

# Tackling population health together in Europe - what have we learned from the Health Improvement Alliance Europe?

Welcome to a European learning café, hosted by the IHI Health Improvement Alliance Europe (HIAE). Join the movement for population health, learn how improvement methods are applied to tackle shared challenges including health equity.

Meet leaders partnering in the HIAE workstream for population health. Together, we will explore successful strategies and share bright spots from around Europe – measuring what matters; working with and for the population; and making health improvement everyone's business.

The HIAE is a community of leaders, dedicated to continuous learning and identification of best practices and new models from within and outside health care.

After this session, participants will be able to:

- Understand how strategies and approaches impact positively on population health across a range of demographic groups
- Consider a range of quality improvement methods which support population health improvement work
- Explore how public health issues relate to their own context and consider the opportunity to influence improvement activity to impact on outcomes

# Draft Agenda: European Alliance – Pop Health(60 min)

Time	Time	Topic	Objectives	Faculty
	3	Welcome	Intros & set up for the session	Jesper
	3	HIAE – who we are and what we do	Overview of the Alliance and membership – shared priorities	Susan
	5	What brings you here?	5 min conversation at table and then quick feedback	Gill
	25	Bright Spots in Pop Health - tour of the Alliance membership examples	Moving map of members Examples from Sweden, N Ireland, UK, Denmark	Jesper Gill Susan
	5	Learning from the Alliance membership	Article Recommendations	Jesper
	15	Who and what do you need?	Setting the challenge for next steps	Gill
	2	Summary and close	Sign post to HIAE	Susan

# Welcome to the learning café for Population Health

Gill Smith  
Jesper Ekberg  
Susan Hannah

The presenters have nothing to disclose

**#IHhiae**

# Faculty intros

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Gill Smith  
IHI Fellow and Faculty



Jesper Ekberg  
Coordinator, Region  
Jönköping County and  
Swedish Association of  
Local Authorities and  
Regions, Sweden



Susan Hannah  
Senior Director, IHI

# Welcome - our session today

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- Health Improvement Alliance Europe – who we are and what we do
- Getting to know you
- Bright spots in population health. Alliance membership examples
- Learning from the Alliance
- Interaction - exploring what you would do
- Summary and close





## IHI Health Improvement Alliance Europe

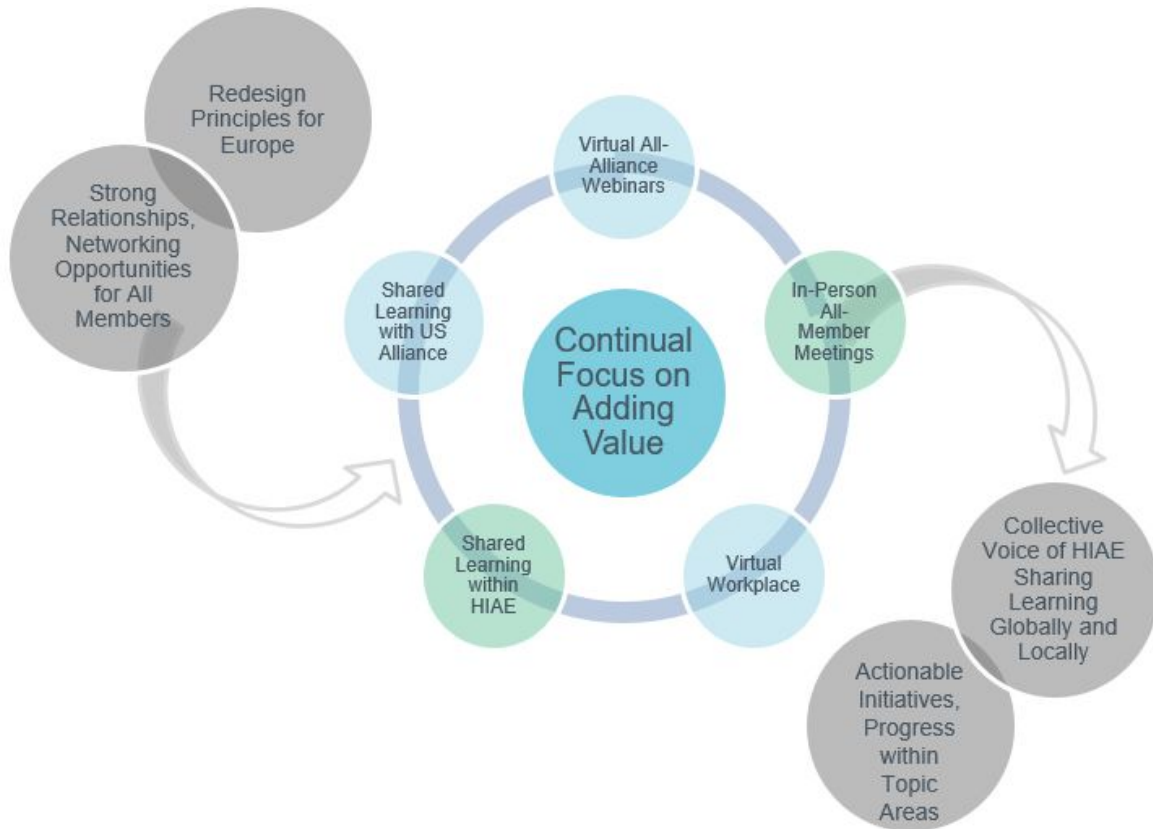
Our vision as an Alliance is to co-create systemic improvements in conjunction with the staff and users in our regions to achieve health and well-being better than we've ever seen, care better than we've ever known, at a cost we can all afford for every person, every time.

# HIAE Members



# Why we gather as an Alliance

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- To bring together innovating leaders
- To surface common challenges
- To leverage shared ideas and spread internationally
- To learn from past & present
- To shape the future



# Let's have a talk in the learning café

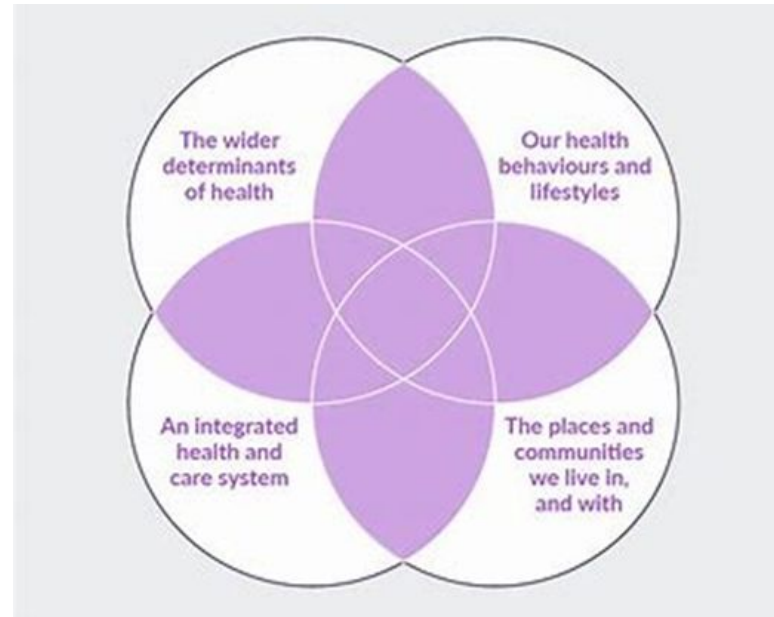
Tell us about your professional background

Share with your neighbours... Why is this population health topic important to you?



