

# **‘Population Health’ – Meaning in Aotearoa New Zealand?**

**A discussion paper to support implementation of  
the Primary Health Care Strategy.**

Dr Doone Winnard, Professor Peter Crampton,  
Dr Jacqueline Cumming, Dr Nicolette Sheridan,  
Dr Pat Neuwelt, Professor Bruce Arroll,  
Professor Tony Dowell, Dr Don Matheson, Viv Head.

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## Executive Summary

There is a need for shared understanding of the terms ‘population health’ and a ‘population health approach’ to support ongoing implementation of the New Zealand Primary Health Care Strategy. This paper outlines why such definitions are needed, and the rationale for the proposed definitions, in the hope of generating robust discussion to improve the collective understanding and commitment to population health gain through the implementation of the Strategy.

Based on a review of Ministry of Health publications, along with New Zealand and international health literature, the following working definitions are proposed:

- That **population health** refers to consideration of the health outcomes or status of defined populations - groups, families and communities - and the distribution of such outcomes within populations. Populations may be defined by locality, or by biological, social or cultural criteria.
- That a **population health approach** refers to explicitly taking account of all the influences on health (the determinants of health) and how they can be tackled to reduce inequalities and improve the overall health of the population. This approach
  - requires and integrates both intersectoral action that addresses the social and economic determinants of health, and action within various health and disability services themselves (public health, personal health, and disability support)
  - emphasises the importance of an interdisciplinary and collaborative approach
  - plans and delivers services in partnership with communities
  - builds on the complementary strengths of all those involved, including those of the communities themselves
  - uses a range of evidence, qualitative and quantitative, to identify needs and to develop corresponding strategies for intervention
  - has an emphasis on reducing inequalities and meeting the needs of those who may otherwise be ‘invisible’ and marginalised (e.g. those who rarely seek health services despite having high health needs)
  - in Aotearoa New Zealand recognises the importance of a Te Tiriti o Waitangi commitment to Māori health development and Māori participation in governance, planning and delivery of services.

**This paper argues that it is a population health *approach*, alongside an emphasis on population health outcomes, that will have the most positive impact on the reduction of health inequities.**

Primary Health Organisations (PHOs) are responsible for the health of their enrolled populations. Taking a population health approach within a PHO means making use of demographic and health needs data to plan clinical programmes in partnership with the communities served. It means that a PHO delivers services in a variety of community settings to improve access, explicitly taking account of health inequalities and how these might best be reduced. Taking a population health approach also involves promoting health above and beyond diagnosing and treating illness. It involves a PHO engaging in health promotion in partnership with other sector community organisations, and recognising such partnerships as integral to improving health outcomes for its enrolled population and wider communities.

## The issue

A search of the New Zealand Ministry of Health website in January 2008 identified 150 documents or website pages which contained references to the term 'population health'. In fact the Ministry of Health has recently formed Directorate of Population Health.

In the Health Minister's priorities for 2007 – 2010, the activities listed for the ongoing implementation of the Primary Health Care Strategy are expected to all be "viewed through a population health lens"[1]. In response to the question, What is the Primary Health Care Strategy?, under Frequently Asked Questions on the Primary Health Care section of the Ministry of Health website, the statement is made that the "vision of the Primary Health Care Strategy will be achieved through: a population health approach, ..."[2].

**Clarity about what is meant by the terms 'population health' and a 'population health approach' is much less obvious.** Indeed international literature has reiterated that there is not a universally accepted working definition of population health (see, for example, Kindig & Stoddart 2003 [3], Friedman and Starfield 2003 [4]).

Some agreement about operational definitions for these terms in Aotearoa New Zealand is important for

- **workforce development:** For instance the General Practice training scheme has been requested by the Minister of Health to increase its teaching on population health; what then is this teaching to encompass? The Public Health Workforce Development plan, Te Uru Kahikatea, aims to equip those beyond the public health workforce with understanding of public health approaches; are these the same or different from population health approaches?
- **expectations of health services:** If PHOs are expected to use a population health approach, what should such an approach encompass? How might that effect PHO and DHB funding priorities? What does this mean for PHO governance training and other workforce development for PHOs?
- **health services research:** If research is to assist in operationalising policy, research questions need to be able to be clearly articulated in relation to population health goals.
- **the 'community':** If population health approaches are seen to be key to improving health outcomes and reducing inequalities, then understanding what such an approach entails, and supporting and monitoring its implementation, is key to better health and well-being for communities.
- **honouring Te Tiriti o Waitangi:** There are currently significant inequalities between the health of Māori and non-Māori, which need to be redressed not only on the basis of equity but also to honor Te Tiriti o Waitangi. Again, if population health approaches are seen to be key to reducing inequalities, then clarity about a population health approach and supporting and monitoring its implementation is an important Treaty responsiveness issue.

