The Politics of Population Health and Strategies for Successful Collaboration

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Main Themes of Presentation

- Improving population health is mainly about reducing inequalities in health
- There is broad agreement on the goal of reducing health disparities
- There is no shortage of evidence on what works
- But it never gets done – and it's no accident why it doesn't
- So: let's talk about the politics of population health…
  - …because making it happen is fundamentally civic work that cannot succeed without broad public support

Part 1

Why Everyone Is In Agreement and Nothing Changes

No One Opposes Population Health Goals

- Reduce disparities between population groups
- Prevent more, intervene less
- Reduce unhealthy behaviours
- Integrate a population health perspective into the thinking and metrics of other sectors (economy, education, environment)
- Make health care more holistic and inclusive
- Create health-enhancing environments and opportunities
- Empower people to lead healthier lives

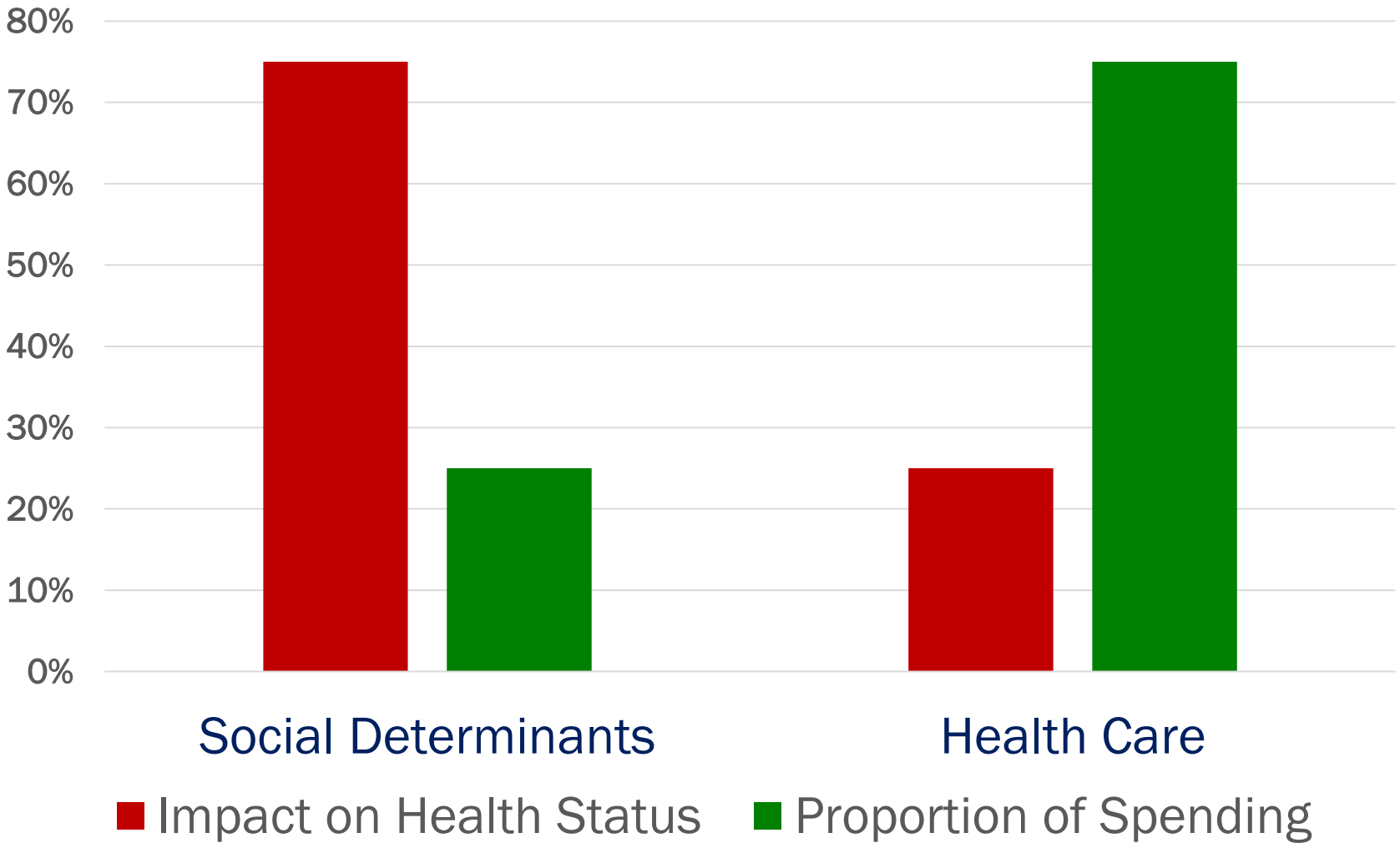
But These Goals Take A Back Seat When….

