

## Victorian Healthcare Association

## Population Health Planning Framework

### GLOSSARY

#### Actions

Actions are typically categorised into three broad levels: upstream, midstream, and downstream.

**Upstream actions:** deal with population-wide influences on health, such as policies surrounding income distribution, taxation and benefits, education, public safety, housing, work environment, employment, social networks, food supply, transport, and pollution. These actions are extensive but can be addressed most effectively at a local level, via work with communities or groups with shared interests and concerns.

**Midstream actions:** address populations with differing levels of exposure to health-compromising conditions, such as health literacy, food access, population behaviours and psychosocial barriers. Midstream actions are usually discrete, targeted programs with explicit purposes (eg, disease prevention) and initiatives (eg, diet and lifestyle advice, actions to reduce tobacco and alcohol consumption, vaccination campaigns, and cancer screening programs.)

**Downstream actions:** take place after illness has occurred, and include acute treatment, symptom minimisation and management, and rehabilitation.

#### Area-based planning

Area-based planning is about anticipating the needs of a population living in a defined geographical area, and planning to meet those needs. It requires planning on a whole-system basis, to identify priority issues and actions.

The toolkit does not prescribe the target 'area' for population health planning. This is a decision made by the leadership team, based on:

- what is feasible
- what local opportunities exist for collaborative population health planning
- population sizes that support collaborative, cross-sector, and effective upstream action

Area-based planning may be at a government department regional level (eg, the North and West Metropolitan Region's integrated population health planning project), or sub-regional level (eg, a rural municipality or a Victorian government planning area). [The Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan –Technical Paper](#) identifies 10 metropolitan planning areas, based on anticipated population growth and population size to support self-sufficiency and coordinated service delivery (DH 2011).

#### Burden of disease

This describes the overall impact of disease on a population. Burden of disease includes impairments to quality of life, disability, and premature mortality.

## Collaboration

Collaboration occurs when two or more parties/organisations/individuals work together to achieve a common goal or vision. Effective collaboration depends on an open exchange of information and ideas, and respect for all involved. Collaboration may be more resource-intensive than single agency health promotion activity, but the benefits are thought to outweigh the costs due to more efficient use of resources. By collaborating, organisations develop effective working relationships and accomplish more than they would independently.

## Community engagement

Community engagement seeks to involve communities in the development, design, and delivery of policy. It aims to increase the uptake of services by a diverse range of community members, particularly vulnerable populations and those experiencing disadvantage or social exclusion.

## Community participation

Community participation is achieved when “consumers, carers, and community members are meaningfully involved in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves and the community”(DH, 2011a). Community participation is about all members of the community having a say.

## Determinants of health

The determinants of health are the conditions in which people live and work that either enhance or damage their health. The determinants, or factors, which directly impact the health of communities and populations include income, education, housing, workplaces, transport, and access to services. These determinants have a significant role in causing inequalities.

## Data and Indicators

Data and indicators are used to measure progress and track trends over time. They provide the necessary evidence for setting goals, objectives, and priorities, and for evaluating the efficiency, efficacy, and equity of any actions and programs implemented. Choices about what data and indicators are used often reflect differing philosophical and political values and assumptions. It is therefore necessary to adopt a comprehensive view, which takes into account social, environmental, and economic concerns in a manner that includes the needs, interests and concerns of the broader community.

Indicators can be a number or aggregates of data that can be measured as a pointer that something is changing. Examples of traditional indicators used to measure social, economic, and environmental welfare include gross national product (GNP), unemployment rates, the consumer price index, and life expectancy.

Source: Internet and the use of data for International Affairs, available at [http://hostings.diplomacy.edu/baldi/malta2001/statint/Statistics\\_Int\\_Affairs-27.htm](http://hostings.diplomacy.edu/baldi/malta2001/statint/Statistics_Int_Affairs-27.htm)

## Evaluation

Evaluation is a process of assessing evidence about actions and their outcomes. It examines how well aims and objectives were met, how appropriate the actions were for the populations involved, how well

the actions were implemented, whether resources were used as planned, and the intended and unintended benefit(s).

### **Evidence-informed**

Evidence-informed means that the development and implementation of approaches, plans, and actions are informed by the most current, relevant, and reliable evidence about their efficiency and effectiveness.

### **Health equity**

Health equity means the rights that individuals and populations have to the resources, capacities, and power they need to act upon the factors that determine their health, which includes fair access to health services on the basis of health need.

### **Health inequality**

Health inequality describes the measurable disparities in the health of individuals, groups, or populations. Objective measurement facilitates evidence-informed decision making and action to improve population health.

### **Health Promotion**

Health promotion is the process of supporting people to increase their control over factors that impact on health and to improve their health. It represents a comprehensive social and political process. It includes actions to strengthen individual skills and capabilities, and to alleviate the impact of social, environmental, and economic conditions on public health.

