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Preparing Healthcare Students to Address the Needs of Populations

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There is not a one among us who does not recognize the world is a very different place than it was a decade or two ago. Changes in wealth, power and policy, and the burgeoning of information at our fingertips have contributed to unprecedented knowledge and opportunities yet have created an even greater divide between the rich and the poor. Looking globally, marginalized populations are often lacking the most basic resources, such as clean water and food, adequate housing to support and protect from exposure, as well as employment to pay for daily needs. Conflict has brought refugees, often without money, a common language, or jobs, to other nations' borders, and integration has been sometimes slow and difficult. Health professionals' lack of knowledge about and ability to negotiate complex national systems, coupled with these global changes, can conspire to prevent utilization of accessible services, especially by those with very poor health or who are vulnerable for other reasons.

For example, health professionals are at the frontline of care for those most in need in our communities. They welcome, without fear or favor, those displaced as a result of conflict, made homeless due to financial difficulties, or left teetering on the edge of society because of their lifestyles or beliefs. It is health professionals who frequently provide the first response to needs that go far beyond immediate clinical presentations. It is essential, then, that they know how to really listen to others, attuned to the social, political, and cultural circumstances that shape lives—from the global to the local. Only through an awareness of *population* health can health professionals *recognize* that the world is a different place but *impact it* so that it becomes a better place.

With these issues in mind as well as recognizing the extreme financial burden of illness care in both the UK and US, I have had the extraordinary opportunity this summer to interview 24 nursing leaders, including academic and practice leaders in Scotland and UK regulatory leaders at the highest levels. The interviews focused on population health proficiencies that are part of new standards for nursing education[1]. In addition, a team of colleagues and I have explored nursing students' attitudes about poverty and social justice. Although my research has focused on nursing education in the UK, there is no question that the research outcomes apply to health professions education globally. A full critical analysis of the data is underway, but the following are key actions for integration of population health into healthcare curricula, based on already-known evidence, my own experience of teaching population health for the past nearly 20 years, and data collected through the studies. It is my position that **health professionals must be able to**:

Talk About Population Health

Population health is not new; however, as a term with a discreet definition, it is about 15-20 years old (Kindig & Stoddart, 2003). Defined simply, population health is the activity of monitoring the health outcomes of groups of individuals (Kindig & Stoddart), usually who have something in common, such as place or age. Infant mortality rates are a good example of outcomes that have been monitored for decades in most countries. A more contemporary comprehensive definition that includes a description of issues and potential actions comes from Storfjell, Winslow, and Saunders (n.d.):

[1] The UK's Nursing and Midwifery Council (NMC) is the UK regulator of nursing and midwifery programs and has responsibility for setting standards for and validating pre-registration nursing, midwifery, and specialty education programs as well as maintaining a registry of nurses, midwives and other specialty nurses for eligibility to practice.

"Population health is broadly used to describe collaborative activities for the improvement of a population's health status. The purpose of these collaborative activities, including interventions and policies, is to reduce inequities that influence the social determinants of health (SDOH).

Accountability for outcomes is shared, since outcomes arise from the multiple upstream factors that influence the health of a group or community. Population health requires systems thinking. It means doing business differently, including clinical and community prevention and working across disciplines and sectors…" (p. 5).

Some conceptualize population health as a subset of public health (Bekemeier, 2017). But how it is conceptualized is not as important as acknowledging it in very deliberate ways so that practitioners can impact health outcomes for populations.

There are many ways to talk about population health to engage students. One might start discussions using recent research that found obesity is an issue among nurses in Scotland (Kyle, Neall, & Atherton, 2016) and England (Kyle et al., 2017). Another might include identifying the most prevalent causes of mortality among different age groups to help students use data to zoom in on health promotion issues that affect those groups (CDC, n.d.). And yet another strategy might start with the concept of social justice—that is, equitable economic, political, and social opportunities for all—to discuss societal examples of injustices, particularly those that impact health (International Federation of Social Workers (IFSW), n.d.). Only by health professionals engaging intentionally with population health will they be able-–through research and scholarly activity that supports their professions—to act on behalf of populations.

Seek Available Information about Population Health

Many global entities as well as health systems have created reports and mandates about population health that have promulgated an increasingly visible dialogue about it. For example, the World Health Organization (WHO) emphasizes the necessity for a shift in global patterns of healthcare and recommends a focus on population health as well as the need for the professional workforce to work toward health equity at the population level. In collaboration with 53 European entities, WHO (2013) created a strategic direction toward Health 2020 goals that seek "to improve health and well-being of populations and to reduce health inequities" (p. 11). The UK's Nursing and Midwifery Council (NMC) (2018) has answered this mandate through its new standards of proficiency for pre-registration curricula, including strong population-based competencies. Although not linked to curricula specifically, the IFSW (2012) and the National Health Service (NHS) Delivery Plan for Allied Health Professionals (Scottish Government, 2012) hold ideals for those practitioners that are firmly rooted in population health and social justice. In the US, the Centers for Disease Control and Prevention (CDC) (2011) are currently working on population goals for 2030 as they have done on a decennial basis for 50 years; the objective has always been to strategically plan to (a) improve quality of lives, (b) achieve health equity, and (c) create healthy social and physical environments across all life stages. These are but a few examples of population-focused initiatives and mandates.

