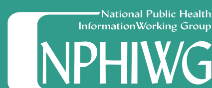
NATIONAL PUBLIC HEALTH INFORMATION PLAN 2005

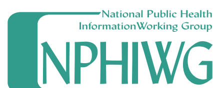
National Public Health Information Working Group



NATIONAL PUBLIC HEALTH INFORMATION PLAN 2005

National Public Health Information Working Group
A Standing Committee of the National Health Information Group
An Advisory Committee to the National Public Health Partnership Group

Australian Institute of Health and Welfare Canberra
AIHW cat. no. HWI 84



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Preface

This National Public Health Information Plan represents a renewed commitment by Australian and state and territory government agencies to lead the development of public health information in Australia. Public health is generally regarded as the organised response by society to protect and promote health and to prevent illness, injury and disability.

The Plan builds on the directions set in the first National Public Health Information Development Plan released in 1999. It acknowledges the breadth and depth of existing public health information sources, and proposes new or updated projects in three key areas, each designed to enhance the capacity for public health information nationally.

While the Australian Institute of Health and Welfare (AIHW) and members of the National Public Health Information Working Group (NPHIWG) have jointly drafted the Plan, it represents the efforts and contributions of many people, including participants at two national workshops and across numerous consultations.

The key areas identified in the Plan have emerged from the broad consultations and discussions that have been undertaken. In some areas the nominated projects need to be further refined for implementation. This is a task that the Working Group is eager to continue.

The Plan offers the public health sector an opportunity to direct the development of that important resource—information—toward the areas that will contribute most to supporting public health action in Australia.

Merran Smith
Co-chair
National Public Health
Information Working Group

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Summary

The *National Public Health Information Plan 2005* sets out priority activities aimed at improving the quality, availability and use of public health information in Australia. The Plan is based on projects developed by National Public Health Information Working Group (NPHIWG) members and those National Public Health Partnership groups that have a role in public health information collection.

An underlying principle of the Plan is to build on current public health information collections and developments, and to seize opportunities to address current information gaps and meet emerging information needs.

The Plan has been developed around three key areas:

1. Information frameworks and standards

Projects to both establish policies, frameworks and classifications that underpin public health information developments generally, as well as activities to develop standards in specific domains.

2. Data development, collection, analysis and dissemination

Projects and activities at the heart of public health information, namely generating and using quality data relevant to national public health policy development and program management.

3. Capacity and coordination

Activities aimed at enhancing technical and workforce capacity for the effective and efficient use of public health information and coordinating and managing key national public health information development activities.

The Plan includes background information on the development of public health information in Australia. It also describes the projects and activities that contribute to the achievement of the objectives of the plan.

Implementation of the Plan will be the responsibility of NPHIWG, who have developed a rolling work program consistent with current priorities and available resources. NPHIWG will coordinate and manage the activities, and report regularly on progress through the National Public Health Partnership and the National Health Information Group to the Australian Health Ministers' Advisory Council.

Introduction

The National Public Health Information Plan sets out priority activities aimed at improving the quality, coverage, utilisation and coordination of public health information in Australia. The Plan represents an ongoing commitment from all nine Australian governments to progressively enhance the information on which public health actions are based.

Public health action includes activities that protect and promote health and prevent illness, injury and disability. These activities are performed by government as well as by non-government, community and private sector organisations and groups. Public health interventions are directed to improving the health of populations or population subgroups, rather than of particular individuals, largely by seeking to modify the determinants of health and ill-health in those populations.

Public health information, therefore, is needed as a basis for the development of health policies and actions that relate to:

- those factors that affect a population's health and causes of illness (determinants);
- the health status of a population, and groups within it, as opposed to the health status of an individual;
- the promotion and protection of health and prevention of illness rather than treatment alone; and
- the relationships among these elements.

Finally, public health information must report on the implementation of public health actions, and enable an evaluation of the effectiveness of those actions.

The Plan identifies activities needed to provide appropriate, timely and valid public health information. This will allow public health policy makers, practitioners, researchers, analysts, advocates and consumers to monitor health status, respond to health problems and to support planning, implementation and evaluation of health interventions and public health programs in Australia.

An underlying principle of the Plan is to build on current public health information collections and developments, and to seize opportunities to address current information gaps and meet emerging information needs.

