter – and has the potential to undermine decades of progress in global health.
- Between 2030 and 2050, climate change is expected to cause approximately 250 000 additional deaths per year from malnutrition, malaria, diarrhoea and heat stress alone.
- Areas with weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.
- Global emissions are set to increase by almost 14% over the current decade, which could lead to a climate catastrophe unless governments, the private sector and civil society work together to take immediate action.
- To keep the 1.5-degree goal alive, we need to capitalize on the opportunity afforded by the recovery to adopt low-carbon, resilient and inclusive development pathways that will reduce carbon emissions, conserve natural resources, transform our food systems, create better jobs and advance the transition to a greener, more inclusive and just economy.

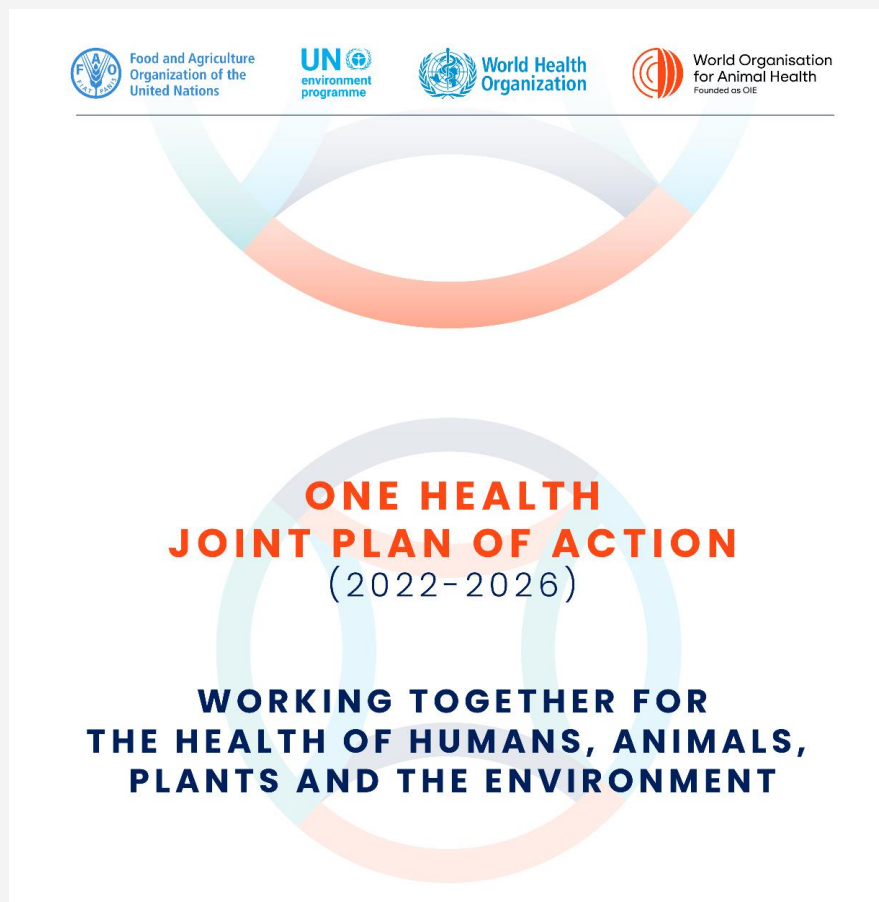
source: [United Nations 2022](#), [WHO 2023](#)



We predict that PHM will need to expand in the future to include the health of humans, animals, plants and the environment

One health joint plan of action (2022-2026)

World Health Organization, Food and Agriculture Organization of the United Nations, World Organisation for Animal Health & United Nations Environment Programme



**What does 'One Health' mean to me?
Where do I need to be focusing my efforts in the next 12 months as a leader in the system?
What are two/three actions I can commit to?**

Close and action planning



Summary of Session and appreciation

Reflect on how you can learn from best practice?

Signpost to resource pack and evaluation form



How to enrol for:

Sessions 2 and 3

Invite a colleague / others to join future sessions 1, 2, 3