This discussion paper has been drafted by a group of interested individuals involved in primary health care or public health service provision, workforce development and/or research who believe these issues are particularly important in relation to implementation of the Primary Health Care Strategy (Appendix One lists those involved). It is hoped this paper will generate robust discussion and clarity at a national level to assist future mahi.

## **The approach of this discussion paper**

This paper argues that a population health *approach*, supported by the measurement of population-level health outcomes, is critical to the implementation of the Primary Health Care Strategy and the achievement of broad population health gains. There are many key pieces of legislation, strategies and policy documents in New Zealand, which talk about a population health *focus or approach* (see summary in Appendix Two). A study of these documents, and others from the 150 references to population health on the Ministry of Health website, demonstrates that the references fall into two basic categories:

- (a) concepts that could be seen as related to ‘population health outcomes’
- (b) concepts that relate to a ‘population health approach’.

These two categories will be examined now, with reference to available Aotearoa New Zealand references and literature, along with international literature.

### **‘Population health outcomes’**

There are many references in Ministry of Health documents to meeting the ‘population health objectives’ of the NZ Health Strategy, and ‘monitoring population health’. These references seem to use the term population health in a manner described by the Institute of Population Health, University of Ottawa, as ‘merely...shorthand for the health status of people in a defined population’ [5]. Indeed the NZ Health Strategy’s glossary defines population health as ‘the health of groups, families and communities’, with populations being defined by locality, or biological, social or cultural criteria (P 51, [6]). It goes on to define population health outcomes and population health status, both again relating to measuring health outcomes of a population. In some instances the important link is made between monitoring such outcomes and the development of appropriate programmes and policies (e.g. Website introduction for ‘An Indication of New Zealander’s Health 2005’<sup>1</sup>).

It is important to note that where this definition of population health as related to outcomes is espoused overseas, it usually includes an emphasis on the distribution of such outcomes within the population, and reference to policies and interventions that link determinants and outcomes [3, 7]. There is also international discussion about the appropriateness or otherwise of the measures of population health used, which are predominantly aggregates of individual health status measures [8-10]. A perspective held by Māori, and by most public health practitioners, is that collective measures are also needed, which attempt to measure the well-being of the group, and not only the individuals within it [11].

### **‘Population health approach’**

These concepts of population health relating simply to health outcomes stand in distinction to broader discussions about population health as an approach, a field of study, a conceptual framework. While conceptual frameworks are important<sup>2</sup>, this paper argues that an operational

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<sup>1</sup> accessed 3 Jan 2007 from <http://www.moh.govt.nz/moh.nsf/pagesmh/4747?Open>).

<sup>2</sup> For instance it has been suggested that population health can be regarded as a “conceptual framework for thinking about why some people are healthier than others and the policy development, research

definition is needed for the ongoing implementation of the Primary Health Care Strategy. It will emphasise a population health *approach* as critical to the reduction of health inequalities and improvement of population health outcomes.

While there are many references to a population health approach on the Ministry website, there are essentially only **three Ministry documents that give some definition of this approach**. **Reducing Inequalities in Health (2002)** describes a population health approach as taking “account of all the influences on health and how they can be tackled to improve health. This approach requires both intersectoral action that addresses the social and economic determinants of health and action within health and disability services themselves” (Pvii – viii, 1 – 2, [12]).

The **second definition is in ‘Preparing for the New Zealand Strategic and Action Plan for Public Health. Discussion document for consultation (2001)’** [13]. This document defines a population health approach more comprehensively than any other available Ministry of Health document, mentioning the need to tackle the determinants of health, community empowerment and the importance of environments both physical and social. It suggests such an approach is fundamental for public health practice, and to be supported across the wider health sector. (Unfortunately, as noted further in Appendix Two, the public health framework for action to achieve the New Zealand Health Strategy, released subsequently, does not include any definition of a population health approach. Rather, it frequently uses the option “public health/population health”, as if a public health approach and a population health approach are one and the same.)

Frisch et al, in describing population health in relation to nursing training in the United States, suggest the application of population thinking in acute care and institutional settings as well as in community-based settings differentiates (and makes broader) population health from community and public health [10]. These institutional applications mean population health also draws on the disciplines of healthcare management/financing/ policy. They suggest that for nurses at least, population health builds on the application of concepts of care for patients to care for populations – a shift from the concept of the ‘population as the context of care’ to the ‘population as the client of care’. This is an important concept in relation to workforce development for implementation of the Primary Health Care Strategy.