The Plan is grounded in the need for improved coordination of public health information development activities between different jurisdictions and levels of government, and between the health sector and other human services and environmental organisations. An emphasis on development and promulgation of information and data standards that better meet public health surveillance and monitoring needs is a key mechanism for achieving enhanced capacity.

The National Public Health Information Working Group (NPHIWG) is a Standing Committee of the National Public Health Partnership and the National Health Information Group. The Plan has been prepared by NPHIWG on behalf of the Partnership and the National Health Information Group.

The NPHIWG has representation from the Australian Government Department of Health and Ageing, state and territory health authorities, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics.

The Plan is based on projects nominated or developed by NPHIWG members following extensive discussion including two national workshops and consultation with those National Public Health Partnership groups that have a role in public health information collection. The projects aim to improve the quality, coverage and use of public health information across Australia.

The Plan has taken into account the public health information components of work undertaken by the following groups:

- Australian Health Ministers' Advisory Council
- National Public Health Partnership and its sub-committees
- Statistical Information Management Committee and its National Health Information Priorities document
- National Health Performance Committee
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information Development and its National Indigenous Health Information Plan.

An important piece of supporting infrastructure for this Plan is the National Health Information Agreement[1] 2004–2009. The Agreement has as three of its principle objectives to:

- promote the collection, compilation, analysis and dissemination of relevant, timely, accurate and reliable health information concerned with…health status and risks… in accordance with nationally agreed protocols and standards;
- develop and agree on projects to improve, maintain and share national health information; and
- cooperate in the provision of resources necessary to address national health information development priorities efficiently and effectively.

Section 2 of the Plan provides a conceptual framework for public health information and some background on the current situation with respect to public health information in Australia. Section 3 sets out the need and rationale for the proposed activities that comprise the Plan. These are grouped into three categories: developing information frameworks and standards; enhancing the development, collection, analysis and dissemination of public health information; and developing public health information capacity and coordination. Section 4 outlines the mechanisms for implementation of the Plan.

[1]Signatories to the National Health Information Agreement are the health authorities of all states and territories, the Australian Government Department of Health and Ageing, the Australian Government Department of Veterans' Affairs, the Health Insurance Commission, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics.

The *National Public Health Information Plan 2005* has a three-year time horizon. Some projects identified in the Plan are already in progress and are scheduled for completion within this time period. Others will commence and conclude or achieve substantial completion during the period. In some cases, particularly in the capacity building and coordination areas, activities are expected to be ongoing.

Supporting the Plan is an annual work program that describes the activities to be undertaken during the year. This work program will be managed and coordinated by NPHIWG on behalf of the National Public Health Partnership and the National Health Information Group.

Lead agencies for projects are asked to provide an update report twice each year over the life of the project. A summary of these reports will be prepared by NPHIWG and presented to the Partnership and the National Health Information Group.

Readers should be aware that the Plan reflects the committee structure in place at the time of printing, and some realignment in responsibilities may need to occur as a result of potential changes in the structure and roles of committees and working groups.

Towards the end of the life of this Plan work will commence on consultation and drafting for the next Public Health Information Plan. The next Plan will build on current developments, and introduce activities for enhancing public health information in Australia for the remainder of the decade.

Background

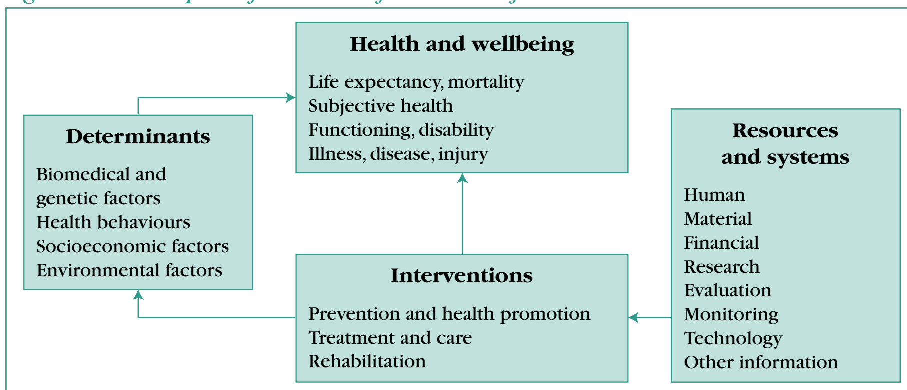
A conceptual framework for public health information

Because of the size and complexity of the health system in Australia it is important to conceptualise the basic elements of the system about which information is needed (Figure 2.1).

