Priority Populations:
Steps to Action

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https://publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Priority-Populations.aspx
Objectives

- Share **results** of the priority populations project
- Discuss various **perspectives** on priority populations
- Consider the **vision** of the priority populations mandate
- Discuss a **proportionate universalism** approach to meet the vision
- Share **next steps to action** for to meet the health needs of priority populations
Population Health Approach

• A population health approach focuses on improving the health status of the population.

• Focusing on the health of populations also necessitates the reduction in inequalities in health status between population groups.

• An underlying assumption of a population health approach is that reductions in health inequities ultimately require reductions in material and social inequities.

• The outcomes or benefits of a population health approach, therefore, extend beyond improved population health outcomes to include a sustainable and integrated health system, increased national growth and productivity, and strengthened social cohesion and citizen engagement.

Health Equity

The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Key Health Equity Roles in Public Health

- **Assess and report** on the health of populations, existence and impact of health inequalities and inequities, and effective strategies
- **Modify/orient** public health interventions to reduce inequities
- **Partner** with other service providers to collectively address health inequities
- **Lead/participate** and support other stakeholders in policy analysis, development and advocacy

THE PRIORITY POPULATION MANDATE

... to assess the needs of the local population, including the identification of priority populations to determine groups which would benefit most from public health programs and services.⁵

• OPHS Introduction
Priority populations are identified by *surveillance, epidemiological, or other research studies* and are those populations that are at risk and for whom public health interventions may be reasonably considered to have a substantial impact at the population level. (p.4)

• OPHS Principles
Population health outcomes are often influenced disproportionately by sub-populations who experience inequities in health status and comparatively less control over factors and conditions that promote, protect, or sustain their health... *By tailoring programs and services to meet the needs of priority populations*, boards of health contribute to the improvement of overall population health outcomes (p.12)

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Priority Populations Mandate

• Foundational Standard
  Requires the board of health to use *population health, determinants of health and health inequities information* to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations). (p.16)

• Population Health Assessment and Surveillance Protocol
  States that the *board of health shall identify priority populations to address the determinants of health*, by considering those with health inequities including: increased burden of illness; or increased risk for adverse health outcome(s); and/or those who may experience barriers in accessing public health or other health services or who would benefit from public health action. (p.8)
<table>
<thead>
<tr>
<th>Priority Populations Mentions</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease Prevention</td>
<td>5</td>
</tr>
<tr>
<td>Tuberculosis Prevention and Control</td>
<td>2</td>
</tr>
<tr>
<td>Prevention of Injury and Substance Misuse</td>
<td>3</td>
</tr>
<tr>
<td>Vaccine Preventable Diseases</td>
<td>3</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>3</td>
</tr>
<tr>
<td>Food Safety</td>
<td>1</td>
</tr>
<tr>
<td>Child Health</td>
<td>3</td>
</tr>
<tr>
<td>Safe Water</td>
<td>1</td>
</tr>
<tr>
<td>Infectious Diseases Prevention and Control</td>
<td>1</td>
</tr>
<tr>
<td>Health Hazard Prevention and Management</td>
<td>1</td>
</tr>
<tr>
<td>Rabies Prevention and Control</td>
<td>1</td>
</tr>
<tr>
<td>Public Health Emergency Preparedness</td>
<td>0</td>
</tr>
<tr>
<td>Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</td>
<td>7</td>
</tr>
</tbody>
</table>
Implementation Concerns

- There is confusion related to the difference between a priority population and a target population.
- There is a lack of clarity regarding the need for a definitive, reproducible process to identify priority populations.
- There is lack of a clear linkage between health inequity, the determinants of health and the priority populations mandate.
- There may be a need for direction regarding the weighting of criteria to assist with identifying priority populations.
- There is a lack of tools and resources available for the identification of priority populations.
Challenges Summarized

• “Lack of common approach and understanding of the issues; underlying resistance to perceived changes in practice (e.g. from universal programs to targeting within universalism); lack of a formal mechanism re: partnership consultation and collaboration; lack of agreement related to application of the knowledge (e.g. What to do once priority populations are identified? Clarification re: role of public health in addressing the social determinants of health)”

  – SDOH Nurse

• “… disagreement on which groups should be considered a "priority“; different value sets”

  – MOH/AMOH
THE PRIORITY POPULATION PROJECT

The purpose of the project is to provide guidance to Ontario public health units in meeting the priority populations mandate of the OPHS
To provide guidance to public health units in Ontario in meeting the priority populations mandate in the Ontario Public Health Standards

**PURPOSE**

**METHODOLOGY**

**Scoping Review**
To understand how the term "priority population(s)" is being used within the peer-reviewed and grey literature

**Key Informant Interviews**
To understand the genesis of the term "priority population(s)" in Ontario and how the term is interpreted and applied by practitioners in the field

**Public Health Unit Survey**
To develop a comprehensive picture of how PHUs in Ontario are currently undertaking the process of identifying priority populations in their health units

**KEY QUESTIONS**

What are priority populations?