The **third definition** of a population health approach in Ministry of Health documents is in **“Public Health in a Primary Health Care Setting” (2003)**, a document produced by Marion Poore on behalf of the Public Health Directorate to support the implementation of the Primary Health Care Strategy [14]. Here population health is seen to ‘consider’ the health of groups, families and communities (rather than being the health of those groups), and the document then goes on:

...a population health approach takes account of all the determinants of health and how they can be tackled. It integrates all activities of the health sector (public health, mental health, personal health, disability support) and beyond (p 5, [14]).

The paper goes on to identify the potential synergies between the complementary natures of public health and primary care in contributing to a population health approach which tackles the wider determinants of health to reduce inequalities. The wider determinants of health are listed,

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agenda, and resource allocation that flow from this”. Taken from Kue Young, T (2005) Population Health: Concepts and Methods (2<sup>nd</sup> Ed). Oxford University Press.

and the importance not only of personal and public health contributions but also intersectoral action is highlighted.

In a later unpublished draft paper, "Would you recognise a population health approach if it passed you in the street?" (March 2004), Poore identifies some features of organisations that have moved to a population health approach:

- a culture across the organisation that places the same emphasis on promoting health and preventing disease as on treating illness
- investment in activities that influence the determinants of health
- operational commitment to reducing inequalities
- intersectoral and intrasectoral collaboration on local initiatives so that there are working partnerships and alliances with a range of community groups
- genuine community participation
- support for sustainable community development
- data collection that is comprehensive and considers ethnicity, deprivation and outcomes
- and workforce development to support this wider population health approach.

A population health approach is implicit in the pathways and key threads to Whānau Ora as described in He Korowai Oranga, the Māori Health Strategy - reducing inequalities, working across sectors, Whānau, Hapu, iwi and community development, and Māori participation. The strategy does note that 'population health approaches' will be important in achieving Whānau Ora in a diagram in Appendix Three, although that approach is not defined (P 37, [15]).

The focus of a population health approach on reducing health disparities seeks to address 'need' for Māori, as for Pacific peoples and other communities with health disparities. For Māori addressing this need will necessitate attention to matters of Te Tiriti o Waitangi commitment to 'equality of opportunity to benefit from publicly funded services' [16]. It is important to note that for Māori, the issue of honouring Te Tiriti o Waitangi in commitment to Māori health development and Māori participation in governance, planning and delivery of services is separate from and additional to the more general commitment to reducing health disparities related to need, and is an important foundation of a population health approach in Aotearoa New Zealand..

Support for this broader understanding of population health as an approach is found particularly in literature from Canada, where there has been robust debate about the meaning of the term for at least a decade. **In 2001 Health Canada produced the 'Population Health Template: Key elements and actions that define a population health approach.** This template was produced to summarise their current understanding of a population health approach to guide planning and policy development, research and evaluation, and workforce development [17].

The template document sets out clear definitions of population health and a population health approach:

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services.

As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in

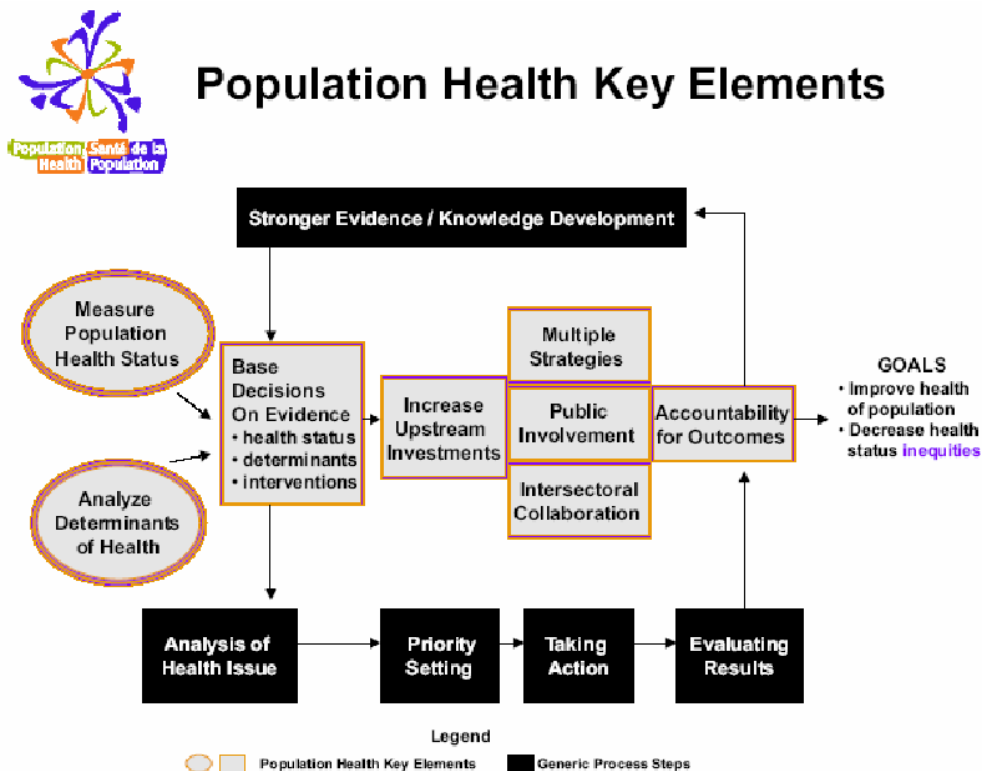
their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations (P 2).