In simple terms, Australia's levels of health and wellbeing (including diseases and disability) are influenced to varying degrees by a range of determinants or causes that are in complex interplay. These determinants can be socioeconomic, environmental, behavioural (such as alcohol use or physical activity), biomedical (such as blood cholesterol or blood pressure) or genetic factors.

These causes and their effects on health and wellbeing can be modified to various degrees by prevention and health promotion activities, treatment, rehabilitation and other health care. Such interventions are supported by human and material resources and associated systems, including essential information via research, monitoring and evaluation.

Figure 2.1: Conceptual framework for health information



Source: Australia's Health 2004

Although this framework describes the whole health system, including the treatment, care and rehabilitation components of health actions, nonetheless it shows that public health information is about:

- the health and wellbeing of the population, including measures of mortality, ill health and disability;
- the levels and distribution of the determinants of health, particularly behavioural and biomedical risk factors;
- public health interventions: prevention and health promotion activities; and
- system resources, including funding, workforce and information itself.

These types of public health information can be collectively applied to:

- monitoring trends in the health and wellbeing of the community;
- monitoring health determinants (risk and protective factors);
- assessing risks of adverse health effects associated with certain determinants, and the positive effects associated with protective factors;
- helping to establish priorities for investment in interventions aimed at modifying health determinants;
- monitoring and evaluating the implementation of these interventions, their cost and their outcomes; and
- surveillance of emerging health issues.

Public health information in Australia

Current sources

There is already a great deal of public health information activity in Australia, both in terms of established collections and the development of new sources. At the national, state and territory, and regional level there is a range of population health data collected through administrative information systems, through special-purpose surveillance systems and disease registers, and through a range of population and issue-specific health surveys.

Taking each of the boxes from Figure 2.1 as a 'class' of information, the range of sources is more fully set in the Table 2.1 below against the classes of information. Clearly some sources inform more than one class of public health information.

Table 2.1: Sources of public health information

Class of information	Available sources
Health and wellbeing	Population surveys • Australian Bureau of statistics • States and territories • Other Surveys of primary care practices State and territory death registers Disease registers Hospitalisation databases Emergency department data collections Communicable diseases surveillance systems
Public health interventions	Program information [Public health] Campaign tracking surveys Target group information

Continued overleaf

Table 2.1: Sources of public health information continued

Class of information	Available sources
Determinants	Population surveys • Self-report (as above) • Measurement-based Community-level surveys Environmental surveys Environmental monitoring
Resources and systems	Public finance databases Agency-level information (staffing, expenditure and assets) Program information • Implementation data • Evaluation reports Population census and labour force surveys Education administrative data Research reports and syntheses

Deficiencies and gaps

Despite this apparent wealth of public health information in Australia, there remain signification gaps in the knowledge base, and there are a number of deficiencies with current data and related systems.

A recent review of arrangements regarding surveillance of chronic diseases and associated risk factors revealed a number of issues regarding the scope, coverage, access, analysis and application of such data. These shortcomings are highly relevant to public health information more generally, and include:

- there is inconsistency in content among many of the collections;
- there is lack of stability in content of data collections over time;
- there are gaps in existing information, both in content and in time-series;
- a majority of collections do not cover all risk factors, diseases and their distributions, making it difficult to generate a uniform, linked picture;
- timeliness is poor in both data collection and reporting;
- there is a lack of information on some priority population groups including children and youth, older people, Aboriginal and Torres Strait Islander people, people from non-English speaking backgrounds and regional population groups;
- there are limited mechanisms for managing nation-wide data, and consequently there is inadequate capacity for integrated, nation-wide reporting;
- there are shortfalls in the public health workforce, both in terms of capacity and capability to handle public health information;
- there are limited national policy frameworks for decision-making regarding public health information priorities.

These issues are partly symptomatic of a situation in which public health information activities are often planned and developed at the local or jurisdictional level to meet specific local or jurisdictional requirements for information, or are planned with a single-topic scope. While this may be appropriate in some circumstances, it does mean that opportunities for improving national public health information may be missed.