- Someone is denied an expensive new drug
- Someone waits too long for a hip replacement
- A community loses a specialist
- The emergency department is chronically overcrowded
- There is a magical new imaging technology and we don't have it
- Hence the challenge:

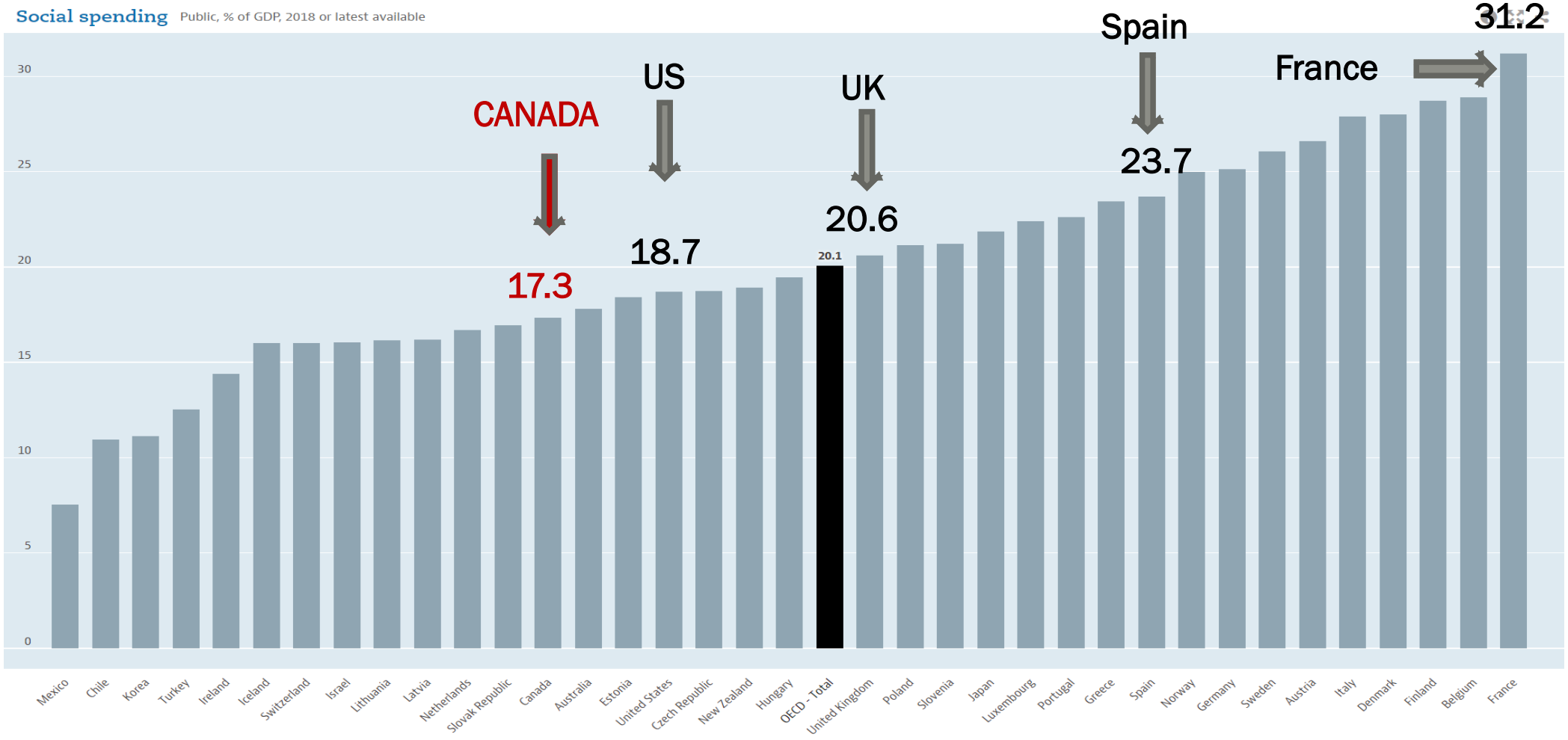
How do we create a similar sense of urgency around population health – a long haul mission in a short term world?


Environ-
ment
Fulfilling
Work
Exercise
and
Fitness
Income
Security
What Creates
Good Health
Family and
Community
Education
Food
Security
Health
Care