It also suggests that population health strategies are designed to affect whole groups or populations, and the overarching goals of a population health approach are to maintain and improve the health of the entire population and reduce the disparities between population groups. The template itself has eight key elements which are all considered necessary for a population health approach. Elements one and two relate to the definition of population health, while elements three to eight reflect implications of a population health approach. The eight elements are:

1. Focus on the health of populations
2. Address the determinants of health and their interactions
3. Bases decisions on evidence
4. Increase upstream investments
5. Apply multiple strategies
6. Collaborate across sectors and levels
7. Employ mechanisms for public involvement
8. Demonstrate accountability for health outcomes

Appendix 3 contains the summary table of the Health Canada Population Health Template including the actions relating to each of the eight elements, while Figure 1 below shows the eight elements interacting in pictorial form.

Figure 1: Canadian Population Health Template in pictorial form



In the UK the Leeds Declaration in 1993 in describing principles for action in population health also highlighted the importance of qualitative research and lay knowledge in understanding population health, and therefore the importance of valuing the contributions of a variety of disciplines (Lancet editorial 19 Feb 1994, cited in [5]).

Some authors suggest population health only includes interventions targeted at populations not individuals (e.g. Mechanic 2003 [18]), while others would suggest that while an intervention might target individuals, planning to make the intervention accessible and appropriate for the whole population would be part of a population health approach [19]. Similarly some of the literature from Canada would suggest that researching the determinants of health would not be seen to be a population health approach, but integrating and applying that knowledge to improve the health of the population and reduce inequalities would be; and using evidence-based planning for delivery of health services on its own would not be a population health approach but including it as part of a broader effort that considered the relationship of the intervention to other determinants would be [19].

### **Other related concepts**

These descriptions/definitions differ from concepts such as a “population based approach in primary care settings” as defined by Coster & Gribbens (1999) where primary care providers have responsibility in some sense for the health of a defined population<sup>3</sup> (P 28, [20]). Such a concept has no clear expectation that determinants of health be addressed, although Coster & Gribbens go on to suggest the use of the Community-Oriented Primary Care model, which recognises the role of socio-economic determinants of health. This narrower definition of a population based approach differs from a description of population based practice in public health by Olson Keller et al who outline 5 principles for such an approach:

1. Considers the entire population not just those who present or are at particular risk
2. Always starts with needs assessment – understanding the history, characteristics, assets and problems of the community
3. Considers the wider determinants of health
4. Considers all levels of prevention with an emphasis on primary prevention
5. Includes interventions at all levels of practice – community, systems, and individuals [21].

### **Implications for health services (e.g. PHOs, DHBs)**

Planning for and delivering health services in partnership with communities, explicitly taking account of health inequalities and how these might best be reduced, is obviously a key function of those responsible for taking a population health approach in health services. In addition, Ron Labonte, a respected Canadian commentator in the field who has visited New Zealand on a number of occasions, has suggested there are five key roles health authorities can play in influencing non-medical determinants of health [22]:

1. Educator/watchdog
2. Resource broker
3. Community developer – capacity building is key (as opposed to community-based programmes)
4. Partnership developer

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<sup>3</sup> which usually implies enrolment of the population with the provider

5. Advocate/catalyst.

His advice to advance these roles is very pertinent to work at the interface of primary care and public health in population health in Aotearoa New Zealand:

1. Position health care and population health as complementary not competing approaches
2. Involve the public in community health needs assessments and planning
3. Provide incentives for population health planning
4. Dedicate staff to health determinants work
5. Recruit staff and/or Board members with knowledge of or interest in a population health perspective
6. Incorporate vertical and horizontal integration.

He has also produced a workbook to improve planning and accountability for population health determinants work [23] which could be useful in the context of DHBs and PHOs.

