

Improving population health



A **population health approach** recognises that health is shaped by a range of factors. **The King's Fund** describes how action is required in four specific areas to improve population health:

- 1 Determinants of health are described as “the most important driver of health” - [see paper on Social determinants of health](#)
- 2 Health behaviours and lifestyle “are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise.”
- 3 Places and communities are important influences
- 4 Integrated health and care systems – [see paper on Volume to value: implementing value-based care paper](#)

Access to health services is a human right and failing to address health inequities contributes to discrimination and more disadvantage.

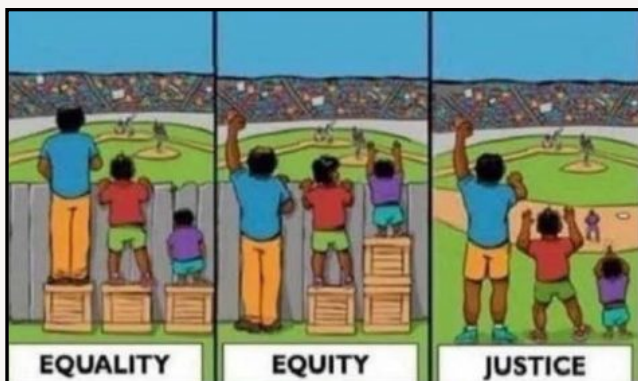


The World Health Organisation (WHO) has adopted **A global framework for integrating wellbeing into public health utilising a health promotion approach**. The common purpose is to promote the health of people and planet in a sustainable and equitable manner. Six strategic directions are recommended [here](#).



The **National Preventive Health Strategy** aims to improve the health and wellbeing of all Australians at all stages of life. Through a systems-based approach to prevention, the strategy addresses the wider determinants of health by reducing health inequities and decreasing the overall burden of disease.

Health inequalities will persist unless inequalities in the social determinants of health are overcome. Equality is not enough, we need a health justice approach to make good health and wellbeing a reality for everyone.



Source: bu.edu/diversity/resource-toolkit/inequality-equality-equity-and-justice/

Reducing health inequalities is a matter of social fairness and social justice, but it would also save money. Estimates from a report by the National Centre for Social Economic Modelling, University of Canberra, indicate that in 2012:

- 170,000 extra Australians would have entered the workforce, generating \$8 billion in extra earnings.
- Annual savings of \$4 billion in welfare support payments would have been made.
- 60,000 fewer people would have needed to be admitted to hospital annually resulting in savings of \$2.3 billion.
- Reduction in use of Medicare and PBS scripts would have resulted in annual savings of \$0.5 billion.

The Australian Prevention Partnership Centre notes that many of the root causes of chronic disease are linked to socio-ecological and commercial factors and therefore some of the most effective strategies to prevent chronic disease lie outside the health sector. Addressing the root causes of chronic disease will benefit other sectors as well.

To improve population health, strategic layers of upstream (improving community conditions), midstream (addressing individual social needs), and downstream (providing clinical care) tactics are needed.

What Gippsland community members have suggested to improve health:



” *Having doctors that look at you, see you, hear you. Ask in a genuine way what you are needing and your health history, especially why you're there that day.* ”

- Aboriginal or Torres Strait Islander community member

” *More connection, collaboration and communication between health and social care organisations.* ”

- Community member

” *I think equality is two steps from now. The safety to go to your GP and be treated from an informed space is probably the most important thing we could do* ”

- LGBTIQ+ community member

” *Treat us as humans as we are entitled to be heard, shown respect and offered dignity* ”

- Community member living with a disability

” *Low cost access to Allied Health for ongoing preventative measures.* ”

- Community member

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Reform and opportunities



Value-based health care can be defined as care centred around the outcomes that matter to patients relative to the costs required to achieve those outcomes. Read more in [Volume to value: implementing value-based care paper](#).

Social determinants of health contribute to inequities in **patient safety** and result in harm to individuals.

Health literacy has two important components; personal health literacy and organisational health literacy. An organisation with low health literacy fails to enable all individuals to find, understand and use information and services to help them make medical decisions and care for themselves.

All Australian governments are working with Aboriginal and Torres Strait Islander people, their communities, organisations and businesses to implement the **National Agreement on Closing the Gap** at the national, state and territory, and local levels.

Recovery from climate related disasters will disproportionately affect individuals and priority populations who already experience health related inequity. Disaster recovery planning needs to include a focus on addressing the determinants of health and community support to access basic needs as soon as possible.

Where to from here?



... action to improve rural health will require multisector collaboration from philanthropy, non-governmental organisations, governmental organisations, researchers, community organisations and others to ensure that people's basic needs are met (eg housing, food), while also preparing neighbourhoods (eg safe walking areas) and health systems (eg staffing) to transform rural health.

[Dugani SB, Hubach RD. Equity, multisector collaboration and innovation for rural health: lessons from the National Rural Health Association Conference. Rural and Remote Health 2023; 23: 8485. <https://doi.org/10.22605/RRH8485>]

Gippsland PHN services and activities



- Gippsland PHN uses a **population health planning approach** when seeking to achieve its **vision of a measurably healthier Gippsland**.
- Incorporate data into the **health needs assessment** to describe and understand inequities and priority populations.
- Incorporate equity considerations in the **commissioning process**.
- Reconciliation Action Plan 2023-2025**
- Funding of holistic models of care, co-designed to meet community health and wellbeing needs;
 - Primary care in rural communities, a co-designed model**
 - My Medicare**
- Education and training**
- Climate Change Adaptation Strategy**
- Work to support integration of the health system**
- Advocacy for policy and system change at local, state and national levels.

Some examples of other organisations working to improve population health outcomes in Gippsland:

- Local government Municipal Public Health and Wellbeing Plans, many of which include equity as a priority.
- The Latrobe Health Advocate** has partnered with Latrobe Health Assembly, Latrobe Valley Authority and other government departments on some ongoing work to understand and address the social determinants of health.
- The Latrobe Health Assembly** supports activities focussed on social connection, pride of place, marginalised communities, accessibility, inclusion and safety, including social prescribing.
- Gippsland Women's Health** works towards gender equality and lead work to prevent violence.
- The **Gippsland Region Public Health Unit** (GRPHU) works in partnership with local communities to deliver place-based policies, programs and practice.