The Inverse Law of Health Spending

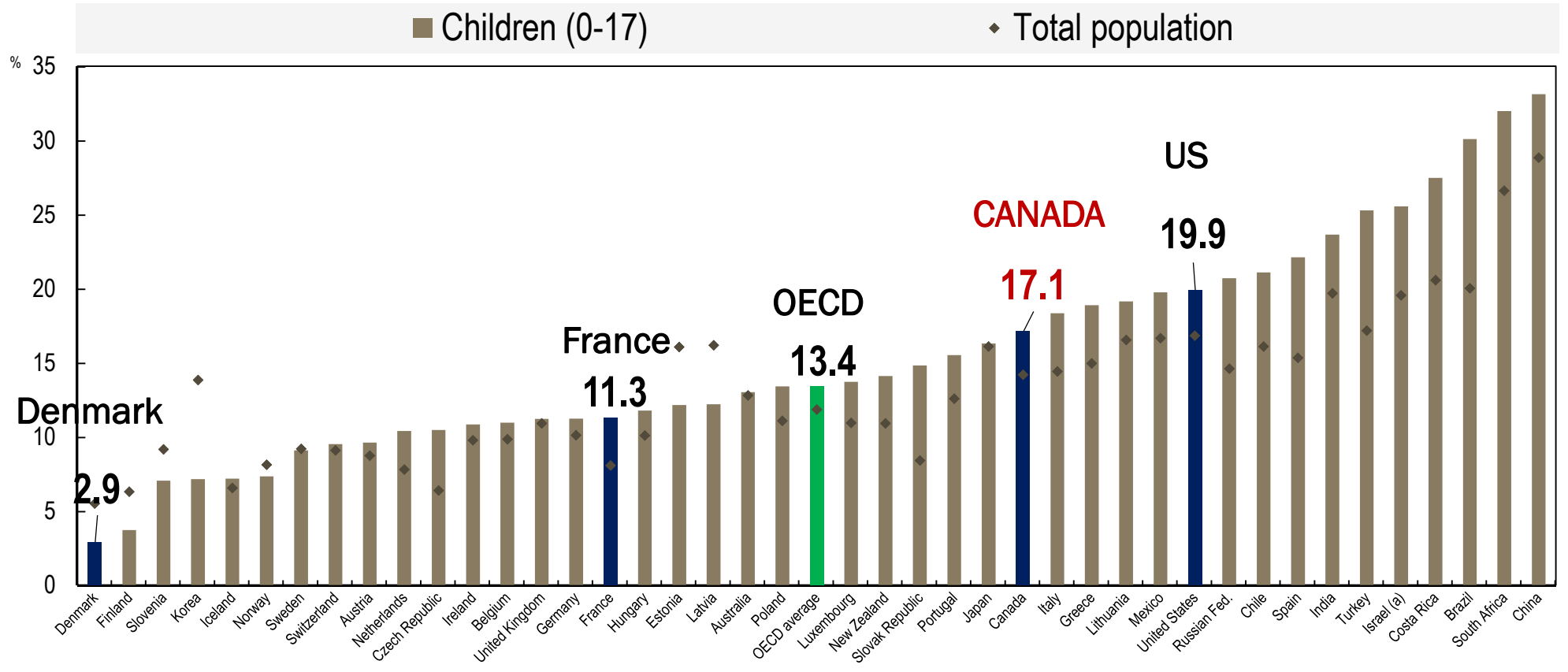


% of GDP Spent on Social Benefits (Excl. Health Care), 2018

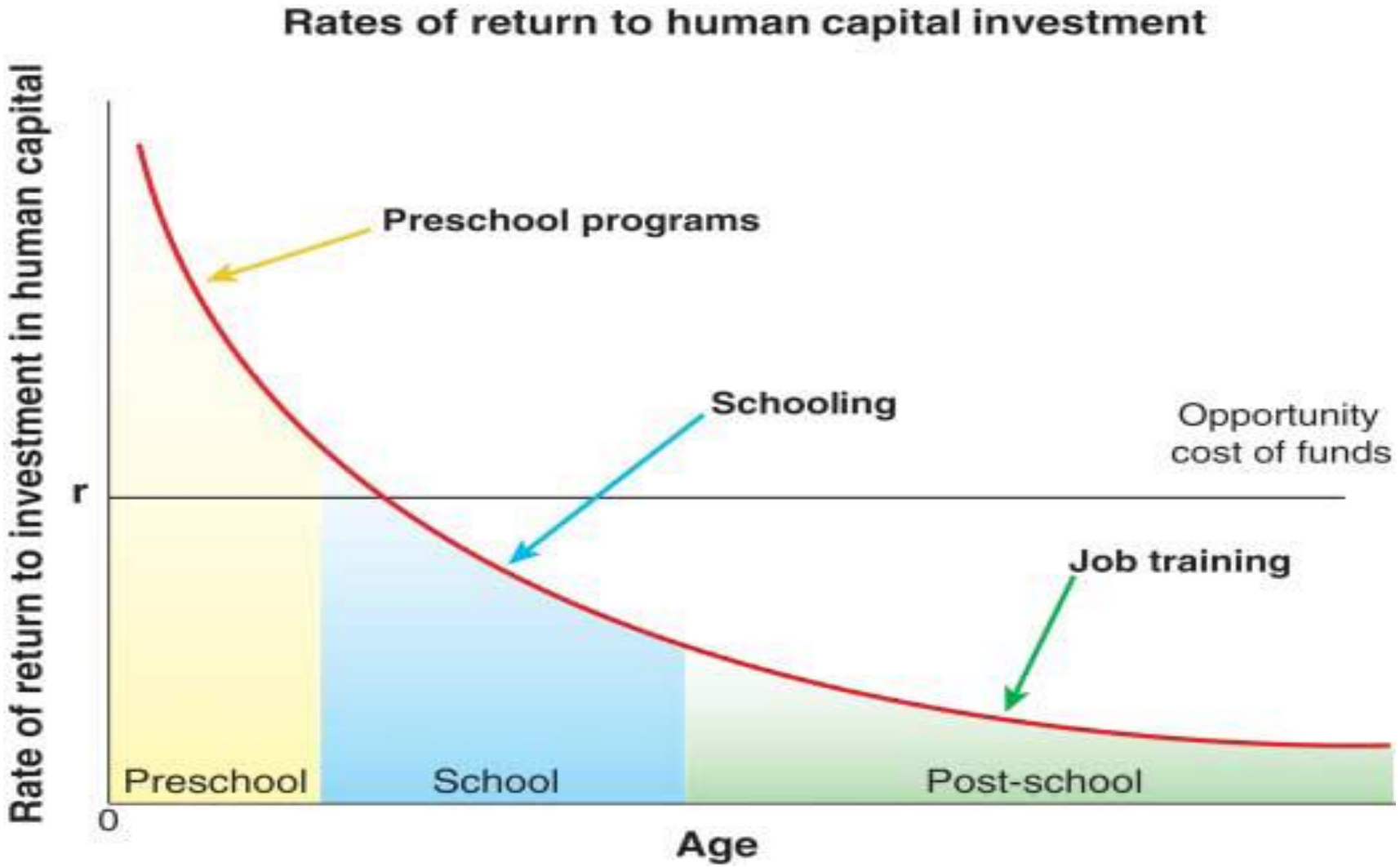


Source: OECD (2019), Social spending (indicator). doi: 10.1787/7497563b-en (Accessed on 01 November 2019)

% of Children Living in Poverty, OECD, 2015 or Latest Year