Why do we identify priority populations?

How do we identify priority populations?

**SOURCES**

Peer-reviewed & Grey literature

Policymakers (MOHLTC, PHO, PHUs)

Field Practitioners (MOH/AMOH, SDOH-PHN, PHU Epidemiologists)
Scoping Review

Total (N=140) Peer Reviewed Publications by Year of Publication and Country of Lead Author Affiliation

- Australia & New Zealand: n=11
- Canada: n=7
- Other: n=18
- USA: n=104
Key Informant Interviews

- 4 MOHLTC Staff
- 4 MOH/AMOH
- 2 Program staff
- 2 MOH/Manager
- 3 SDOH Nurse
- 1 Other

- 6 Current Practitioners on TRC
- 4 MOHLTC staff supporting TRC

10 TRC Member perspectives
12 Practitioner perspectives
# PHU Survey Respondents

<table>
<thead>
<tr>
<th>N</th>
<th>%</th>
<th>Role</th>
<th>PHU Representation</th>
</tr>
</thead>
<tbody>
<tr>
<td>83</td>
<td>100%</td>
<td>TOTAL</td>
<td>75% (27 of 36) PHUs represented</td>
</tr>
<tr>
<td>33</td>
<td>40%</td>
<td>SDOH-PHN</td>
<td>64% (23 of 36) PHUs represented (4 unidentified)</td>
</tr>
<tr>
<td>25</td>
<td>30%</td>
<td>Epidemiologist</td>
<td>50% (18 of 36) PHUs represented (2 unidentified)</td>
</tr>
<tr>
<td>17</td>
<td>20%</td>
<td>MOH/AMOH</td>
<td>33% (12 of 36) PHUs represented (1 unidentified)</td>
</tr>
<tr>
<td>8</td>
<td>10%</td>
<td>Other</td>
<td>19% (7 of 36) PHUs represented (1 unidentified)</td>
</tr>
</tbody>
</table>
Study Limitations

• Many uses, tools applications and identifications of priority populations are likely kept within institutional files and are not publically available.

• The role based PHU survey is weighted toward some groups of participants, potentially under-representing certain roles compared to others.

• Not all interviewees recommended through snowball sampling were able to be interviewed.

• Articles included in the scoping review varied with regard to the richness of information included to describe different aspects of their use of the term priority populations, and required researchers to make inferences in some cases.
WHAT ARE PRIORITY POPULATIONS?
## Priority Populations based on:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social characteristics</td>
<td>59</td>
<td>Income, race, ethnicity, culture, prison inmates, gender, sexual orientation, language, age...</td>
</tr>
<tr>
<td>Behavioral characteristics</td>
<td>42</td>
<td>Smoking, needle sharing, unprotected sex, sedentariness...</td>
</tr>
<tr>
<td>Medical characteristics</td>
<td>40</td>
<td>Disabilities, pregnancy, mental illness, addiction, HIV infection, cancer...</td>
</tr>
<tr>
<td>Epidemiological characteristics</td>
<td>30</td>
<td>Mortality rates, disease incidence, disease prevalence...</td>
</tr>
<tr>
<td>Health service characteristics</td>
<td>19</td>
<td>Remote access, lack of services, underserved populations...</td>
</tr>
<tr>
<td>Geographic characteristics</td>
<td>16</td>
<td>Urban, rural...</td>
</tr>
<tr>
<td>“Other” characteristics</td>
<td>12</td>
<td>Lack of research, school populations, students, teachers...</td>
</tr>
<tr>
<td><strong>Determinants of Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Subgroups of our local population who have disadvantages (or face barriers) that may lead to poor health outcomes or who are at a higher risk of a negative health outcome.” – SDOH-PHN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Burden of Disease</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“When local data suggests a certain demographic subgroup carries the highest incidence of disease, they are also considered a priority population.” – PHU Epidemiologist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Need</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Simply put, priority populations are persons in most need of services” – MOH/AMOH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Intervention/Impact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Sub group of the population for which public health intervention may be of high priority or is expected to have reasonable impact.” – PHU Epidemiologist</td>
</tr>
</tbody>
</table>
Priority Populations as a High Disease Burden Population

