# Policy Statement

BCMA
BRITISH COLUMBIA MEDICAL ASSOCIATION

## Population Health

*Last Updated: April 2011*

### BCMA Position

- *Because the varying nature of determinants of health, their interdependencies, and the silo nature of government funding and organization require collaboration among governmental and non-governmental parties to implement effective population health programs, the BCMA calls upon the provincial government to adopt a collaborative, multi-stakeholder approach – including representation from the BCMA – to the development and implementation of population health programs.*
- *To ensure continued access to necessary services, funding for population health initiatives should not come at the expense of the acute care sector.*
- *To make funding more accountable and focus on vulnerable populations and health outcomes, the BCMA supports policies that target specific determinants of health and/or specific populations rather than "population health" more generally. Funding for preventive services with proven clinical and cost benefits, for example, represents a promising area for policy development*

### Background

"Population health" has become a common phrase in the Canadian health policy arena. It is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group" [1]. Major health care research organizations (e.g., CIHR, CHSRF) have set aside substantial funding for research in population health, and agreements between in the BC Ministry of Health and health authorities specifically reference objectives in population health. Clinicians' understanding of it, however, often differs from the one advanced by advocates of a population health approach. Although nearly everyone in the health care system would argue that their work affects the health of the population (at least one patient at a time), the definition of "population health" that its advocates advance is, in fact, a call to increase or shift resources from one part of the health care system to another or, in some cases, outside the health care system altogether. This call has shaped the health care reform debate in Canada in ways that have important implications for physicians.

The population health approach explicitly recognizes that multiple factors contribute to the overall health of a population. These factors are called, in the language of population health, the determinants of health (DH). DHs include factors that lie outside of the health care system, such as income, education, and personal health practices. Improving the health of a population by changing DHs is extremely challenging for policymakers. First, it is not always clear whether DHs actually determine health status or are simply correlated with it. A simple example illustrates the point. An analyst who observes an association between ice cream consumption and violent assaults might conclude that desserts cause crime. The reality is that ice cream consumption and crime are both linked to warmer summer weather, which does lead to crime as more criminals and their victims are outdoors and, incidentally, eating more ice cream. Without knowing the causal relationships, policymakers may develop policy attacking the wrong variable (e.g., a ban on desserts) and miss the right one (an increase in police patrols during summer months).

Second, DHs are highly interconnected. There are often so many factors determining health status that knowing one may not be enough, and well-intentioned policy may have very unintended consequences. Indeed, stakeholders must overcome multiple challenges to implement effective population health programs and policies. Four major areas in particular merit discussion:

**1) Inter-sectoral collaboration.** The F/P/T Advisory Committee on Population Health suggested that "voluntary, professional, business, consumer and labour organizations should be key participants, along with all levels of government" when it comes to implementing population health initiatives [2]. However, the lack of physician involvement in the planning stages calls into question the ultimate effectiveness of population health programs. Eyles et al. analysed stakeholders and their opinions of DHs and initiatives in Prince Edward Island by surveying members of the general public and the medical community. They found significant differences in respondents' perceptions of DHs as well as their opinions on how to distribute resources among DHs. Developing population health initiatives that are not only supported by organizers but also by the public and the health care community will be difficult.

**2) Funding health services.** The implementation of a population health approach will require the reallocation of, and/or increase in, resources among sectors to address DHs [2]. This could create challenges if funds from the health care budget are diverted to other sectors.

**3) Targeting population health initiatives.** In order to increase the effectiveness of a population health approach, policies and initiatives should be targeted to obtaining a specific goal or result. According to Hamilton and Bhatti, programs can vary from addressing an individual DH, a certain health issue, or a specific population group and policy approaches should differ depending on the features of population health in question [3]. For example, if a goal is to address access to health care, government can adopt a policy of increasing the number of doctors and nurses available in community clinics. If obesity-related problems are the focus, then programs such as providing nutritious meals in schools and the workplace can be adopted.

**4) Targeting primary care.** Additionally, changes in the prioritization of "day-to-day clinical practice" for physicians may need to occur to ensure that the health of patients from disadvantaged societal groups, whether it be income-, location-, or ethnicity-based, is improved. In New Zealand, examples of this change include prioritizing the needs of the Maori population who have a 7-year lower life expectancy than non-Maori New Zealanders [4].

## Analysis

The wide range of DHs, their interdependencies, and the silo nature of government funding and organization require collaboration among governmental and non-governmental parties to implement effective population health programs. Involvement of physicians representative of, and accountable to, the medical profession is essential for success.

Although advocates argue that a shift in funding towards population health projects would lead to less of a "preoccupation with health care services" and more focus on other societal issues which affect health, such a shift would necessarily result in decreased availability of acute care services. To ensure continued access to necessary services, population health funding should not come at the expense of the acute care sector.

Finally, by focusing on specific determinants of health and/or populations, as opposed to population health more generally, policymakers increase the chance of success of population health initiatives. In BC, this could translate into prioritizing First Nations populations, patients from disadvantaged areas like the downtown eastside, or families with lower income levels.

## References


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2. Strategies for Population Health: Investing in the Health of Canadians. 1994, The Federal, Provincial and Territorial Advisory Committee on Population Health: Ottawa, ON.
3. Hamilton, N. and T. Bhatti, Population Health Promotion: An Integrated Model of Population Health and Health Promotion. 1996, Health Promotion Development Division: Ottawa, ON.
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