Add Menti web page.code / QR code

# What is involved in improving population health?



Four interconnected pillars of Population health. Kings Fund 2019



IHI

- **Population health:** the health outcomes of a group of individuals, including the distribution of such outcomes within the group.<sup>1</sup>
- **Population health improvement (an early suggestion):** concerted, intentional, and systematic efforts by those working together towards measurable improvement of health and wellbeing outcomes, co-produced with and for the population in their locality.



Institute *for*  
Healthcare  
Improvement

# Bright Spots and the Journey of Life

Exploring examples from across the region

**#IHIAIE**





## Overview of basic facts about Region Jonköping

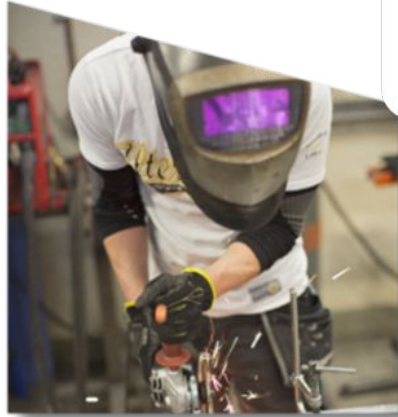
- 350 000 inhabitants in the county
- 13 municipalities working in collaboration with Region Jönköping
- Vision: *For a good life in an attractive region.*  
Responsibility for Health care and Regional development

Jönköping  
Together  
programme





# The Together Programme – a whole system approach



Every day life



Support for  
body and mind



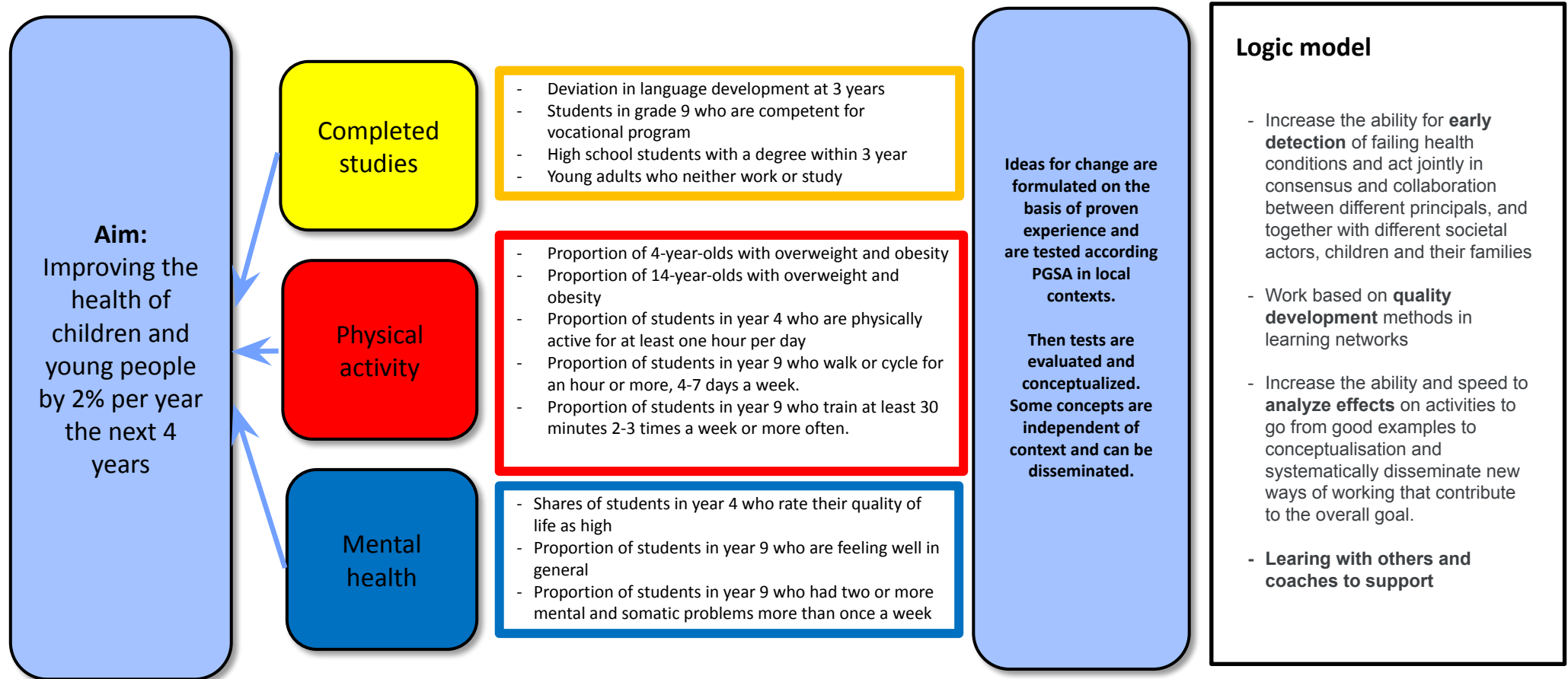
Primary care



Specialized care

*Ref. Region Jönköping County*

# Vision: Jönköping County – the best place to live!



*Best place to live!*

## Goal

Improving the health of children and young people by 2% per year the next 4 years

## Population

Children 0-18 years in Jönköping County

Deviation in language development at 3 years

Students in year 9 who are eligible for vocational program

High school students with a degree within 3 years

Young adults who neither work nor study

Proportion of 4-year-olds with overweight and obesity

Proportion of 14-year-olds with overweight and obesity

Proportion of students in year 4 who are physically active for at least one hour per day

Proportion of students in year 9 who walk or cycle for an hour or more 4-7 days a week

Proportion of students in year 9 who train at least 30 minutes 2-3 times a week or more often.

Proportion of students in year 4 who rate their quality of life as high

Proportion of students in year 9 with well-being in general

Proportion of students in year 9 who had two or more mental and somatic problems more than once a week

## Local quality improvement work

### Health Promotion

**Presence in school - where & when - be close**  
Increase attendance at school by 2 percentage points among students that is beginning to be unpresence

**Strengthened parenting support in Nässjö**  
Expanded joint home visit program, SEEK model and The Circle of Safety

**Equal parental support at the family centers**  
Basic package for parental support initiatives in groups for all family centers in the county.

**Together for better health - Rydaholm**  
Families with children 0-6 years in Rydaholm to establish good physical habits. Physical activity should increase by 2 percentage points.

