

Population health: history and overview

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Definitions matter

- ◆ Different approaches and understandings of health lead to different definitions of problems, different strategies, different populations of interest and what we do about those differences
- ◆ Narrow definitions lead to narrow approaches

Population health

- ◆ Derived from public health and medicine amid concerns that health was being defined too narrowly by governments – ie in terms of controlling risk
- ◆ Population health grew from concerns about how to improve the health status of defined populations, sub-populations or communities, rather than normative (traditional) focus on risk in individuals.

Geoffrey Rose

- ◆ Classic article: Sick Individuals and Sick Populations, *International Journal of Epidemiology* (1985)
- ◆ Classic book: Rose G. *The strategy of preventive medicine*. Oxford (Oxford University Press), 1992

Quotable quotes: Rose

- ◆ A large number of people exposed to a small risk may generate many more cases than a small number exposed to a high risk (Rose 1992: 24).
- ◆ ...the burden of ill health comes more from the many who are exposed to a low inconspicuous risk than from the few who face an obvious problem. This sets a limit to the effectiveness of an individual (high-risk) approach to prevention (Rose, 1992: 27).

Quotable quotes: Marmot

- ◆ The determinants of individual differences in risk may be different to the determinants of risk between social groups (Marmot 2001: 989)
- ◆ ...lift our eyes from the individual in front of us, to observe that there are patterns of disease in the population (Marmot 2001: 989)
- ◆ We need to study differences both within and between populations (Marmot 2001: 989)

Multiple determinants

A hallmark of the field of population health is its significant attention to multiple determinants of health outcomes (Kindig et al 2003)

The primary determinants of disease are economic and social and therefore its remedies must also be economic and social (Rose 1992: 10)

Definitions of population health

♦ the epidemiological and social condition of a community (defined by geography or by common interests) that minimizes morbidity and mortality, ensures equitable opportunities, promotes and protects health, and achieves optimal quality of life

Or

♦ the health of a population as measured by health status indicators and as influenced by social, economic, and physical environments, personal health practices, individual health capacity and coping skills, human biology, early childhood development and health services (Frankish et al 1999).

Population health research

- ♦ Population health research is concerned with
 - whole communities or populations, not just individuals or groups
 - generally more distal rather than proximal determinants of health
 - greater intersectoral action beyond only the health sector; and
 - with making populations more self-sufficient and less dependent on health services and professionals (Frankish et al 1999).

Population health in Australia

- ♦ Growing interest in making major population level improvements in health (eg tobacco, heart disease, child health, inequalities)
- ♦ Now used by bureaucracies/policy makers as a mechanism for resource allocation (eg NSW, Queensland)
- ♦ In reality, contemporary public health functions and population health have overlap

Core elements of population health

- ♦ Focus on whole populations: shifts the system from focus on 'illness system' to embedded focus on prevention and promotion
- ♦ Epidemiological data and evidence-based decision-making about underlying social, economic and cultural determinants of health
- ♦ Promoting health and preventing illness through strategies involving individuals, communities and whole societies
- ♦ Emphasis on prevention

The Population Health Template:

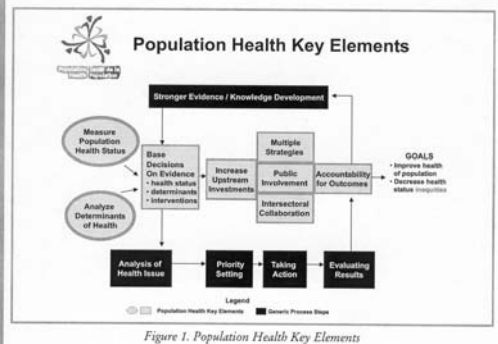


Figure 1. Population Health Key Elements

Comprehensive pop. health

- ◆ Has dual aims:
 - To improve overall health of population, and
 - Seeks to tackle health inequities and injustices
- ◆ Requires
 - A value base about populations and the determinants of their health
 - Understanding and acceptance of complexity
 - Willingness to work with longer time frames than political cycles
 - Intersectoral working demonstrated at all levels
 - Impact assessment
 - Resources

Indicators for population health

- ◆ Therefore, indicators should reflect not simply health status but also the determinants of health and the 'healthfulness' of the community (Hancock et al 1999)
- ◆ For indicator sets to be transformed into useful knowledge for providers and communities, they must be involved in their development

- ◆ How are we doing in Victoria??

References

- Frankish J, Veenstra G, Moulton G. **Population health in Canada: Issues and challenges for policy, practice and research.** *Canadian Journal of Public Health*; Nov/Dec 1999; 90, Health Module, pg. S71
- Hancock T, Labonte R, Edwards R. Indicators that count! Measuring population health at the community level. *Canadian Journal of Public Health*; Nov/Dec 1999; 90, Health Module pg. S22
- Kindig & Stoddart 2003. Models for population health. *AmJPH*, vol 3 (3), 380-383
- Kawachi, Subramanian, Almeida-Filho 2002. *Jnl Epi & CommHlth*, 1-2
- Marmot M. *World Health Organization. Bulletin of the World Health Organization*; 2001; 79, 10: 988-989
- Rose G. Sick individuals and sick populations. *International Journal of Epidemiology* 1985, 14: 32-38.
- Rose, Geoffrey, *The strategy of preventive medicine.* Oxford (Oxford University Press), 1992