### **Impact**

Impact is defined as 'the immediate effect that health promotion programs have on people, stakeholders, and settings to influence the determinants of health. Assessing the effect of actions, particularly their impact for at-risk or hard-to-reach populations, is an important component of population health planning.

### **Inter-sectoral or multi-sector approaches**

Many sectors outside health (such as education, human services, housing, and employment) are directly or indirectly involved in maintaining and enhancing the health of populations. Consequently, inter-sectoral or multi-sectoral collaboration and partnerships are critical for addressing the social determinants of health and optimal population health outcomes.

### **Legislation**

Legislation includes the laws set by government to contain and manage potential and real threats to health.

### **Outcomes**



At a population level, outcomes are changes in health status that arise from policies and circumstances with population-wide impact on health. For individuals, outcomes are the benefits that clients experience during or after their participation in a program, such as improved mental health, enhanced daily living and/or physical health.

## Outputs

Outputs are the products, services, or activities that a program delivers to its clients, which may include factors such as the number of clients serviced per year, or the annual number of home and community care episodes of care delivered.

## Policy

Policy is the overarching framework for the context, data, and evidence that inform population health planning. It includes strategy and resource allocation to address particular health issues. Policies relevant to population health planning are produced by local, state, and commonwealth governments, the World Health Organization, and nongovernment organisations. Policies that affect the social determinants of health are often found outside the health sector.

## Population health

Population health aims to improve the health and wellbeing of whole populations, reduce inequities among and between specific population groups, and address the needs of the most disadvantaged. Effective population health requires community, inter-sectoral, and whole-of-government engagement and collaboration to address the broad range of determinants that shape health and wellbeing.

## Population health planning

Population health planning is integrated and collaborative planning that requires health and non-health sectors, government departments, and service delivery agencies to work together to address the issues faced by their communities and populations. It focuses on achieving real and sustainable health improvements, and is committed to reducing health and social inequities. Population health planning offers opportunities for innovation by seeking and applying evidence about new and changing needs of populations, and how these are influenced by the determinants of health.

## Population health planning context

The population health planning context is the set of circumstances or environments for which population health policies, activities, or actions are planned. It represents the set of assumptions, constraints, and opportunities evident at the beginning of the planning process.

## Prevention

Population health approaches are largely concerned with population-level prevention (see table below). There are three levels of preventative action: primary, secondary, and tertiary. These are approached differently when focused upon the health of an individual compared to the health of a population. Population-level prevention activities include:

PPREVENTION	Individual	Population
Primary Prevention	Reducing health risks including health education to encourage a client towards better health	Reducing the incidence of illness in a population, such as vaccination, to reduce the risk of new cases appearing
Secondary Prevention	Early treatment to minimise or prevent complications	Reducing the prevalence of illness in populations to lower its intensity or duration (eg, exercise to prevent cardiac disease)
Tertiary Prevention	Reversing the effects of disease and halting its progression, rehabilitation, or the amelioration of the after-effects of disease	Reducing the incidence of chronic incapacity or recurrences in a population, and thus to reduce the functional consequences of an illness

## Primary care

Primary care focuses on early diagnosis and timely management of disease. It is grounded in a biomedical model of care, is usually the first point of entry into the health system, and may involve single-service, intermittent, or ongoing healthcare management.

## Primary healthcare

Primary healthcare is built on the social model of health, and is based on principles of equity and social justice. Primary healthcare is both a philosophy and a system response to reducing health inequities. The primary healthcare model supports community-building and equity-focused health promotion, and community engagement for vulnerable groups. It includes a wide range of upstream activities that are separate from direct client services, including policy and advocacy.

Primary healthcare practitioners work to change the social, political, environmental, and economic determinants of illness to improve the health of communities, regions, or cities. They are committed to ongoing action to deal with the causes of threats to health. The primary healthcare model requires health worker accountability for the participation of people most affected by the problem.

## Public health

Public health describes the organised activities that societies collectively undertake to protect people from disease, and to improve their health. Public health systems seek to promote equity between different groups in society. Public health activities are often led by government but occur across all sectors, and include the adoption of policies to support health and to ensure that social, physical, economic, and natural environments are health-promoting.

## Regional planning

A region is a transitory geographic area that contains a network of services. In Victoria, the term 'regional planning' often refers to Department of Health regional boundaries. This toolbox uses the term 'area-based planning' (see glossary definition) instead of 'regional planning' to distinguish from department regional boundaries.

## Social exclusion

The process of being shut out from social, economic, political, and cultural systems that contribute to the integration of a person into the community.

## Social model of health

This approach addresses the determinants of health, and aims to reduce inequalities and inequities. It emphasizes community engagement and the empowerment of individuals, communities, and populations.

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