**Student health center**  
Early coordinated efforts for children and young people in primary school 6-16 years

**Activityhouse in Vetlanda municipality**  
Activity- and development Centers in Jönköping municipality

**Strengthened parenting support**  
Extended home visit program and the SEEK model. With inspiration from Nässjö

### Projekct leader

Therese Hulusjö  
bitr. rektor



### Sector

- School
- Leisure

Katinka Westerl  
och Ceci Isaksson



- Health care
- Social service
- Libraries

Martina Larsson  
FOU-ledare,  
Familje-central



- Health care
- Social service

Jeanette Rehn,  
enhetschef BHV öster



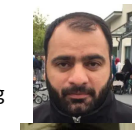
- Health care
- Social service

Susanne Törnvall  
chef utv. Avd. Jönköpings



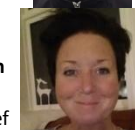
- School
- Health care
- Social service

Ing-Marie Andersson,  
skolkurator. Vetlanda



- Culture and leisure
- Social service

Danial Mardini  
Jönköping



Maria Svensson  
Bitr. socialchef Gnosjö

- Health care
- Social service

12 team in progress. Conceptualization and spread happens in collaboration in the network



# Activity Houses – learning from Malmö

## Challenge!

- High unemployment
- Low participation in leisure and community activities
- Low socio-economic status
- Extra vulnerable area - Heavy crime at young ages
- Young and single parents

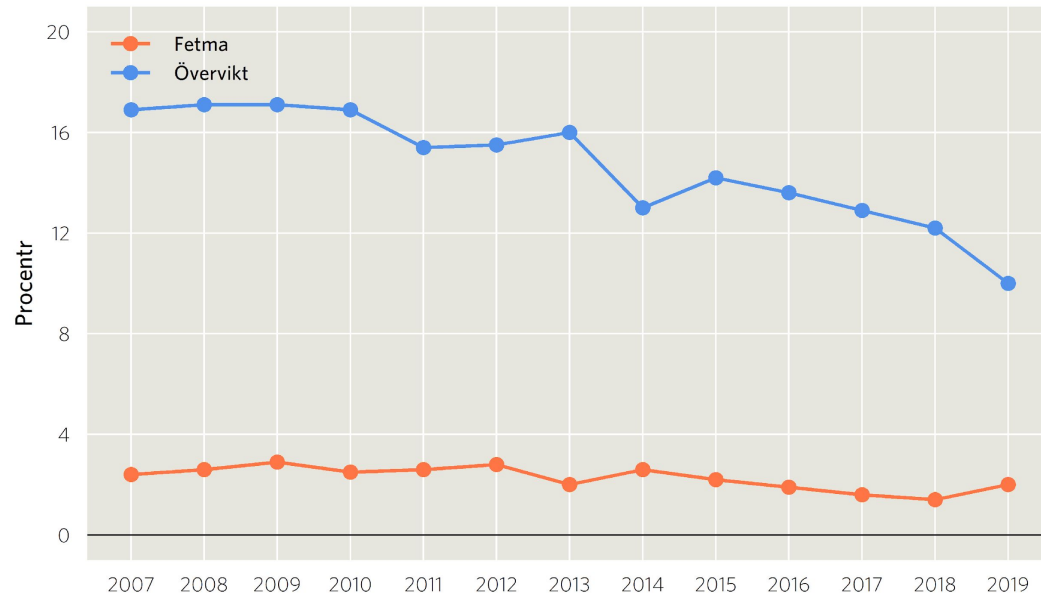
## Solution!

- All activities are free
- For all ages
- Activities every day during the year
- The school is the place
- Leaders are employed, living in the neighbourhood or from the local community
- All activities are based on what matters to the children and families

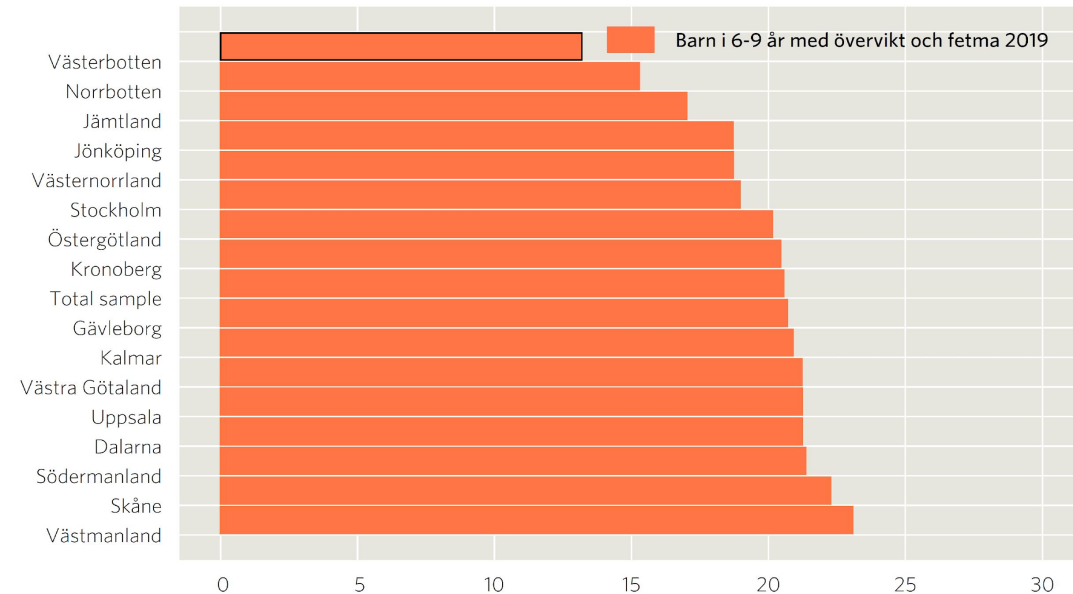


*The schools with integrated Activity Houses have made the largest increase of students passing school, compared to other schools in Malmö City*

# The power of health promotion – learning from Västerbotten county



Obesity and over-weigh in four-year-olds in Västerbotten 2007–2019 (preliminary results ref. Competence center for maternal and child health care, Region Västerbotten).



Obesity and over-weigh in 6-9-year-olds nationally and by region 2018/2019. Ref Public Health Agency 2020)



Specialized

First line

Maternal health

Child health

Dental health

Open pre-school

Included in  
the  
collaboration

School

Leisure

Environment

Urban planning , etc

Universal

# Processes involved - examples

## PARENTS AND CHILDREN 0-5 YEARS

- ❑ Child health programme (Child health)
- ❑ Tool box for dental health (*Pre-school/dental health*)
- ❑ Guiding dialogues  
(*Maternal health/child health/open pre-school*)
- ❑ Parental support in groups (*Maternal health/  
child health/dental health*)
- ❑ Weight stability pregnant women (*Maternal health*)
- ❑ Tandscreening 12-18 månaders ålder (*BVC – FTV*)

