

## Healthy Populations Institute Flagship Project Snapshot: Developing Meaningful Indicators to Measure Population Health and Health Equity in Health Systems

### The case for action

Contemporary life has a profound impact on the health of communities, families and individuals (1). Population health, defined as “the health outcomes of individuals, including the distribution of such outcomes within the group”(2), is deeply connected to the social and societal conditions in which people are born, work, live and age- known as the Social Determinants of Health (SDOH)(3-5). There are myriad ways that the SDOH have been described; however, an identified commonality among these has been the link with health equity (6). Health equity is defined as the ability for people to reach their full potential while health inequity is the unnecessary or unjust conditions that result in differences in people’s health status or health outcomes (7). Health equity is not about everyone having the same health outcomes or status, it is about ensuring the conditions exist for every person to have the opportunity to be well- regardless of social and societal position. Addressing health equity is also not about individual practices or ‘choices’ and requires consideration of structural factors that will address issues beyond intermediary determinants and tackle the wider social, economic and political forces influencing health (8). Inequities in health that arise due to the SDOH are a global killer requiring urgent, intersectoral whole-of-government attention and action; adopting an upstream approach within the health system is recognized to make the most meaningful impact on population health (9).

While the moral imperative to achieve health equity is certain, it is also critical for health systems to invest in a population health approach to function optimally (10) and ensure system sustainability (11, 12). Where health systems remain vulnerable to competing priorities and fiscal constraints, the implications of health service and delivery systems not investing in population health cannot go ignored. In Canada, socioeconomic health inequalities results in \$6.2 billion of direct health care costs annually (representing 14% of acute care costs in the form of inpatient hospital admissions, prescription drug costs, and physician consultation services); furthermore, 60% of these direct costs are attributed to persons within the lowest income group (13).

In 2011, the United Nations Member States (including Canada) adopted the Rio Political Declaration which calls for reorienting the health sector deliberately and strategically to address health inequities within the population (19). Subsequently, Canada identified “strengthening health sector leadership for health equity” as an area of focus (20). Health systems require innovation and adaption to achieve their ultimate goal of improving population health (21) and must strive to integrate leading and emerging population health practices within their organizations (10, 22, 23).

### **Nova Scotia is confronted with significant health system challenges that coincide with poor health in the population and health inequities**

The east coast province of Nova Scotia has among the lowest spending on public health across Canada as a percentage of total provincial health service spending; since 1975, average spending for public health in Nova Scotia is 2.6% (2019 forecast is at 1.8% of the total budget) (14, 15). This amount falls well short of the recommended 5-6% of health service budget (including federal investment) required to support a well-

performing public health system (16). The erosion of public health is therefore a major concern, given the potential return on investment from addressing the SDOH (17, 18).

The Nova Scotia Health Authority (NSHA) – the legislated provincial health service and delivery system for Nova Scotia since 2015, is not unique to other jurisdictions facing multiple system constraints. Nova Scotia (population: 950,000) is confronted with significant health system challenges that coincide with poor health in the population and health inequities (16). Coupled with provincial and fiscal austerity, and aging population and a health workforce skill mix that must be prepared to address these complex issues, it has never been more urgent to integrate a population health approach into health service planning and delivery processes in order to mitigate the critical structural challenges that currently impact Nova Scotia’s health system. One of the most pressing challenges is how public health (as a system framed using a population health approach) can support this change within the broader system that has historically been focused on sickness rather than health care.

In 2017-2018, the NSHA developed a policy framework with the purpose of shifting from downstream to upstream system design and to better clarify its role in aligning population health and health equity activities and action within the organization. This framework details the shift that must occur beyond programs and services that traditionally use a population health approach (examples including public health, primary health care, mental health and addictions) towards whole system integration to realize full influence and impact. A major milestone for this policy framework is the integration of population health and health equity organization goals into NSHA’s refreshed strategic plan (2019-2022).

### **Developing meaningful indicators to measure population health and health equity within health systems, using Nova Scotia as a test case**

NSHA is undergoing rapid transformation and provides an opportunity to be a test case to generate evidence within an emerging area of health services and policy research. In order to achieve full system impact and transformation, measurement is key. Health system decision makers and stakeholders must be equipped with meaningful indicators, related tools and metrics to assess progress in system transformation and impact around population health and health equity action. Areas of impact may include the redesign of service delivery or programs, investments in human resource skill or capacity, or organization policy. Developing meaningful indicators will contribute to knowledge concerning contemporary health system transformation and enabling organization capacity to operationalize a population approach within a health system.

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