HOW POPULATION HEALTH NEEDS ARE UNDERSTOOD AND ADDRESSED WHEN SERVICE PLANNING

● CONVERSATIONS WITH ALBERTA HEALTH SERVICES STAFF AND COMMUNITY PARTNERS

Mary V. Modayil§, PhD; Michele Lamont, MSc; Staci Hastings, BA; Judy Seidel, PhD
Primary Health Care Integration Network, Alberta Health Services*

*This work is supported by the Population, Public and Indigenous Health Strategic Clinical Network™, Alberta Health Services. [Grant # 10676]
§Contact: mary.modayil@ahs.ca

• RATIONALE

The term population health is used frequently in health care planning and has diverse meanings. This has led to confusion and inconsistent approaches when service providers are asked to take a population health approach when planning for services.

Intentionally addressing health inequities requires the support of health care leadership at many levels to ensure a health equity lens is incorporated into overall organizational goals. To build a foundation for a framework, we explored how population health needs are understood by those who plan for services.

• APPROACH

Purposive sampling was initially used to create a list of key leaders and individuals who were involved in planning health services at Alberta Health Services (AHS) and Primary Care Network (PCN) health care settings as well as community settings. Subsequent snowball sampling was used as interviewees recommended key stakeholders across the province.

NVivo® software was used to systematically apply a coding index to all interview data. Coded nodes were read and reread to identify patterns and themes. Themes were validated by a third independent reviewer. Team meetings were regularly held to discuss coding and themes until consensus was reached.

• CURRENT PLANNING PROCESSES

Community & Primary Care Networks (PCNs)
- Guidance from board or provincial objectives.
- Varied approach to planning for services.
- Mostly 3-year cycles of planning.
- Service provision geographically local (e.g., communities).

Alberta Health Services (AHS)
- No formal overarching process or structure in place guiding planning done by AHS portfolios.
- Direct and indirect support for planning.
- Strategic and long-range planning.
- More focus on prioritization step and analytic information sources.

• PRACTICE IMPLICATIONS FOR PLANNING

Collaboration, resources, and information were identified as challenges to planning for population health needs. These challenges might be addressed through the following strategies and enablers:
- Inclusion of stakeholders in planning processes, including patients/citizens/those with lived experience
- Stakeholder engagement skills development would be helpful for those who plan services to be more effective.
- Joint planning processes between health, social and community sectors to address population health needs.
- Facilitating alignment across AHS and external intersectoral collaboration across the continuum of care.

• 5 DOMAINS OF POPULATION HEALTH NEEDS

- Social Determinants of Health
- Addressing geographic factors – Community Theme
- Role of care services in addressing health needs
- Addressing inequities – AHS Theme
- Health and wellness of the population across lifespan – AHS Theme

"It is broader than health service utilization. According to AHS's commitment, it is Alberta's population, even though we service beyond Albertans. We don't define it by people who just interact with AHS, but also the unmet need." - AHS interviewee

"I would say that this is a more upstream approach to health planning. So you're looking at social determinants of health and looking at...where we can work to prevent a lot of things that the actual health care system and...interacting with it at an acute or even tertiary level. Looking at impacting poverty, socioeconomic stuff, education, sense of belonging community vibrancy, mental health." - Community interviewee