## EPIDEMIOLOGICAL SYSTEM

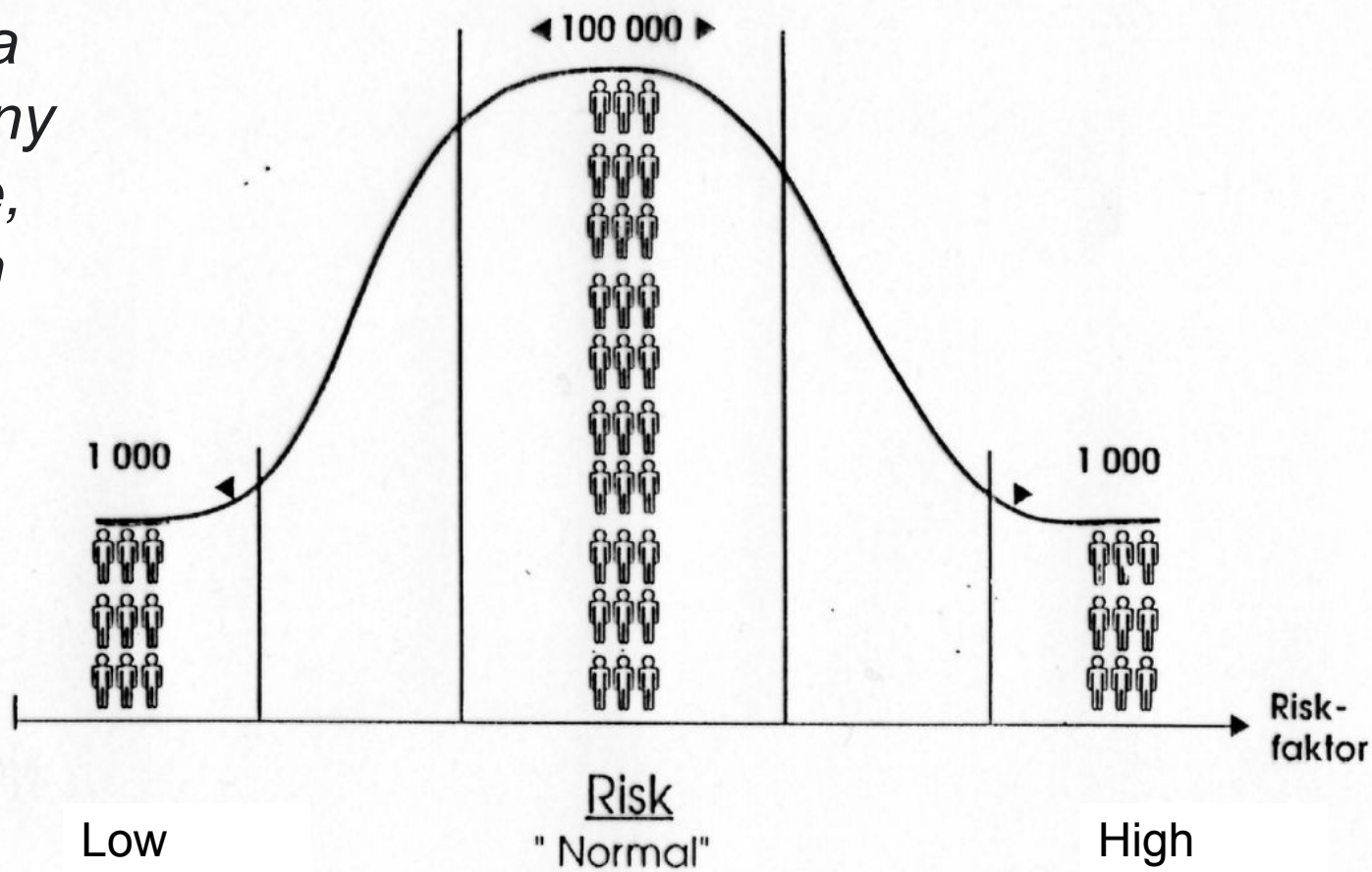
- ❑ Survey for future parents and when the child is 3 years
- ❑ Health dialogues/surveys – 4 times during school

## STUDENTS IN SCHOOL

- ❑ Health dialogues
- ❑ YAM  
– Youth Aware of Mental Health
- ❑ Promoting healthy life-style

# The preventive paradox

*For an effect on the health of a population, it is better that many with normal risk change a little, compared with a few with high risk change a lot*





**BCYP London**  
Integrated system  
improvement

## Overview of basic facts about London's CYP

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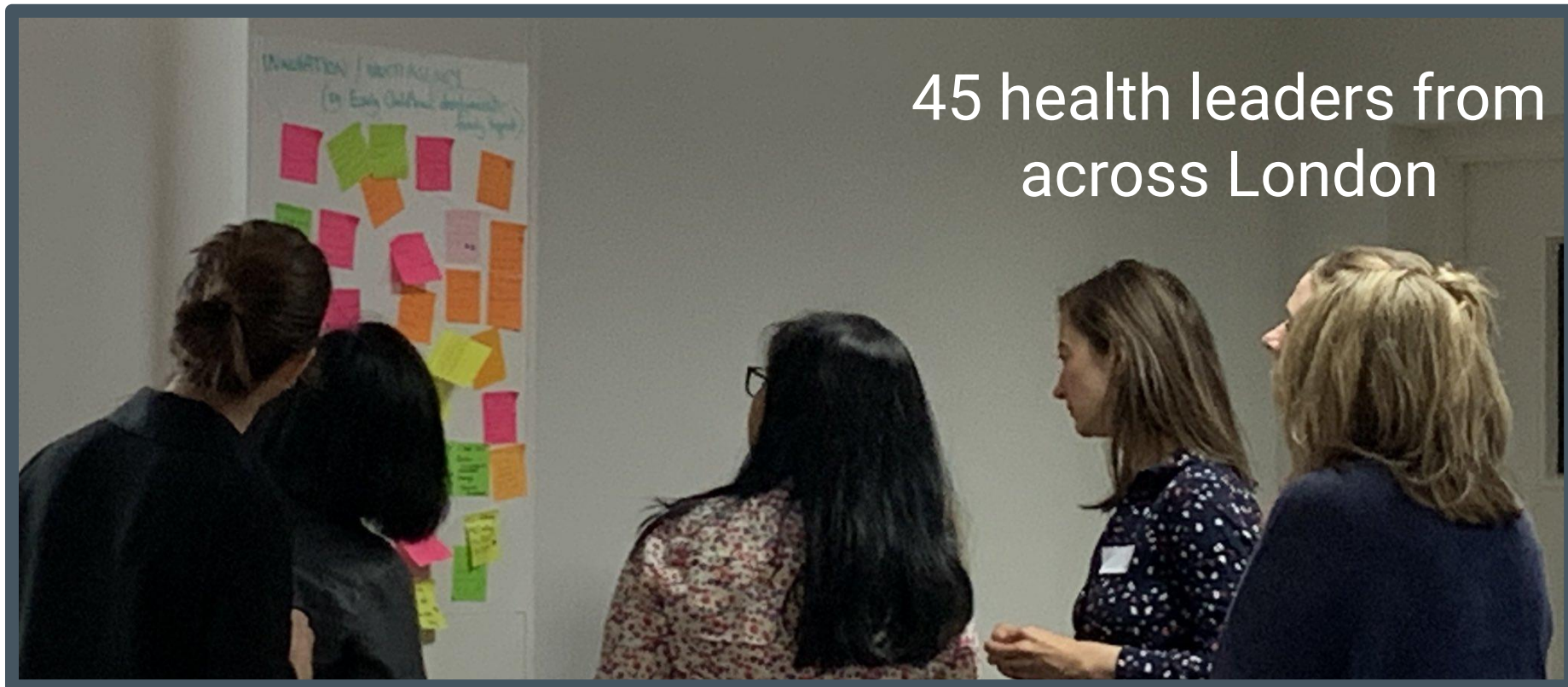