Source: OECD income distribution database



Source: Heckman JJ. Skill formation and the economics of investing in disadvantaged children. *Science* 2006;312:1900-2.

Less Equality = More Health & Social Problems

Index of:

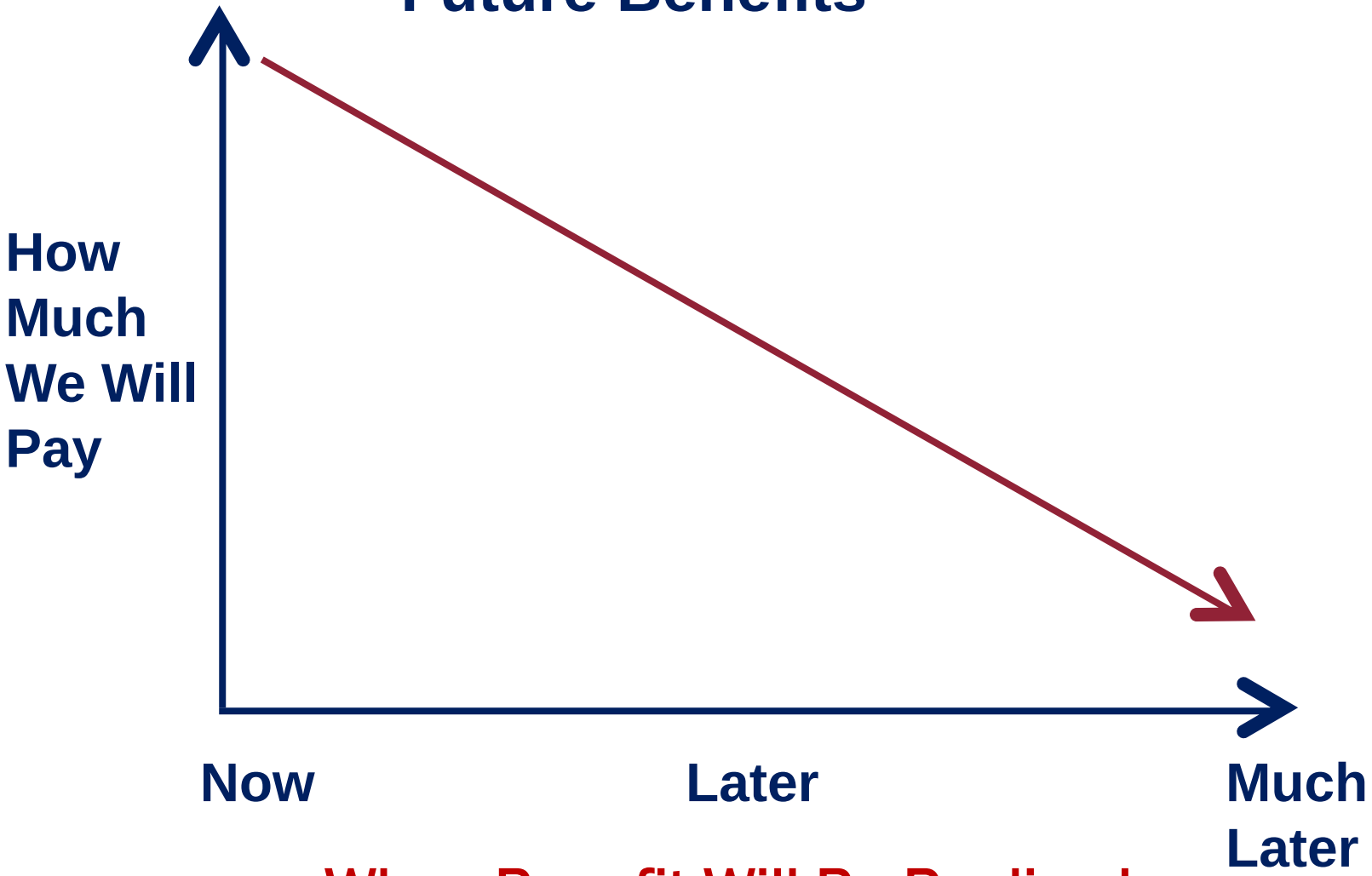
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