### **Implications for health professionals**

As noted by Fox [23], it is important to recognise that broad and inclusive definitions of population health can in fact be threatening. Public health professionals may “fear the erosion of public health infrastructure because health becomes everyone’s business” (P 7, [24]). Personal health service providers may fear the erosion of the emphasis on their personal relationships with those for whom they provide care, relationships which are valued by their patients as key to quality service provision. Within the discipline of public health, and particularly in Canada, there have been concerns about whether population health and health promotion could be in competition – some health promoters see population health as coming from medical epidemiology with a focus on quantitative research, while health promotion comes from a community agenda, focused on action strategies in communities and community organisations, and supported by qualitative evidence. However, roundtable discussion has led to shared understanding that both sets of competencies are important for the goal of working to reduce inequalities and improve population health outcomes and, and both are valued in a population health approach [25].

## Summary

There are many references to population health and a population health approach in health policies, strategies and directives in Aotearoa New Zealand; however, clarity about what is meant by the terms 'population health' and a 'population health approach' is much less obvious. This paper has outlined why such definitions/shared understandings are needed, particularly to support ongoing implementation of the Primary Health Care Strategy. We have argued that a population health *approach*, which influences the way health services are planned, delivered and evaluated, is critical to the success of the Strategy in reducing health inequalities and improving the health of all in Aotearoa New Zealand. We propose the following definitions:

- That **population health** refers to consideration of the health outcomes or status of defined populations - groups, families and communities - and the distribution of such outcomes within the population(s). Populations (or communities) may be defined by locality, or by biological, social or cultural criteria.
- That a **population health approach** refers to taking explicitly account of all the influences on health (the determinants of health) and how they can be tackled to improve the overall health of the population and reduce inequalities. This approach
  - requires and integrates both intersectoral action that addresses the social and economic determinants of health, and action within various health and disability services themselves (public health, personal health, and disability support)
  - emphasises the importance of an interdisciplinary and collaborative approach
  - plans and delivers services in partnership with communities
  - builds on the complementary strengths of all those involved, including those of the communities themselves
  - uses a range of evidence, qualitative and quantitative, to identify needs and corresponding strategies for intervention
  - has an emphasis on reducing inequalities and meeting the needs of those who may otherwise be 'invisible' and marginalised
  - in Aotearoa New Zealand recognises the importance of a Te Tiriti o Waitangi commitment to Māori health development and Māori participation in governance, planning and delivery of services.

A population health approach, as defined, has significant implications for health service planning, at the level of individual providers, PHOs and DHBs. It is hoped that this paper will generate robust discussion and clarity about these terms at a national level to assist future mahi.

## **Appendix One:**

### **Those involved in drafting this discussion paper**

Dr Doone Winnard, Health Promotion Development in PHOs, Auckland Regional Public Health Service;

Professor Peter Crampton, Dean and Head of Campus, University of Otago, Wellington;

Dr Jacqueline Cumming, Director, Health Services Research Centre/Te Hikuwai Rangahau Hauora, School of Government, Victoria University of Wellington;

Dr Nicolette Sheridan, Senior Lecturer, School of Nursing, The University of Auckland;

Dr Pat Neuwelt, Senior Lecturer in Public Health, School of Population Health, The University of Auckland;

Professor Bruce Arroll, Primary Health Care and General Practice, The University of Auckland;

Professor Tony Dowell, Department of Primary Health Care and General Practice, University of Otago, Wellington;

Dr Don Matheson, PhD Student (Public Health), University of Otago, Wellington;

Viv Head, Public Health Workforce Development, HEAD STRATEGIC.

## Appendix Two:

### **Analysis of key New Zealand legislation, strategies and policy documents which talk about a 'population health' focus or approach**

1. **The New Zealand Public Health and Disability Act 2000** (NZPHD Act) established DHBs to take a 'population health' focus for their geographically defined populations. They are responsible for working within allocated resources to improve, promote and protect the health of the population within their district and to promote the independence of people with disabilities. There are no further definitions of population health.

(The New Zealand Public Health and Disability Act 2000, Ministry of Health, Last Update 02/05/05. Accessed 3 January 2008 from <http://www.moh.govt.nz/moh.nsf/pagesmh/1375?Open> )

2. **The New Zealand Health Strategy (2000)** identifies 13 'population health' objectives for the Ministry of Health and DHBs to focus on. Like the other 48 objectives, these were chosen according to the degree to which they can improve the health status of the population and their potential for decreasing health inequalities. The Strategy's glossary defines population health as the health of groups, families and communities, with populations being defined by locality, biological, social or cultural criteria. It does not define a population health approach but does talk about using population health-focused prevention strategies to decrease disparities, and identifies that improving the population's health means tackling the broader determinants of health with intersectoral approaches. It specifically mentions the importance of relationships between public health and personal health and disability support and other sectors. Both public health and primary health are identified as service priority areas and linked to the population health priorities.