# London BCYP Improvement Collaborative

Creating a shared vision  
for cross-sector integration







45 health leaders from  
across London





# Influencing and leading change

Bob Klaber

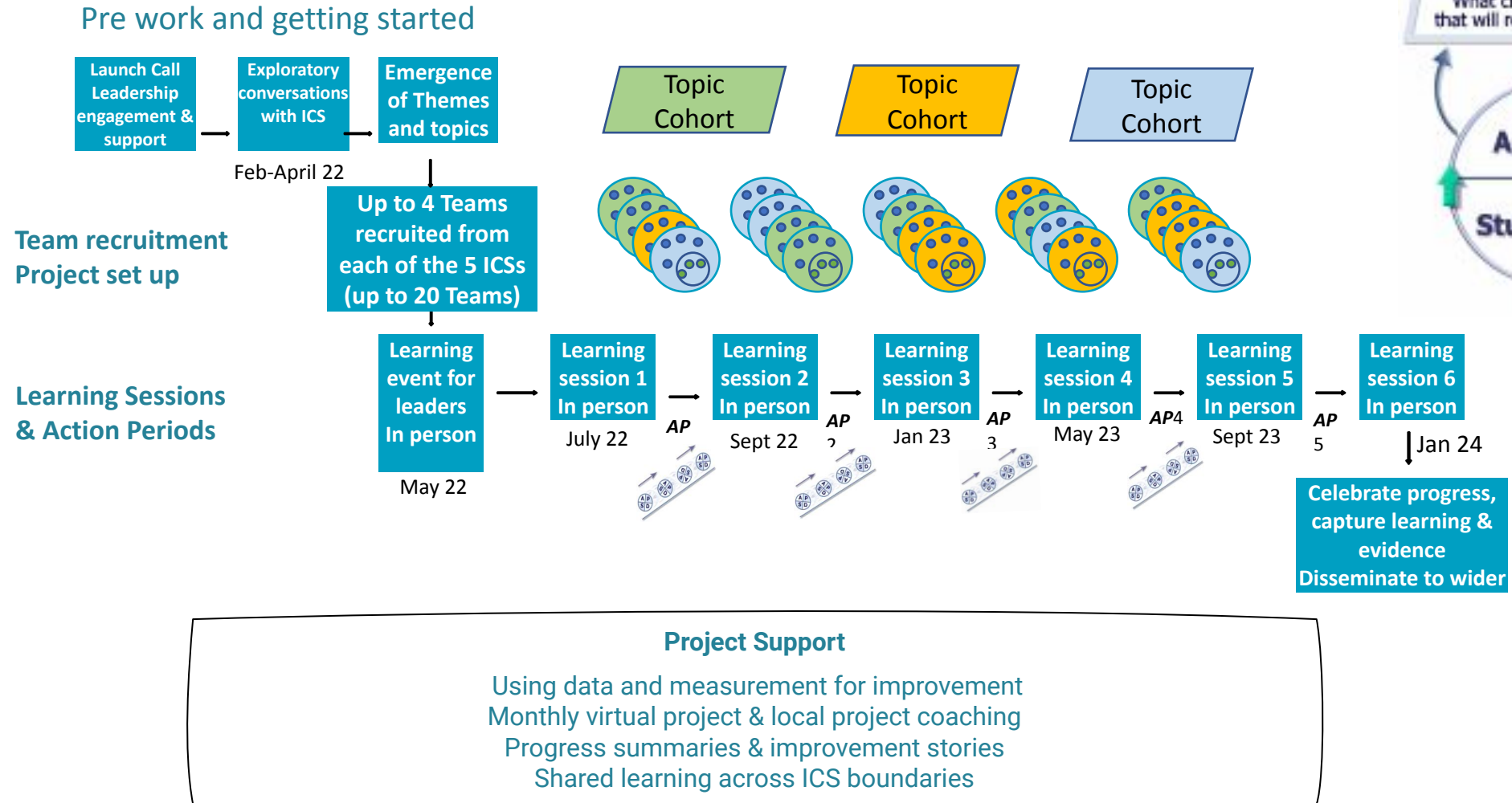


- Trust
- Develop as individuals to grow together
- Learn and use improvement methodology
- Data + stories = magic!
- Leadership : behaviours as leaders is critical (i.e. what you permit, you promote); long term vision; using your levers; trust trust trust