• Uses epidemiological and surveillance data as the primary method of identifying a priority population

• Often considered more legitimate in justifying allocation of public health funds given fiscal constraints

• Disease burden may be inequitable as a result of the determinants of health

Priority Populations as an Equity-Seeking Population

- Considers the determinants of health to be the root cause of health inequities
- Uses criteria of disadvantage to identify priority populations
- Understand that burden of disease will be higher for priority populations

"Data is only one piece of the puzzle - it tells us what the difference is but it doesn't point us into the root of that difference or the underlying factors contributing to that health disparity..." (1:369)

"You're going to look at the rate or the outcome in a certain population and look at it in other populations and see if it's similar or if it's not similar. If it's not similar, the next step is to decide... is it something we can live with or is it unjust somehow." (16:541)
WHY DO WE IDENTIFY PRIORITY POPULATIONS?
<table>
<thead>
<tr>
<th>Topic</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>... to help identify where the greatest need for allocation of resources</td>
<td>“.. to identify where would that particular program or service be of the most benefit.” (KII 8:420)</td>
</tr>
<tr>
<td>... to allow for program specific, local-level decisions regarding programs</td>
<td>“... the intent with the Standards was to allow and acknowledge the need for local flexibility to be able to respond to community needs, priorities and the local context within the delivery of public health programs.” (KII 12:258)</td>
</tr>
<tr>
<td>... to operationalize action on the determinants of health</td>
<td>“... the reduction of health inequities in an evidence-based, action-focussed, cross-cutting way within the context of every-day program delivery“ (KII 13:565)</td>
</tr>
<tr>
<td>... to strategically balance targeted and universal in the OPHS</td>
<td>&quot;...to apportion how much we want to do on a general community wide basis versus how much we want to do in a more focused, direct at priority population basis.” (KII 6:p2)</td>
</tr>
</tbody>
</table>
Intervention Approaches

- Proportionate Universalism
- Universal Approach
- Targeting within Universalism
- Priority Population
- Target Group
### Intervention Approaches

- Proportionate Universalism
- Universal Approach
- Targeting within Universalism
- Priority Population
- Target Group

**Example**

Population A: Physical and social environments, income, employment, health care access
### Intervention Approaches

- **Proportionate Universalism**
- **Universal Approach**
- **Targeting within Universalism**
- **Priority Population**
- **Target Group**

**Example**

Population I DOH: health care access, social support networks

![Disease Burden Diagram]

- Quintile 1
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5

Disease Burden

Quintile 1

Quintile 2

Quintile 3

Quintile 4

Quintile 5

Low income

High income
Intervention Approaches

- Proportionate Universalism
- Universal Approach
- Targeting within Universalism
- Priority Population
- Target Group

Example

Population E DOH: social support networks, income, biology, coping skills
Intervention Approaches

- Proportionate Universalism
- Universal Approach
- Targeting within Universalism
- Priority Population
- Target Group

Population G DOH: Income education

Disease Burden

Quintile 1 Quintile 2 Quintile 3 Quintile 4 Quintile 5
Low income High income
Universal Approach

Eligibility and access are based on simply being part of a defined population

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Universal Approach

• Interventions are applied to an entire population

• Based on the belief that each member of society should have equal access to basic services.
Targeting within Universalism

Identifies the obstacles faced by specific groups, and tailors strategies to address the barriers in those situations.

Target Group(s)

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Targeting within Universalism

• Universal intervention continues to be applied to entire population

• Identifies obstacles faced by specific groups and tailors strategies to address barriers in these situations

Target Group(s)
Priority Populations

Populations that are at risk... that would benefit most from public health programs and services... for whom public health interventions may reasonably be considered to have a substantial impact at the population level.

Priority Population

- Identifies obstacles faced by specific sub-population(s)
- Public health programs and services are applied across the sub-population to improve population health
- Could address programmatic, local, social or structural issues
Proportionate Universalism

“In addressing health inequity, the strategies that should be given priority are those that are universal but are resourced and delivered with an intensity that is related to the level is social need (proportionate universalism).”