3. **The Primary Health Care Strategy (2001)** is said to focus on "population health approaches and first-contact care for a general range of problems" (p1), with a vision that "primary health care services will focus on better health for a population, and actively work to reduce health inequalities between different groups" (p6). The Strategy talks about a 'population approach', in which funding and planning for primary care services are based on the identified needs of PHO enrolled populations. It identifies a focus on the health of populations as well as individuals as being one of the key changes heralded by the implementation of the Strategy.

#### **4. Preparing for the New Zealand Strategic and Action Plan for Public Health. Discussion document for consultation (2001).**

In the foreword of this document it is stated that it focuses on "the work of the public health sector and also demonstrates how public health approaches can be used throughout the health sector to achieve population health gain and reduce inequalities in health. It goes on to say the document sets out a "long-term vision for public health and how to achieve this. Fundamental principles include a population health approach and consideration of the wider determinants of health". Listed separately, this could be seen to imply that the wider determinants of health are not seen to be an integral part of a population health approach.

However the document goes on to define a population health approach more comprehensively than any other available Ministry of Health document. This definition is copied below:

“A population health approach is one that is used in public health action, and can also be used in all of the health sector. It takes into account all the determinants of health and how they can be tackled. It can be used by all parts of the health sector in planning, funding and delivering services. It also seeks to empower and support individuals and groups in the community to take greater control over issues that affect their health (Health Funding Authority 2000).

The population can be grouped in many ways – by age, sex, ethnicity, geographical location, workplace setting, socioeconomic status and so on. Each group may be described by the attributes of the group (eg, gender, ethnicity, iwi affiliation, life stage, sexual orientation or socioeconomic status) but not everyone in the group will have all of the health problems that are characteristic of the group as a whole. Thus, the bigger picture is seen by looking at population groups, but the individuals in that group must be treated as individuals.

A population health approach also takes into consideration the environment in which we live. This includes both physical and social environments. Physical environments include elements such as air, water and land, and are brought together in, for example, cities, beaches, workplaces and parks. Social environments include the people and the context in which people operate. This could include whānau, schools, churches, choirs, sports teams and clubs and a range of other environments. Some environments are both physical and social – the family home, marae and the workplace are examples.

Public health services (health promotion and health protection) take a population view to service planning and delivery. Much of the environmental health work (eg, water quality, air quality), is provided for the benefit of the whole population, and there is little active choice by the individual when using these services. Immunisation services combine a population and an individual approach. Immunisation services are planned on the basis of benefits to the whole population, but are delivered to individuals. For health promotion programmes, these are also planned on a population basis, and delivered to populations, but there is some individual choice regarding whether the messages are heard and then whether they are acted on.

The same population health principles can be used by other parts of the health sector to plan and deliver services that are going to improve the health of the population overall. For example cardiac services are delivered to individuals, but can be planned and delivered to the populations most likely to benefit from the service” (P 6).

In the rest of the document, there are references to population health in an outcomes sense, except under supporting a focus on determinants and reducing inequalities where a population health approach is mentioned, and similarly under building a public health approach across the wider health sector a population health approach is mentioned.

## **5. Achieving Health for All People. Whakatutuki Te Oranga Hauora Mo Nga Tāngata Katoa. A framework for public health action for the New Zealand Health Strategy (2003).**

In the website description of this document it is stated that hopefully health and non-health agencies “will find the suggested actions for each of the five objectives helpful in developing a

population health approach”<sup>4</sup>. However the broad definition of population health that was included in the consultation document prior to the release of this framework (as above) is not included and the glossary of the document defines population health as it is defined in the NZ Health Strategy, in an outcomes sense – the health of groups, families and communities, and a population health approach is not defined. There is no corresponding definition of a population health approach.

In the body of the document, in describing the principles underlying the framework presented, intention of working towards ‘widespread support for a public health/population health approach’ is noted. This “public health/population health” expression is used elsewhere in the document, and suggests an understanding that a public health approach and a population health approach are one and the same. Similarly, in the areas for action under Objective 2: Encourage effective public health through public health services and across the whole health sector, intention is stated to “ensure development of a population health approach within the primary, secondary and tertiary care sectors, in particular build the public health capacity of PHOs”; again a sense that a population health approach and a public health approach are seen as the same thing.

Under objective 3: Build health communities and healthy environments, the areas for action include “take a population health approach which takes into account all factors which determine health” but then intersectoral action and community capacity building are listed as separate action points, as if they are not included under a population health approach. Objective 5: achieve measurable progress on public health outcomes, talks about re-orienting “health service planning and provision towards population health outcomes” and influencing other sectors to do likewise.