Source: Wilkinson & Pickett, The Spirit Level (2009)

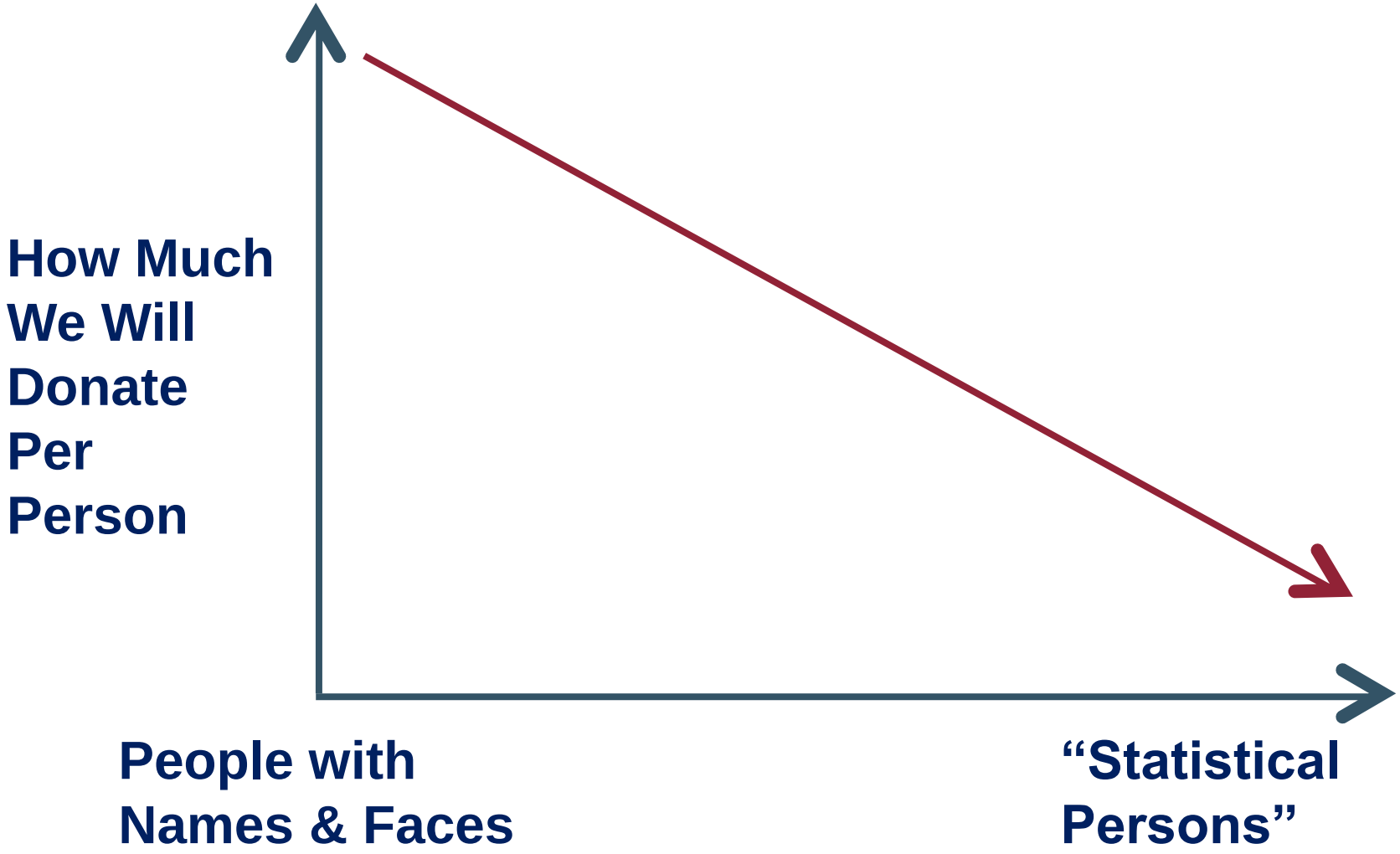
It's Not Just Self-Delusion, Hypocrisy, and Willful Irrationality