Proportionate Universalism

- Proportionate universalism strategically balances universal and targeted approaches.
- Proportionate universalism incorporates social and structural determinants of health.
Proportionate Universalism

- Proportionate universalism includes a range of responses for different levels of disadvantage experiences within the population.
HOW DO WE IDENTIFY PRIORITY POPULATIONS?
“If I’m responsible for VPD programs in Toronto, priority populations would probably be linked with low income, maybe ethno-cultural populations or reduced access to care... If I’m in South Western Ontario, where pockets of Amish, Mennonite... do not accept vaccinations - my understanding, my surveillance, my monitoring, my approach is going to very different from what Toronto may be looking at." - Key Informant Interview (6 p.8)
## Variables Influencing Priority Population Identification

### Jurisdiction

“If I’m in downtown Toronto... in terms of TB prevention and control, I’m going to look at new immigrants, homeless, people who are socioeconomically disadvantaged, injection drug users... If I’m in Northern Ontario, I’m going to look at an Aboriginal population... it’s going to look quite different” (KII 6:pg3)

### Program Area

"I think it [the PP identification approach] depends on what the program and service are, as to whether you focus on epidemiology vs. some other paradigm that maybe uses an [DOH] framework... I would be surprised if at the staff level here we took a cookie cutter approach.“ (KII 3:560)

### Some additional Health Unit Capacity and Resources

“I’m not sure to what extent public health practitioners are equipped and ready and able to deal with all these complexities, because it’s all those complexities that create the priority population terminology so to speak.”(KII 14:454)
PHU Survey

Data Sources

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%</td>
<td>Local surveillance data</td>
</tr>
<tr>
<td>80%</td>
<td>Census data</td>
</tr>
<tr>
<td>74%</td>
<td>Staff consultation/ Front-line experience</td>
</tr>
<tr>
<td>64%</td>
<td>Research literature</td>
</tr>
<tr>
<td>59%</td>
<td>Program evaluation data</td>
</tr>
<tr>
<td>55%</td>
<td>Community consultation</td>
</tr>
<tr>
<td>47%</td>
<td>Grey literature</td>
</tr>
<tr>
<td>41%</td>
<td>Other program data</td>
</tr>
<tr>
<td>34%</td>
<td>Primary research/ data collection</td>
</tr>
</tbody>
</table>

Specific Sources

- CCHS
- GIS maps
- ON-Marg
- EDI
- Intellihealth
- Canadian index of wellbeing
- Parent survey data
- RRFSS
- iPHIS
- Deprivation index
Mixed Methods

**Qualitative**

Including participatory and action oriented, community based social science research

Challenges

- weighting factors to make decisions about which populations should be a "priority"
- individual and health system capacity

**Quantitative**

Including local, regional and national sources, mapping tools and deprivation indices

Challenges

- differences in assessing inequities and inequalities
- analyzing small populations
- accessing data for disaggregation
Activities Related to Identification of Priority Populations

• No formal activities (29)
• Using/developing internal checklists or tools (25)
• Equity/DOH/PP Committees (12)
• Integration into program planning (4)
• Strategic planning (2)
• Health equity reports (1)
• Capacity building/education sessions (1)
"...we knew with these Standards nobody had the answer on how to deal with the determinants of health explicitly... but we need to do that journey together."

-Key Informant Interview (4:351)
Next steps for consideration

The following next steps were informed by our data, project reviewers, and our knowledge user group

- **Establish a multi-stakeholder based steering group to**
  - Develop a set of working definitions that address the findings of this report and guide further operationalization of the PP mandate

- **Address data challenges**
  - Design a methodological framework that would assist with collecting and interpreting data in support of planning, implementation and evaluation practices that acknowledge proportionate universalism, health equity and determinants of health.

- **Maintain and expand capacity-building efforts**
  - to facilitate the sharing of information and best practices and discussions about health inequities in the context of overall population health.
Resources


Resources


• Simcoe Muskoka District Health Unit. Simcoe Muskoka District Health Unit’s approach to addressing the determinants of health: a health equity framework. Simcoe Muskoka District Health Unit; 2012. Available from: http://www.simcoemuskokahealth.org/Libraries/JFY_Communities/SDOHFoundationalDocument_-_FINAL_2.sflb.ashx

• Sudbury & District Health Unit. Priority populations primer: a few things you should know about social inequities in health in SDHU communities. Sudbury, ON: Sudbury & District Health Unit; 2009. Available from: http://www.sdhu.com/uploads/content/listings/prioritypopprimer.pdf
Contact Information

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