In the tables of action and suggested outputs in Appendix Four, under Objective Two, it is suggested that those responsible for health service planning at regional and district levels (e.g. DHBs) along with TLAs should take a “population health approach to planning and practice, ie. an approach which considers the needs of the whole population and the determinants of health status in all planning”. The suggested outputs include community participation, intersectoral and collaborative approaches, but these are not explicitly linked to a population health approach as examples of ‘how’ practice might look in a population health approach.

## **6. He Korowai Oranga. Māori Health Strategy (2002)**

A population health approach is implicit in the pathways and key threads to Whānau Ora as described in He Korowai Oranga - reducing inequalities, working across sectors, Whānau, Hapu, iwi and community development, and Māori participation. The document does talk about public health sometimes being called population health (P 26), and Appendix Three shows how population health approaches will be important in achieving Whānau Ora (P 37).

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<sup>4</sup> Accessed 3 January from <http://www.moh.govt.nz/moh.nsf/pagesmh/2733?Open>

## 7. Ministry of Health Restructure.

In the recent restructure of the Ministry of Health, a Population Health Directorate has been formed. Following is the description of the role of this directorate from the Ministry of Health's website<sup>5</sup>.

"The Population Health Directorate is responsible for providing advice on the policy settings and operational frameworks that determine eligibility and access to publicly funded health, public health and disability services. The Directorate is responsible for ensuring that the strategic intentions of the Government are translated into the policy settings that incentivise and guide the operational delivery of services by advising on:

- the services, policy settings and frameworks that ensure access to publicly funded health and disability services for eligible populations, reflecting the Minister's priorities and the Government's intentions
- how current service-specific settings can better influence improved health and reduced inequalities, particularly for vulnerable groups (eg, children and youth, people with disabilities, and people with mental health conditions)
- policy settings that work across the continuum of care and from a whole-of system perspective to strengthen and incentivise service integration across prevention, primary and community, and secondary/tertiary care for key population health priorities
- the implications for service-specific policy of the intersectoral interface across government
- population health approaches (eg, chronic disease, communicable disease, environmental health, primary health care, mental health, disability and compulsory care)
- design regulations, set standards and advise on quality assurance
- services that may fit new criteria for devolution in collaboration with Health and Disability Systems Strategy Directorate
- evaluating and reviewing the implementation of programmes to support policy development".

Thus the description of the Directorate's work includes the various aspects of what other documents define as a population health approach, but is not explicit for instance about what it would see such an approach should encompass for others in the health sector. Of note, Primary Health Care Policy is located in the Population Health Directorate, while Primary Health Care Implementation is located in the Sector Capability and Innovation Directorate.

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<sup>5</sup> About the Ministry of Health: Structure. Accessed 3 Jan 2007 from <http://www.moh.govt.nz/moh.nsf/indexmh/aboutmoh-structure#population>

## Appendix Three: Summary Table of the Canadian Population Health Template

### Summary Table of Population Health Key Elements

*The goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups.*

Key Element	Actions
1. Focus on the Health of Populations	1.1 Determine indicators for measuring health status 1.2 Measure and analyze population health status and health status inequities to identify health issues 1.3 Assess contextual conditions, characteristics and trends
2. Address the Determinants of Health and Their Interactions	2.1 Determine indicators for measuring the determinants of health 2.2 Measure and analyze the determinants of health, and their interactions, to link health issues to their determinants
3. Base Decisions on Evidence	3.1 Use best evidence available at all stages of policy and program development 3.2 Explain criteria for including or excluding evidence 3.3 Draw on a variety of data 3.4 Generate data through mixed research methods 3.5 Identify and assess effective interventions 3.6 Disseminate research findings and facilitate policy uptake
4. Increase Upstream Investments	4.1 Apply criteria to select priorities for investment 4.2 Balance short and long term investments 4.3 Influence investments in other sectors
5. Apply Multiple Strategies	5.1 Identify scope of action for interventions 5.2 Take action on the determinants of health and their interactions 5.3 Implement strategies to reduce inequities in health status between population groups 5.4 Apply a comprehensive mix of interventions and strategies 5.5 Apply interventions that address health issues in an integrated way 5.6 Apply methods to improve health over the life span 5.7 Act in multiple settings 5.8 Establish a coordinating mechanism to guide interventions
6. Collaborate Across Sectors and Levels	6.1 Engage partners early on to establish shared values and alignment of purpose 6.2 Establish concrete objectives and focus on visible results 6.3 Identify and support a champion 6.4 Invest in the alliance building process 6.5 Generate political support and build on positive factors in the policy environment 6.6 Share leadership, accountability and rewards among partners
7. Employ Mechanisms for Public Involvement	7.1 Capture the public's interest 7.2 Contribute to health literacy 7.3 Apply public involvement strategies that link to overarching purpose
8. Demonstrate Accountability for Health Outcomes	8.1 Construct a results-based accountability framework 8.2 Ascertain baseline measures and set targets for health improvement 8.3 Institutionalize effective evaluation systems 8.4 Promote the use of health impact assessment tools 8.5 Publicly report results