- **There are often conflicts between our intellectual aspirations and our actual preferences and behaviours**
- **Among the factors that explain why we do not "walk the talk" of disparities reduction are:**
  - Cognitive biases
  - Economic self-interest
  - Exaggerated sense of individual responsibility for outcomes
  - How power is distributed in the community
  - Scientific uncertainty about what works in what circumstances (though that doesn't seem to deter health care spending)

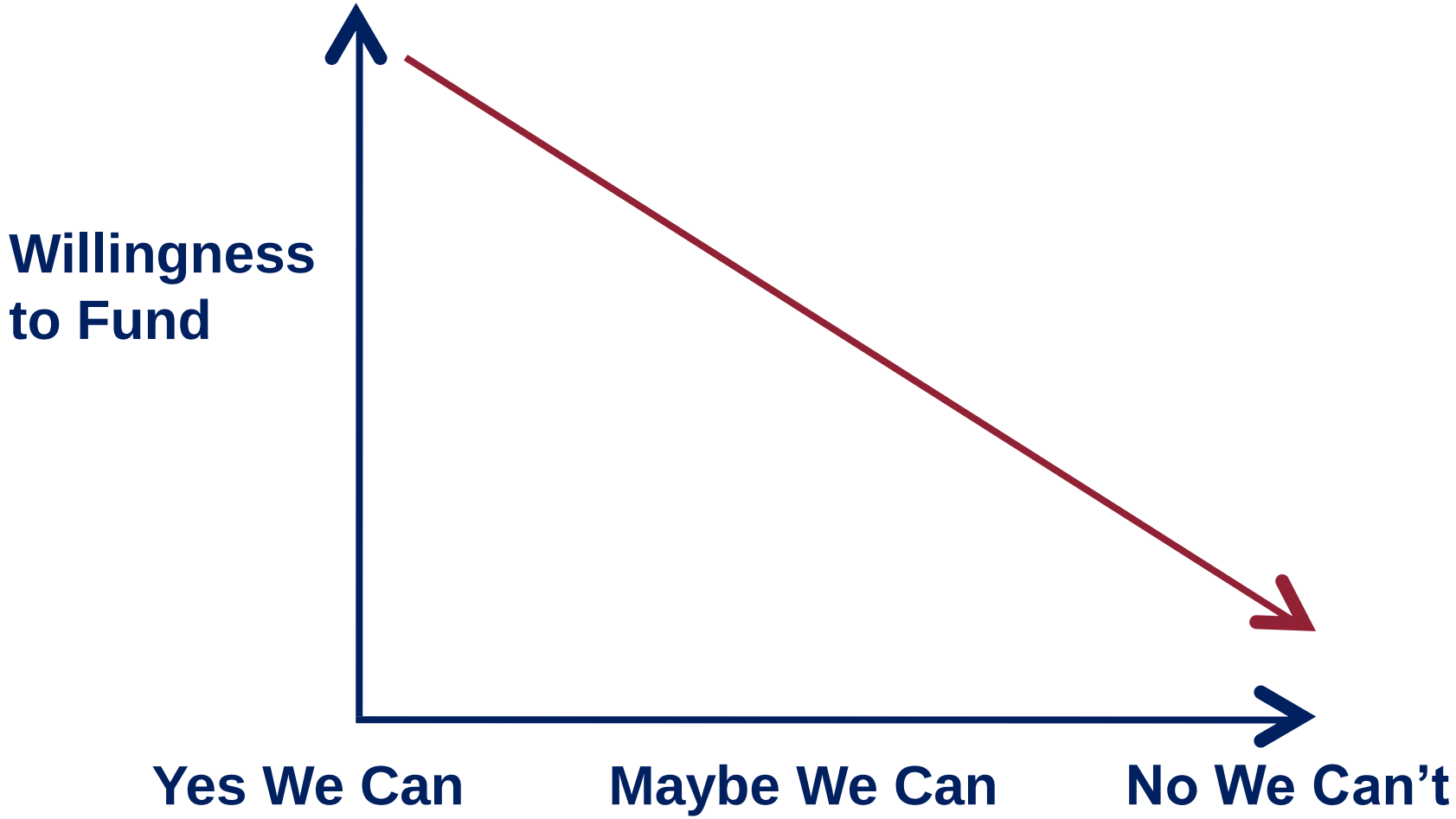
We Steeply Discount the Value of Future Benefits



We're Less Moved By Anonymous Misery



We Won’t Invest In What We Think Is Futile



Addressing Inequality Is Low Priority Among Canadians

- Ipsos Poll commissioned prior to 2019 federal election by Canadian College of Family Physicians
  - 2% of respondents said inequality is the most important issue
  - 9% included it in their top 3 issues
  - For poverty: 8% #1 priority, 23% top 3
  - **For *health care*: 22% #1 priority, 50% top 3**