Recognize the Impact of Social Determinants of Health

Regardless of practice setting, health professionals must be able to identify, appreciate, and use SDOH to understand health needs and outcomes of different populations. SDOH have potential to be optimizers or deterrents of health; if they are deterrents, they contribute to health inequities, which are avoidable differences in people's health, defying social justice (National Health Scotland, 2018a). Health professionals, both in and outside the hospital, have the potential and power to modify or ameliorate SDOH on behalf of populations or individuals, thereby decreasing health inequities. The level of health related to one's socioeconomic status is well-known, demonstrated by the Whitehall studies of 50 years ago (Marmot, Rose, Shipley, & Hamilton, 1978) and many subsequent studies. One clear example of socioeconomic status is housing. Health students need to appreciate that more affluent people generally live in areas with safe green spaces, accessible food, excellent schools, and transportation options that result in dramatically longer lives than those living in deprived areas. A vivid example of these differences comes from a recent NHS Health Scotland (2018a) report that the most affluent people there live more than 20 years longer than those from the most deprived areas!

One of the most widely used models depicting SDOH is the Dahlgren-Whitehead Model (1991), which is easy to understand and can be a guide for students learning about SDOH to assess communities and populations as well as how SDOH shape the health of individuals. One example, adverse childhood experiences or ACEs, has been found to contribute to acute and chronic conditions in adulthood, such as cardiac disease (Felitti, et al., 1998). Most recently, the Scottish

government developed strategies to mitigate ACEs at the national level as well as for individual health professionals. Examples of the latter include supporting parents and families, including ACEs as part of professional assessment, and raising awareness among non-healthcare groups and individuals (NHS Health Scotland, 2018b).

Focus Curriculum on Health Care As Much As Illness Care

UK nursing leaders (personal communication, summer 2018) indicated that population health must have at least an equal place in pre-registration nursing curricula as care of ill patients; some thought it needs a central position to change the direction of healthcare. Many of the leaders recommended a spiral curriculum where population concepts are revisited throughout (Harden & Stamper, 1999) rather than focusing all content into a single module or course. Some thought students need to start with health and population concepts as a foundation whereas others thought students need more experience and confidence to work with populations.

There is no question that health students need to learn about illness and demonstrate competence in some basic psychomotor skills to assist ill patients. However, for too long, academic health education, especially nursing, has focused on illness care rather than healthcare. In addition, the landscape of healthcare has changed dramatically over the past few decades: hospitalized patients are sicker while the prevalence of chronic diseases has increased, and the costs of hospital care have skyrocketed. In systems such as the NHS2, the cost and capacity for hospital services have reached a bursting point, causing patient delays and staffing issues, putting patients' safety at risk, and increasing the potential for nurses to leave the profession (Lusk Monagle, Lasater, Stoyles, & Dieckmann, 2018). In some countries such as the U.S., access to healthcare for all is still a challenge in addition to SDOH. Yet, health professionals are in ideal positions in their communities and work settings to address health issues in a more preventive, or upstream, way.

Collaborate with Community Partners

Collaborating with community or neighborhood partners, which often serve targeted populations, such as the homeless or marginally housed, refugees or asylum seekers, and the aged, is a key strategy for clinical placements. The potential for students to learn about SDOH, health inequities, and how to impact prevention is far greater when meeting people where they live. In addition, some students will hope to be employed in such settings rather than hospitals. For either group, the ability to connect and collaborate with community partners provides a more knowledgeable and well-rounded view of populations and individuals (Wros, Mathews, Voss, & Bookman, 2015). One outcome from the summer studies suggests that when students have active clinical placements in communities at the same time they are learning about population health, they may have more positive attitudes toward serving deprived populations or individuals.

Zoom Out to Integrate Population Health in Education

It is no longer enough for health professionals to zoom in on and solve one patient's current issue. Professionals must learn to consider how best to help individuals within population groups at a population level. Every health professional, practicing or not, has knowledge about population health to teach our newest colleagues. However, to truly effect change in the healthcare culture, academics must ensure that students learn about population health outcomes, SDOH, health inequities, epidemiology, politics and policy, and offer clinical placements to see these concepts in action (Atherton et al., 2017). Health students need skills in advocacy and persuasion, advanced communication, e.g., motivational interviewing, and collaboration to best work with populations for prevention, protection, and promotion (Nursing leaders, personal communication, summer 2018) regardless of practice setting. Continuing professional development (CPD) for academic leaders may be essential to prepare them to foster these learning outcomes.

Conclusion

A wide range of drivers, including professional standards and competencies, challenge academic educators to better integrate population health content in curricula, no matter the profession. New health professionals graduating with competencies that prepare them for practice outside of the hospital sets the stage for shifting a system toward health rather than illness and potentially improving health outcomes. However, educators cannot change the larger healthcare culture alone; that will require recognition of healthcare systems, policymakers, and institutions to support curricular change and eventually, a culture that allows new graduates to start practice outside of the hospital to impact the health of populations. Even if graduates decide to practice initially and/or exclusively in hospital settings, their understanding of SDOH to give positive health messages, make referrals to community resources, and identify and develop policy, will benefit individuals and populations. Globally, we are at a critical juncture because health outcomes and life expectancies are declining or remaining stagnant in many countries, yet the costs of healthcare continue to increase (Storfjell, Winslow, & Saunders, 2018)—a shift toward health care is essential! Population health is on the minds of our colleagues, regulators, practice partners, and students. We can no longer just *talk* about population health, we must *act* justly to better serve populations and promote healthier outcomes.

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