## References

1. Ministry of Health. *The Minister's priorities for 2007 and beyond*. 2007 [cited 2008 3 January]; Available from: <http://www.moh.govt.nz/moh.nsf/indexmh/soi0710-priorities>
2. Ministry of Health. *Primary Health Care. Frequently asked questions. What is the Primary Health Care Strategy?* 2007 [cited 2008 3 January]; Available from: <http://www.moh.govt.nz/moh.nsf/indexmh/phcs-faq>
3. Kindig, D. and G. Stoddart, *What is population health?* American Journal of Public Health 2003. **93**: p. 380 - 383.
4. Friedman, D. and B. Starfield, *Models of population health: their value for US public health practice, policy and research*. American Journal of Public Health, 2003. **93**(3): p. 366 - 369.
5. Institute of Population Health. *What is population health?* . Index of course notes: POP 8910 Scientific paradigms of population health. 2007 [cited 2008 3 January]; Available from: <http://courseweb.edteched.uottawa.ca/POP8910/Notes/Definitions.htm>.
6. Ministry of Health, N.Z., *The New Zealand Health Strategy*. 2000, Ministry of Health: Wellington.
7. Kindig, D., *Understanding population health terminology*. The Milbank Quarterly, 2007. **85**(1): p. 139 - 161.
8. Reidpath, D., *Population health. More than the sum of the parts*. Journal of Epidemiology and Community Health, 2005. **59**: p. 877 - 880.
9. Robine, J.-M., *The relevance of population health indicators*. Journal of Epidemiology and Community Health, 2003. **57**: p. 318.
10. Frisch, N., et al., *Teaching nurses to focus on the health needs of populations. A Master's degree program in population health nursing*. Nurse Educator, 2003. **28**(5): p. 212 - 216.
11. Ministry of Health, *Developing a monitoring framework and strategic research agenda for He Korowai Oranga. Summary of submissions*. 2005, Ministry of Health: Wellington.
12. Ministry of Health, *Reducing inequalities in health*. 2002, Ministry of Health, New Zealand: Wellington.
13. Ministry of Health, *Preparing for the New Zealand Strategic and Action Plan for Public Health. Discussion document for consultation*. 2001, Ministry of Health, New Zealand: Wellington.
14. Ministry of Health, N.Z., *Public health in a primary health care setting*. 2002, Public Health Directorate, Ministry of Health: Wellington.
15. Ministry of Health, *He Korowai Oranga. Maori Health Strategy*. 2002, Ministry of Health: Wellington.
16. Coster, G. and S. Buetow, *Quality in the New Zealand Health System. Background report to the National Health Committee*. 2001, University of Auckland: Auckland.
17. Health Canada, *Population Health Template: Key elements and actions that define a population health approach*. 2001, Strategic Policy Directorate of the Population and Public Health Branch, Health Canada: Canada.
18. Mechanic, D., *Who shall lead: is there a future for population health?* Journal of Health Politics, Policy and Law, 2003. **28**(2-3): p. 421 - 442.
19. Health Canada, *Taking action on population health. A position paper for Health Promotion and Programs Branch staff*. No Date, Population Health Development Division, Population Health Directorate, Health Canada Ottawa.
20. Coster, G. and B. Gribbens, *Primary care models for delivering population based health outcomes. Discussion paper for the National Health Committee*. 1999, National Health Committee: Wellington.

21. Olson Keller, L., et al., *Assessment, program planning and evaluation in population-based public health practice*. Journal of Public Health Management Practice, 2002. **8**(5): p. 30 - 43.
22. Labonte, R., *A population health implementation approach for health authorities*. 2002, Saskatchewan Population Health and Evaluation Research Unit, Department of Community Health and Epidemiology, University of Saskatchewan. .
23. Labonte, R., *How our programs affect population health determinants: A workbook for better planning and accountability*. 2003, Population and Public Health Branch, Health Canada: Regina, Saskatchewan.
24. Fox, D., *The relevance of population health to academic medicine*. Academic Medicine, 2001. **76**(1): p. 6 - 7.
25. Public Health Agency of Canada. *Report of the Roundtable on Population Health and Health Promotion*. 1996 [cited 2005 19 May]; Available from: <http://www.phac-aspc.gc.ca/ph-sp/phdd/roundtable/roundtable.htm>.