Part 2

What It Will Take To Make Headway

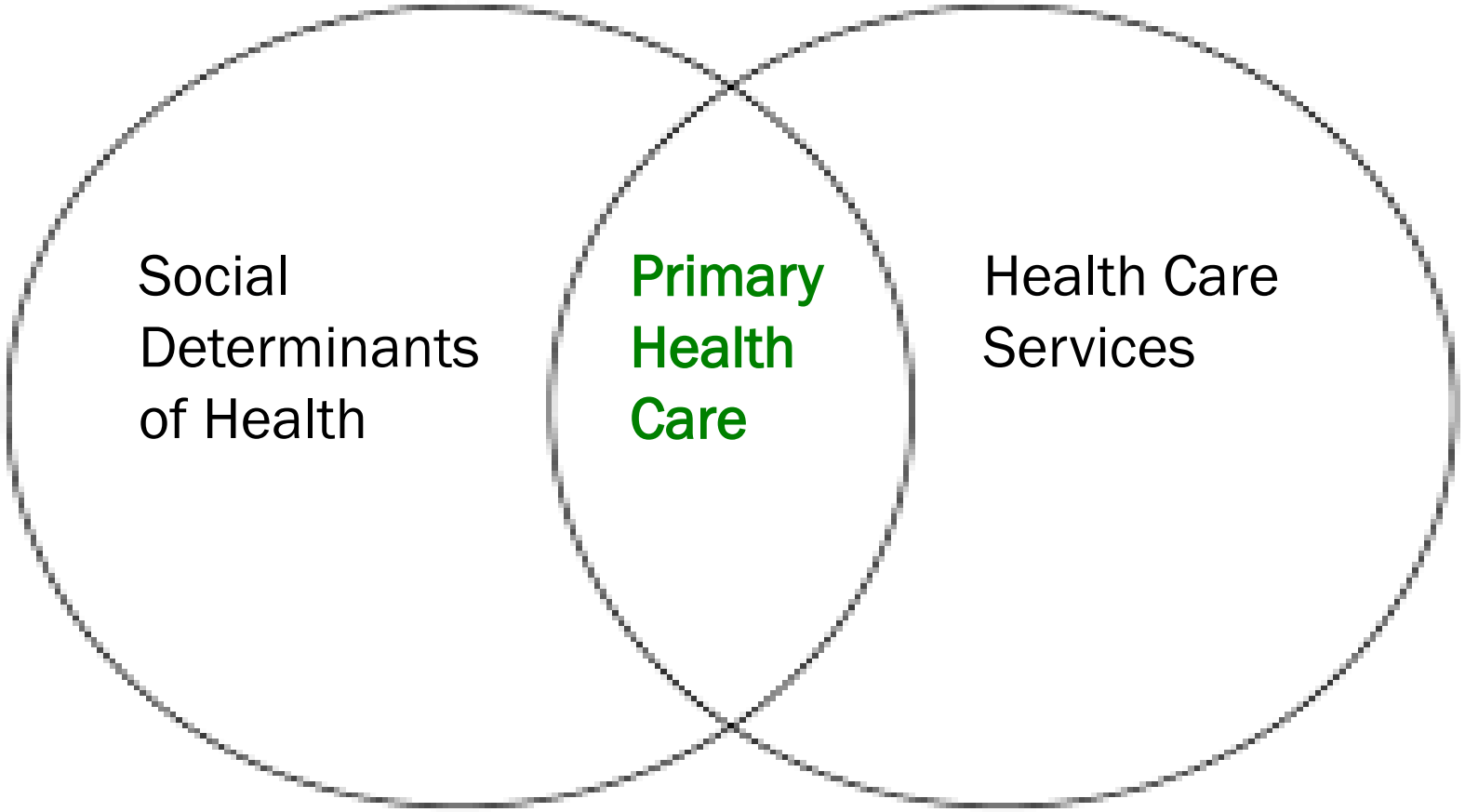
Some Democratic Realities

- If the middle class perceives that it must lose for others to gain, nothing will happen
- Governments are risk averse – they will not go out on a limb for an agenda with uncertain payoffs far down the road
- The population health case is a hard sell (remember the discounts) so success requires major cultural change
- Different constituencies respond to different kinds of arguments – it is essential to know how to engage them
- Self-interest sustains more political commitment than altruism

There's Collaboration, and There's *Collaboration*

WEAK COLLABORATION	STRONG COLLABORATION
Voluntary, occasional	Mandatory, continuous
Conflicting cultures	Shared cultures
Vague goals, unspecified timelines	Specific targets and milestones
Collaboration is a low priority for collaborators	Collaboration is a core priority for collaborators
Siloed funding and casual collaboration governance	Pooled funding and rigorous collaboration governance
Permissive and passive leadership	Committed and driving leadership