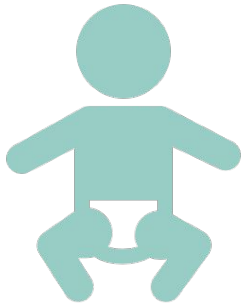


# Children and Young People London - Collaborative Learning Network Journey

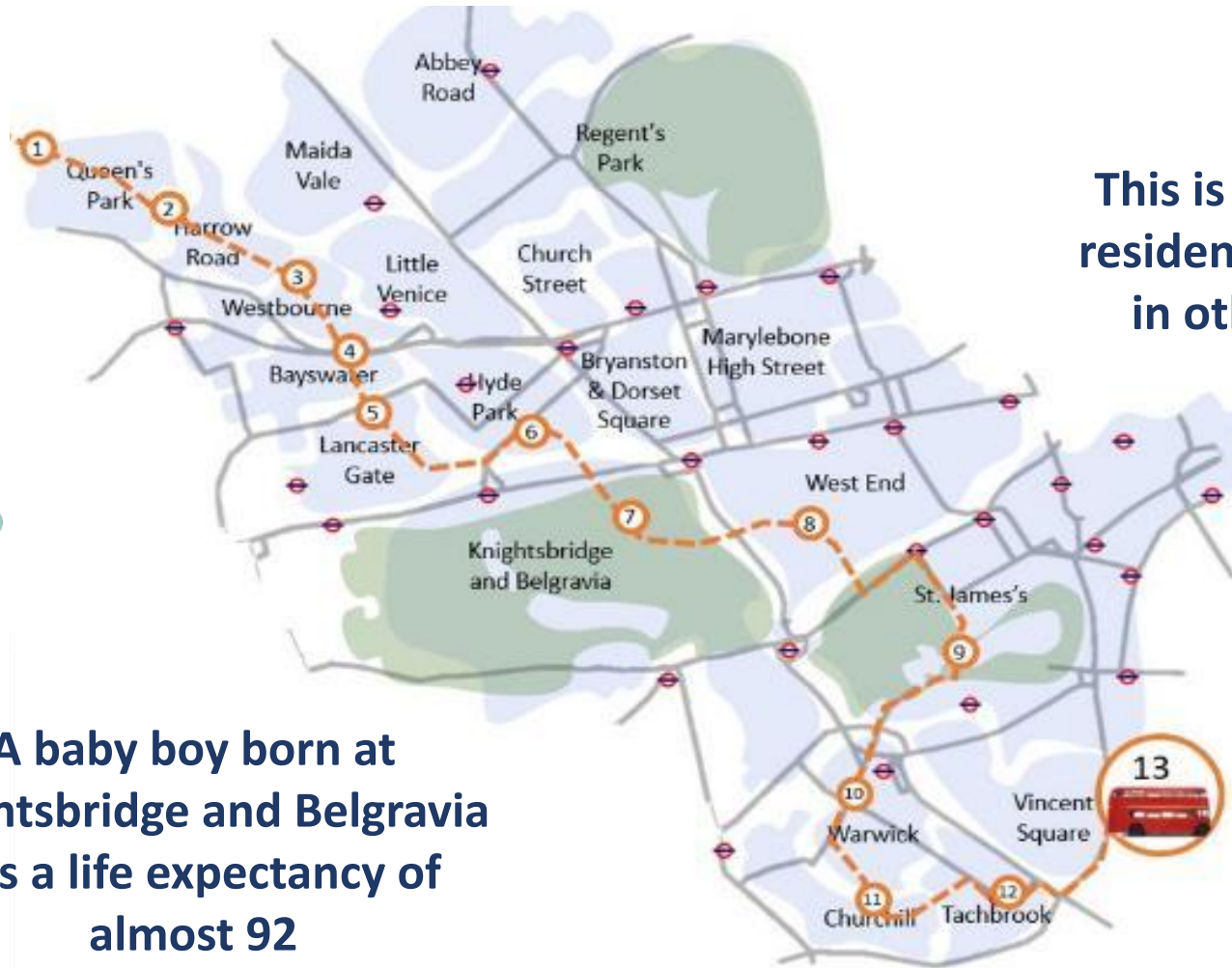


# Today...

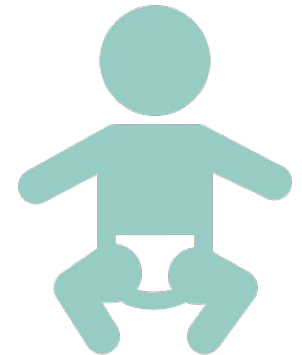
A baby boy born in the north of the Borough has an average life expectancy of 78



A baby boy born at Knightsbridge and Belgravia has a life expectancy of almost 92



This is despite spending £16k per resident per year compared to £7k in other parts of Westminster



