

Directions and recommendations

1999

NATIONAL  
PUBLIC HEALTH INFORMATION  
DEVELOPMENT PLAN

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# NATIONAL PUBLIC HEALTH INFORMATION DEVELOPMENT PLAN

## Preface

The National Public Health Information Development Plan represents the National Public Health Partnership's first comprehensive strategy for the development of public health information in Australia. The Partnership has adopted a widely-used definition of public health—the organised response by society to protect and promote health and to prevent illness, injury and disability—and has been active in developing a common framework within which the partners can work together on a national approach to public health action.

While the Plan has been jointly drafted by the Australian Institute of Health and Welfare and members of the Partnership's National Public Health Information Working Group, it represents the efforts and contributions of many people, including some 120 participants at the National Public Health Information Development Plan Workshop held in Hobart during September 1998. The preparation of this Plan has also drawn on a number of documents for guidance.

The priority issues identified in the Plan have emerged from the broad consultations that have been undertaken, including the workshop. In some areas these priorities will need to be refined further for implementation; this is a task that the Working Group is happy to carry out.

The Plan offers the public health sector an opportunity to direct the development of that important resource, information, toward the areas that will be of greatest benefit.

**Richard Madden**

*Chair*

National Public Health Information Working Group



## Summary

The purpose of the National Public Health Information Development Plan is to identify the action needed to improve public health information in Australia. Appropriate, timely and valid public health information is needed by public health policy makers, practitioners, researchers, analysts, advocates and consumers to monitor the health status of the Australian population and to support the planning, implementation, and evaluation of health interventions and public health programs in Australia.

Development of the Plan was motivated by the rapidly growing need for comprehensive and consistent public health information at national, State, Territory and local levels. This need is most effectively met through greater cooperation and coordination between government jurisdictions and through the widespread development and promulgation of public health information and data standards. An important feature is the identification of research into unresolved problems and questions concerning population health information.

The recommendations are given below. The background to and rationale for these recommendations is set out in the body of this document. The recommendations are grouped into three broad categories: developing public health information capacity; improving the scope and coverage of public health information; and improving the use and delivery of public health information.

The 1999 Plan has been endorsed by Australian Health Ministers' Advisory Council (AHMAC) and its implementation will be the responsibility of the National Public Health Information Working Group.

# Recommendations

The following strategies and initiatives are recommended as a high priority:

## **1 Improving the scope and coverage of public health information**

### **1.1 Health determinants**

- 1.1.1 Conduct of a national biomedical risk factor survey in conjunction with the 2001 National Health Survey, subject to piloting to confirm that adequate response rates can be achieved.
- 1.1.2 Development by the Australian Bureau of Statistics of a General Social Survey, and the associated development of agreed methods to measure physical, social and economic environments as they relate to health. The General Social Survey should complement the National Health Survey and State/Territory health surveys.
- 1.1.3 Development of a national work program to improve the overall coverage of survey data, facilitate the sharing of data between jurisdictions and provide a basis for establishing agreed national minimum survey data sets for priority areas.

### **1.2 Indigenous peoples**

- 1.2.1 Active implementation within jurisdictions of the public health aspects of the National Indigenous Health Information Plan.
- 1.2.2 Development of data collections so that the environmental and social causes of ill-health in Indigenous communities are identifiable.

### **1.3 Socioeconomic disadvantage**

- 1.3.1 Standardisation of the instruments or questions used to measure socioeconomic status or socioeconomic disadvantage in all population-based health surveys.
- 1.3.2 Examination of the feasibility and social acceptability of the routine collection of indicators of individual socioeconomic disadvantage as part of routine population-based health data collections.

### **1.4 Intersectoral information and data on the physical environment**

- 1.4.1 Establishment of a cooperative work program to:
  - (a) develop national data standards for intersectoral data which meet public health requirements; and
  - (b) establish regular flows of information (in both directions) between the public health sector and the non-health and local government agencies which collect or produce this information.

- 1.5 Health promotive environments**
- 1.5.1 Establishment of a work program, in collaboration with education, transport, employment and related environmental agencies, to measure the extent of health promotive environments in Australia and to collect data on their establishment, use, maintenance and impact on health outcomes.
- 1.6 Geographic classifications**
- 1.6.1 Development and promulgation of a set of standard national geographical boundaries, identifiers and aggregations for use in all population-based health data collections and surveys, and of a mechanism for coding current and historical address information to this classification.
- 1.7 Financial and economic assessment of public health programs**
- 1.7.1 Further development, via a consultative process, of the Australian Institute of Health and Welfare classification of public health activity.
- 1.7.2 Continuation of the Australian Institute of Health and Welfare's National Public Health Expenditure Survey project.
- 1.7.3 Development and promulgation of sets of guidelines for the:
- conduct of burden of disease and cost-effectiveness studies, and the collection of evidence by systematic reviews of the literature; and
  - measurement of the output from, and impact of, different types of public health programs and services (including public health information programs).
- 1.8 National Public Health Indicators**
- 1.8.1 Development of an agreed set of national public health indicators through a consultative process.

## **2 Improving the use and delivery of public health information**

- 2.1 Analysis and presentation of information**
- 2.1.1 Research into best practice for the analysis and presentation of small area and local data, and into improved methods of communicating epidemiological and statistical concepts to lay audiences.
- 2.2 Information delivery and access**
- 2.2.1 Organisations and agencies responsible for the reporting of public health data should actively develop their capacity for electronic publication and explore methods for exploiting this capacity.

- 2.3 **Marketing of information**
- 2.3.1 Agencies responsible for the reporting of public health information should consider the promotion and marketing of public health reports and publications at all stages of their design, publication and distribution, with a view to further increasing the use of public health information in all spheres of government and community activity.

### **3 Developing public health information capacity**

- 3.1 **Record linkage**
- 3.1.1 Systematic investigation of the appropriateness, utility, feasibility and cost-effectiveness of the application of record linkage techniques to existing data collections at and between all levels of government.
- 3.2 **Sentinel surveillance networks and communicable disease surveillance**
- 3.2.1 Development of mechanisms to enable better coordination of sentinel surveillance networks and pooling of data; including general practice data in close cooperation with the Royal Australian College of General Practitioners and local Divisions of General Practice.
- 3.2.2 The National Communicable Diseases Surveillance Strategy should continue to be implemented.
- 3.3 **Sharing of and access to public health data**
- 3.3.1 Development and promulgation of guidelines for the responsible, ethical and, in some cases, controlled release of information based on shared or pooled data.
- 3.4 **Development of a systematic approach to national public health information**
- 3.4.1 Development of a framework for the systematic collection, aggregation and use of public health information at the national level.
- 3.5 **An infrastructure for managing the national development of public health information**
- 3.5.1 Development of a body which has well-defined mechanisms for making decisions affecting national public health information and which can represent the information needs of the public health sector and can act as an advocate for a population perspective in national and international health information forums.