Primary Health Care Is The Sweet Spot



Primary Health Care: The Bridging Point

- **Primary Health Care (PHC) connects the worlds of population health and health care**
- **A health disparities perspective transforms PHC delivery**
  - It takes account of all needs, not just medical
  - It is more interdisciplinary and team-based
  - It is more connected to other health-enhancing sectors
  - It aims to put people in charge of their health and lives and invites them to co-design solutions that work for them
- **Promising innovations, e.g.social prescribing, drive culture change**
- **NL has a strong tradition of PHC innovation – something to build on**

Indicators Have to Matter

- Indicators reflect goals, priorities, and perspectives
- Those who define success set priorities
- Indicators can reveal, conceal, distort, justify, inform
- Growing dissatisfaction with narrow indicators:
  - Canadian Index of Wellbeing created as antidote to narrow economic measures such as GDP
  - Balanced scorecards adopted to ensure all relevant areas of performance are covered
- But health care access indicators (not quality, appropriateness, equity, outcomes) drive debates and resource allocation decisions

Change the Indicators, Change the Political Discourse

- Promote and report measures that reflect population health principles
  - Equity
  - Fairness
  - Readiness to thrive
- Develop intermediate indicators of success that sustain commitment to longer term agendas
- Where possible translate both failures and successes into dollars – the universal language
- Compare performance against best in the world as antidote to complacency

New Zealand Is Pursuing a Well-Being Strategy

- May 2019 Well-being Budget aims to address
  - Poverty and inequality (especially indigenous peoples)
  - Mental health and addiction
  - Child well-being
  - Sustainable economy
  - Thriving in a digital age
- 12 well-being domains, only one of which is health
- Investments transcend sectors (e.g., mental health includes spending in justice and education)

New Zealand's Accountability Nudges

- Legislated requirement to report on child poverty
- Promotes real engagement with people's aspirations and designing programs about what matters to them
- NZ has a Living Standards Framework with multiple dimensions and dozens of indicators

Better Accounting Is Population Health's Best Friend

- **The cost of disparities is largely invisible to the public and to leaders**
- **Speak the language of balance sheets and cash flow:**
  - Current avoidable expenditures (social assistance, law enforcement, health care) attributable to inequality
  - Diminished human capital (low job-readiness and value-add)
  - Low income = low tax revenue + increased support needs
  - Future liabilities grow if root causes are unaddressed
- **The solutions may take years but the meter is always ticking and the cost of not addressing the issues is huge**

Make Health Inequality Newsworthy

- Most Canadians are unaware of the causes, extent and consequences of population health disparities
- The truth is made for media: health disparities are scandalous
  - Enormous health status gaps in a rich country
  - Neighbourhood-level disparities of staggering proportions
- Community transformations are uplifting
- Model programs are inspirational
- The media like numbers, ratings, rankings – and there are lots of population health data to create powerful stories

Winning Over the Skeptics

- **All of this is about getting inside the minds of influential elements of the wider community**
  - What data and arguments do they find persuasive?
  - How accurately do they view the health disparities challenge?
  - What dimensions mean the most to them
    - Equity and fairness?
    - Economics and productivity?
    - The plight of children?
- **Engagement on their terms = needs-based advocacy**

Build A Supportive Coalition

- Meet with editorial boards and learn about what they are looking for
- Engage with community leaders across sectors
  - Chambers of Commerce
  - Service clubs
  - Unions
  - Religious groups
- Listen carefully to learn what messages will sustain their support even when success seems elusive and short-term crises appear

Collaborative Success Is Multi-Level

- GOVERNMENTS have to support it and value future benefits
- COMMUNITIES have to prioritize a disparities agenda and invest in evidence-based strategies
- ORGANIZATIONS must embrace interdependence and give up some autonomy in service of larger goals
- PRACTITIONERS have to take a holistic view of people's needs and advocate for them
- CITIZENS must engage with, co-design and support population health concepts and investments
- ALL must agree on what success looks like, measure it, and report on it truthfully

What Makes Collaboration Effective?

- Trust and commitment among collaborators
- Explicit and shared goals, targets and timelines embraced all the way up the chains of command
- Pooled and protected funding where financial risk is distributed proportionately
- Explicit role definitions and accountabilities
- Agreement on a small number of meaningful performance indicators
- Course correction strategies as needed

Give People A Voice And Listen To Them

- Population health is fundamentally redistributive
- Disadvantage and marginalization are compounded by structural inequalities
- It is critical to give people a seat at the table to articulate what matters to them
- Sympathy and altruism are no match for
  - Shared power
  - Careful listening
  - Commitment to co-design of solutions
  - Responsiveness and willingness to experiment

You Will Know You're Succeeding When…

- A community prefers a seniors wellness and social support program to a new nursing home
- The public asks the government to invest in early childhood education rather than expand the drug plan
- Physicians embrace Choosing Wisely and propose spending part of the savings on recreation opportunities in poor neighbourhoods
- Population health issues are routinely front page news
- Students understand population health concepts and realities by the time they are in high school