

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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## IDENTIFYING PRIORITY POPULATIONS FOR REPRODUCTIVE HEALTH

### **Recommendation**

*It is recommended that Report No. 068-13 re “Identifying Priority Populations for Reproductive Health” be received for information.*

### **Key Points**

- The Foundational Standards in the Ontario Public Health Standards require Boards of Health to systematically identify populations at risk and to determine priority populations that would benefit from targeted public health programs and services.
- The Reproductive Health team engaged in a research project to identify priority populations in London and Middlesex who would benefit from targeted reproductive health programs and services.
- Women living on low income and those under 24 years of age were identified as priority populations. The outcomes of this work will guide team planning and intervention for several years. The process developed can be used by other program areas, and has been shared with other health units.

### **Reproductive Health Team Planning**

As a new team in January 2012, the Reproductive Health Team (RHT) had the opportunity to engage in significant planning. Using the “Model for Evidence-Informed Decision Making in Public Health” from the National Collaborating Centre on Methods and Tools, the team examined various forms of evidence to support the process of clarifying the team’s mandate, to determine topic areas of focus, to identify evidence-informed and/or promising public health strategies, and ultimately, to develop a three-year operational plan for the team.

Health Unit staff members recognized that they needed to invest time in clarifying the priority populations for reproductive health. Requirement #3 of the Foundational Standards in the Ontario Public Health Standards (2008) states:

*“The board of health shall 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 from public health programs and services (i.e., priority populations).”*

In addition to population-based approaches and universal approaches to improve reproductive health outcomes, outreach to priority populations and targeted programs are important to address the specific needs of the most vulnerable populations.

The Region of Waterloo Public Health had previously developed a process to determine priority populations. Although this information was useful to guide the priority setting work of the RHT, there was a need for a more prescriptive process to determine local priority populations.

## Goals and Process of Priority Population Project

A Masters of Public Health student worked collaboratively with the Social Determinants of Health Public Health Nurse on the RHT. The primary goals of this work were to:

- 1) determine a definition of 'Priority Populations' for the RHT, that could potentially be adopted or adapted for use across the service area or the agency;
- 2) determine a process for identifying priority populations in Middlesex-London in relation to reproductive health, that could also be used to identify priority populations in relation to other areas as well;
- 3) determine priority populations in Middlesex-London in relation to reproductive health ; and
- 4) make recommendations for planning and implementing evidence-informed strategies, programs, and services for populations who are at an increased risk of poor reproductive health outcomes, while still providing universal programs and services to the broader population.

In order to achieve the ultimate goal of determining priority populations and making program recommendations, staff reviewed priority population work done by other health units, determined a definition of 'priority populations' through consultation with team members and consideration of existing definitions, conducted a situational assessment, and identified recommendations. A full report entitled, [Identifying Priority Populations](#), documents the process followed and captures the completed work, with an Executive Summary beginning on page iii.

## Outcomes of Identification of Priority Populations for Reproductive Health

'Next steps' were identified as part of the project. The RHT continued with their planning efforts and completed the 'next steps', reviewing strategies and their effectiveness for the identified populations and topic areas, and finalizing planning decisions related to who should receive targeted programming, what topic areas the programming would cover, and what strategies would be most helpful.

After consideration of the evidence, the team selected two populations to focus on for the next few years: 1) women living at or below the low income cut-off, and 2) women  $\leq 24$  years of age.

A process similar to the one developed by the Reproductive Health Team has also been used by the Early Years Team, who are currently working to identify priority populations related to the early years. A number of other health units have become aware of this work and have asked to see the report.

## Conclusion/Next Steps

The time spent during planning to determine priority populations through a systematic process will ensure the reproductive health program is based on the best available evidence. The Reproductive Health Team has identified two priority populations to focus on for the next few years. As the Team implements the plan, ongoing evaluation will be conducted to assess the balance between universal and targeted strategies, and to determine whether strategies need to be modified to better meet the needs of the target population.

This report was prepared by Ms. Heather Lokko, Manager, Reproductive Health Team, and Ms. Joanne Simpson, Public Health Nurse.

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**This report addresses** the following requirement(s) of the Ontario Public Health Standards: Foundational Standard: Requirements #3 and #4.  
Strategic Area of Focus: Improved health outcomes in the area of reducing health inequities.