*This is a life expectancy gap of 14 years!*

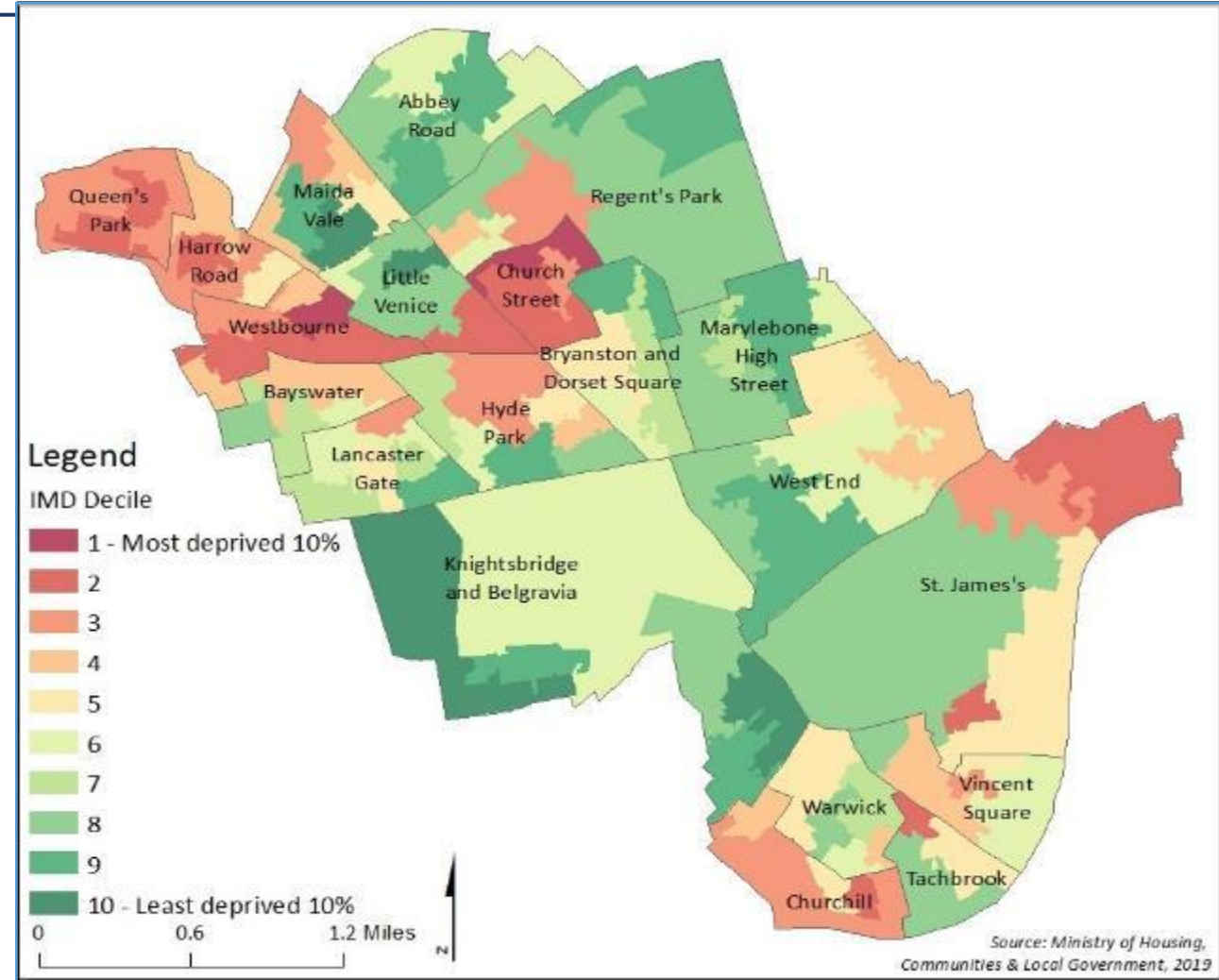
# North Westminster context

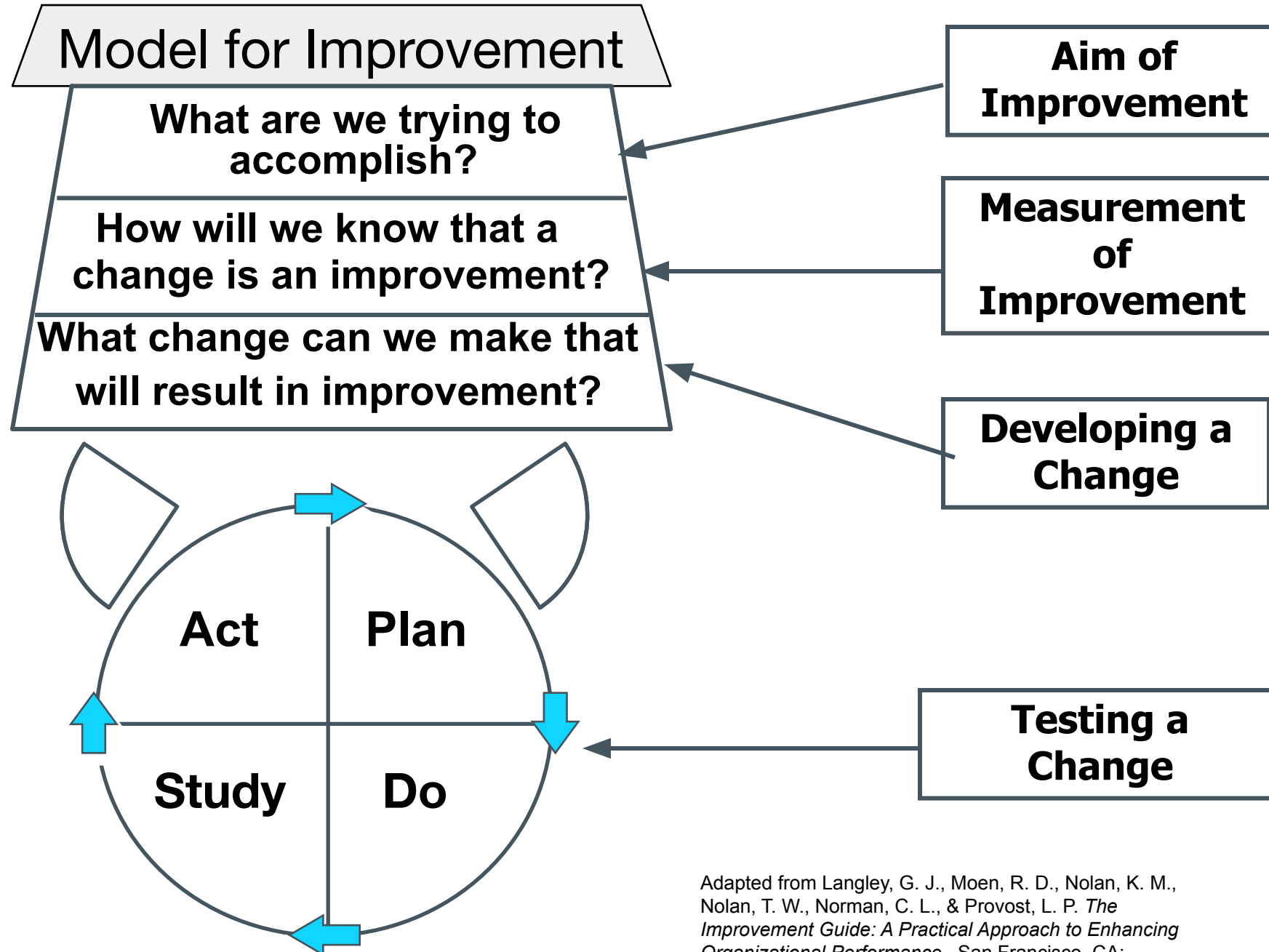
The 4 wards (Church Street, Harrow Road, Queens Park, Westbourne) are within the **20% most deprived areas in the UK**

They represent highly densely populated areas, averaging 25,000 persons/km<sup>2</sup> (versus the Westminster Average of 12,000)

22% of the population is age 0-15 years (compared to a Westminster average of 17%)

On average, 54% of the population come from a Black and Minority Ethnic background (compared to a national average of 14.6%)



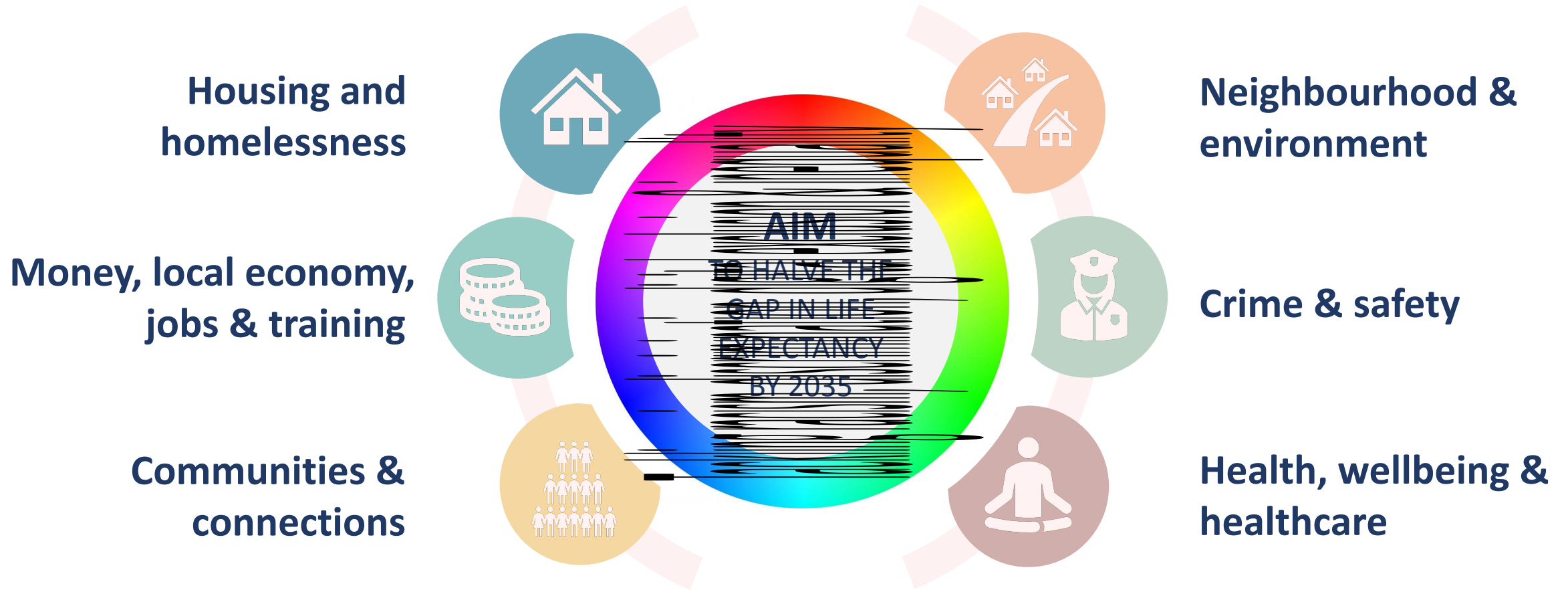


Adapted from Langley, G. J., Moen, R. D., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass, 2009.



