



Victorian Healthcare Association

Population Health Planning Framework

SETTING THE VISION

Why change is needed

Australia's health system has contributed to world class health outcomes, including high life expectancy, but the system is under mounting stress from a growing ailing and ageing population. Rising chronic disease rates are also increasing the demand for services. In 2004-05, 7 million people, or 35 per cent of all Australians, had at least one chronic disease, and 81.6% of those people were aged 65 and over (AIHW, 2009). National health and residential aged care expenditure has been forecast to increase by **189%** (from \$85 billion to \$246 billion) over the 30 years from 2003 to 2033, an increase from 9.3 to 12.4 % of GDP (Goss 2008). Diabetes expenditure is expected to have the largest increase of over 400% during this same period, followed by dementia at 364% (Goss 2008).

In Victoria, by 2022, the population is expected to increase by 17% to 6.45 million people, of whom 17.5 per cent will be over 65, an increase of 3.9%. (DPCD 2009). Almost half (48.6%) of all Victorians aged over 18 were overweight or obese in 2001 (DH 2011c). By 2022, the government estimates that 70% of healthcare costs will be associated with chronic and complex conditions (DH 2011b).

The growth in demand for health services will lead to workforce shortages. The shortages already experienced in rural areas are predicted to spread to other areas and across health disciplines. Over the years to 2022, the healthcare system is expected to lose about 6000 nurses per annum, but new graduates will provide only 4500 nurses per annum (DH, 2011b).

The existing healthcare system is not equipped to deal with these future challenges. The current system focuses on treating the symptoms and complications of chronic disease, but places insufficient emphasis on preventing them. Most health funding continues to be directed towards acute services, despite a government intention to shift resources away from high-cost, bed-based care to ambulatory, sub-acute, and community-based services.

A contemporary approach and a reorientation of the health system are needed to meet current challenges and to prevent the escalation of ill health. The health system must offer a practical balance between the medical and social models of health. More funding is needed for initiatives that address the causes of ill-health and illness, while maintaining adequate investment in services such as early intervention, acute care, and rehabilitation. Population health planning is an evidence-based option for achieving this balance, and an opportunity to think and act differently in how we approach healthcare issues.

A population health planning approach

Population health planning originated in Canada in the 1970s and is a growing field in Australia. It is a platform for organisations from varied sectors to work collaboratively to improve the health outcomes of their communities, in the face of increasing demand caused by population ageing and chronic disease.

The VHA (2012) defines population health planning as “integrated and collaborative cross-sectoral planning that 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 planning requires community, inter-sectoral and whole-of-government engagement, collaboration, and action to address the broad range of determinants that shape health and wellbeing”. Approaches that address both the health of the whole population and reducing disparities in health status between sub-population groups are needed. If we only focus on interventions for the whole population, then health disparities tend to increase.

This is achieved by considering the health of groups of people, rather than the health of individuals. For example, as a group, Indigenous Australians live on average 10 years less than non-indigenous Australians. By asking “*Why is that?*” we can find answers that help us learn how the health of Indigenous Australian can be improved. Population health planning addresses the causes of ill-health and of health inequities at their root.

The benefits of population health planning include:

Evidence of the impact of population health planning will build over time. The theoretical benefits anticipated from population health planning are:

- Improved health and wellbeing outcomes for whole populations, (not just some)
- Reduction of downstream costs for healthcare, education, social services and justice systems (NATSEM 2012)
- Australians given an equal opportunity to be healthy
- Payoffs for society include healthier and more productive people, more cohesive communities, a more educated population, lower rates of crime, and a more highly motivated workforce (Marmot et al, 2012:182)

Key elements of population health planning:

- Focus on the health of populations rather than individuals
- Commitment to reducing inequities
- Investing upstream for the long haul
- Inter-sectoral and collaborative planning and action
- Addressing the determinants of health
- Genuine community engagement, (working *with* the community on issues and actions)
- Evidence-based decision making
- A focus on health outcomes

References

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Department of Health (2011b) *Metropolitan Health Plan Technical Paper*, Victorian Department of Health, Melbourne

Department of Health (2011c) *Victorian Population Health Survey 2008* Melbourne

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Marmot M, Allen J, Bell R and Goldblatt P (2012) 'Building of the global movement for health equity: from Santiago to Rio and beyond' *The Lancet* vol379 p181–88

NATSEM (2012) *The Cost of Inaction on the Social Determinants of Health*, Catholic Health Australia and University of Canberra, Australia

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Useful Resources

World Health Organisation 'Backgrounder 3: Key Concepts' accessed at http://www.who.int/social_determinants/final_report/key_concepts_en.pdf [verified 18 June 2012]

Further Information

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