

Working Definition of Population Health

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Realizing that there is not uniform agreement on the definition of population health, the Institute of Medicine Roundtable on Population Health Improvement will use the following definition to guide its initial deliberations.

Population health is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group” (Kindig and Stoddart, 2003). Although not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors.

We recognize that this term is currently being used by some health care organizations to describe the clinical outcomes of patients (often grouped by chronic disease) enrolled in a given health plan. Certainly an enrolled patient group can be thought of and managed as a population, but defining population health solely in terms of clinical populations can draw attention away from the critical role that non-clinical factors such as education and income play in producing health.

The Institute for Healthcare Improvement has emphasized the role that health care organizations may play in improving population health through its Triple Aim initiative, which advocates the simultaneous improvement of the patient experience of care (including quality and satisfaction), reduction in the per capita cost of health care, and improvement of the health of populations (Berwick et al., 2008). At the current time there is variation in how Triple Aim practices define population health. Although many embrace a population medicine perspective (Harvard Pilgrim Health Care Institute, 2013), a few are striving toward a geographic regional emphasis in their definition of population health (Kindig and Whittington, 2011).

Jacobson and Teutsch (2012) have recently addressed these issues for the National Quality Forum and recommend that “current use of the abbreviated phrase *population health* should be abandoned and replaced by the phrase *total population health*.” They state that “this will avoid confusion as the clinical care system moves rather swiftly toward measuring the health of the subpopulations they serve. Geopolitical areas rather than simply geographic areas are recommended when measuring total population health since funding decisions and regulations are inherently political in nature” (Jacobson and Teutsch, 2012, p. 10).

For simplicity, the roundtable chooses to retain the shorter term, *population health*, while acknowledging that it is used in the spirit of the Jacobson-Teutsch critique. The roundtable also recognizes the desire of some roundtable members for a less technical term, such as *community well-being*. The roundtable expects to return more fully to these issues in its future deliberations and writings.

References

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