# #2035 focus

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# Anchor Mission Strategy



## Change levers

### Hire locally and develop talent



- Increase number of employment preference hires from AM communities
- Increase % of new hires from AM communities
- Implement career ladder programs

### Utilize local labor for capital projects



- Increase number of construction companies from AM communities
- Increase % of construction spend with AM businesses
- Increase construction hours worked by AM residents

### Buy and source locally



- Increase AM purchasing in targeted areas
- Increase total amount purchased from AM communities

### Invest locally



- Impact investing in local communities
- 403 B Auto-escalation and enrollment
- Social impact investments with WSAC

### Volunteer and support community building



- Increase employee engagement (number of employees, volunteer hours) in AM communities





# What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



## **Purchasing more locally and for social benefit**

In England alone, the NHS spends £27bn every year on goods and services.



## **Using buildings and spaces to support communities**

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



## **Working more closely with local partners**

The NHS can learn from others, spread good ideas and model civic responsibility.



## **Reducing its environmental impact**

The NHS is responsible for 40% of the public sector's carbon footprint.



## **Widening access to quality work**

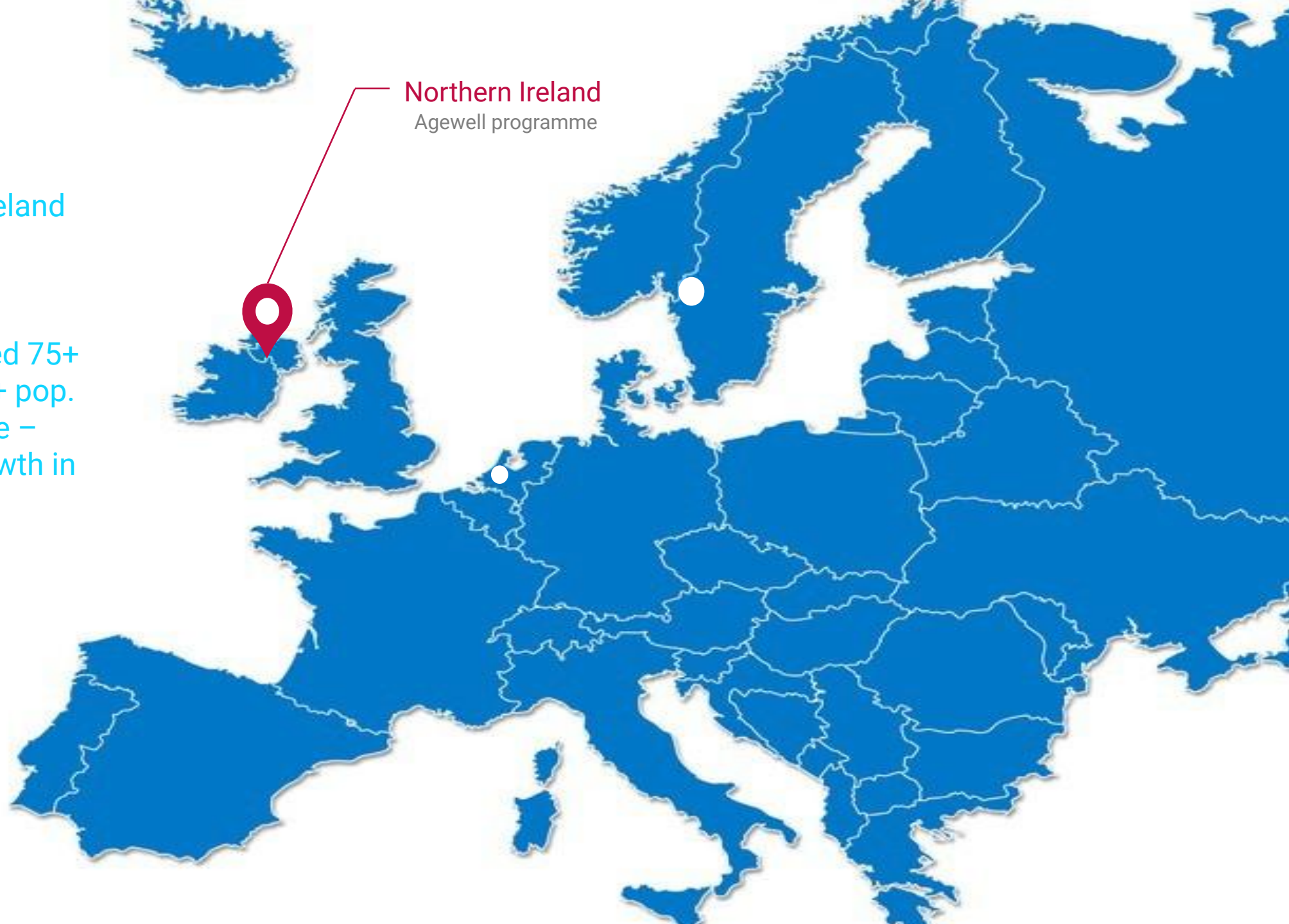
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.



Basic facts about N Ireland  
and the older people  
population:

- NI total pop. 1.9m
- 147,194 people aged 75+
- 30% increase in 85+ pop.  
over the last decade –  
highest level of growth in  
the UK



Northern Ireland

Agewell programme

# IMPACT Agewell - An integrated community development approach to improving the health and well being of older people – N. Ireland



- Bottom-up community asset-based approach to delivering social care for older people, launched in 2017 in five local community health and wellbeing hubs and one strategic co-ordinating hub
- Hubs partnered with GP Practices, community pharmacies, staff from health and social care and community based support
- Support delivered to over 1,000 people over 75+yrs – providing a wide-range of activities, services and support programmes



# IMPACT Agewell Aims and Method

## Aims



## Method

Impact Agewell Officer works with the older person using a guided conversation to provide them with person centred services and support to improve the health outcomes that matter most to them.



# IMPACT Agewell Return on Investment

For every £1 invested in the service.....

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## **Fiscal Return**

£2.38 was saved related to unscheduled health and social care services

## **Social Return**

£2.22 was saved associated with all carers

## **Community Pharmacy Return**

£5.81 was saved

# Our learning experience as an Alliance.....

BMJ-article:

# Accelerating population health improvement

- Population health, population health management, **population health improvement**
- A common method to tackle shared challenges:
  - defining the system
  - describing shared aims and the work required to achieve them
  - measuring systematically over time
  - acknowledging that change happens – “think big and start small”

Link to article:

<https://www.bmj.com/content/373/bmj.n966>

BMJ-article:

# Accelerating population health improvement

## **Strategies for successful population health improvement**

- Define the population and design accordingly
- Develop bold ambitions and bold aims
- Act with and for the population
- Build a portfolio of projects focused on each population health aim
- Segment for equity
- Measure what matters
- Embrace an asset based approach
- Embrace humility to generate trust
- Test your way into better partnership work, in pursuit of results
- Make health improvement everyone's business and make improvement skills available to all



*We envision a thriving population health  
improvement learning community that will  
continue to grow in numbers and strength*

# Over to you....

Imagine you are starting a population health initiative in your community, who will you need and what will you need?



menti

# Getting started: Where there's a will...

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1. **How can you make a conscious choice to focus improvement efforts on population health**
2. Seek to understand the context
3. Stratify your data...make the invisible visible
4. Pick one or two specific health issues where disparities are greatest and design PDSAs to close disparity gaps





# Summary

## List examples from alliance