In this environment, the challenge for the Plan is to build on existing data sources to improve their quality, scope and application, as well as to strengthen the mechanisms that enable efficient and effective use to be made of limited information development resources. These mechanisms include:

- information frameworks that assist in priority-setting
- standards to improve the quality and comparability of data
- governance arrangements that support coordination and harmonisation of collections, and
- tools that better equip public health professionals to understand and apply relevant information.

Priority populations

Although not an explicit component of the conceptual framework, the population health approach entails a fundamental attention to disadvantaged population groups. The populations most commonly identified as disadvantaged in relation to public health, therefore the priority populations, include:

- Indigenous Australians
- groups for which there are equity or access concerns:
  - people with mental disorders
  - people with disabilities
  - chronically ill (e.g. people with diabetes, respiratory disease)
  - ethnic groups
- socio-economically disadvantaged groups
- certain geographically-defined groups (e.g. people living in rural and remote areas).

Overseas-born Australians, particularly those of non-English-speaking background, are often included as a priority population, although their health is typically better than that of the Australian-born population. However, there are specific priority areas and aspects of lifestyle where there is a need to have information on Australians from particular ethnic backgrounds. In addition, there is concern about the equity of access to health services and health information of Australians whose first language is not English.

Projects and activities

The aim of the National Public Health Information Plan is to build the knowledge base for public health action in Australia through:

- developing the infrastructure for public health information;
- increasing the scope, quality and coverage of public health data collections;
- encouraging the analysis of public health data to answer policy-relevant questions and to generate new knowledge; and
- enhancing the transfer of knowledge to decision-makers and the public.

The Plan has been developed around three key areas:

1. Information frameworks and standards

Projects to both establish policies, frameworks and classifications that underpin public health information developments generally, as well as activities to develop standards in specific domains.

2. Data development, collection, analysis and dissemination

This area includes projects and activities at the heart of public health information, namely generating and using quality data relevant to national public health policy development and program management.

3. Capacity and coordination

Activities aimed at enhancing technical and workforce capacity for the effective and efficient use of public health information, and coordinating and managing key national public health information development activities.

The following subsections document relevant background and rationale for the projects proposed in each of these areas. The projects are highlighted in the boxes throughout the text. A compilation of the projects, with further details on timelines and lead agencies, is at Appendix 1.

1. Information frameworks and standards

1.1 Classification of public health activity

Despite the relatively small quantum of resources applied to public health in Australia, it is no less complex than the health care system and necessarily involves many players at numerous levels and in multiple settings. The National Public Health Partnership have recently documented the core functions of public health, but this work did not adequately describe the universe of public health activities.

A multi-dimensional description and classification of public health activity is required to support consistent reporting on the nature and cost of public health interventions in Australia. The Partnership has provided funding in 2004–05 to support the development of the classification.

Develop and implement a national classification of public health activity

1.2 Surveillance of chronic diseases and associated determinants

A significant focus of public health activity in recent years has been on chronic diseases and associated determinants, particularly behavioural risk factors. Yet surveillance in this area has been hampered by the absence of a well-defined surveillance system comprising:

- suitable governance and policy instruments for priority setting
- data management arrangements and practices
- standards and protocols to effectively harmonise surveillance datasets
- mechanisms to sustain capacity and resources.

A suite of projects are proposed to improve the surveillance of chronic disease risk factors and to more effectively use the surveillance data collected.

NPHIWG has commenced work on developing a National Chronic Disease Monitoring and Surveillance Strategy and Action Plan. The National Public Health Partnership provided funding in 2004–05 to undertake national consultation on this plan. Work has also commenced on development of health survey modules. Some modules have been completed and other are being developed.

Develop a Nation-wide Chronic Diseases Monitoring and Surveillance Strategy and Action Plan to improve information necessary to plan, inform and evaluate public health action
Develop and promote national standards through development of condition and risk factor survey modules
Develop and implement a protocol for sharing [and pooling] national, state and territory surveillance data
Develop and implement a systematic approach to national reporting of chronic diseases and their associated risk factors

1.3 Indicator development

With increases in public expectation of service quality and accountability, and given finite resources, there is a need to assess and report on the performance of public health services.

The development of the National Health Performance Framework and two rounds of reporting against that framework have been important contributions to this public accountability. A small set of population health indicators were included in the most recent report, but their scope and validity were limited. Accordingly, a more robust set of public health performance measures needs to be developed to more fully bring to account public health services. NPHIWG completed a project on public health indicators in 2003 and further indicator development will build on this work.

Further develop national public health performance information (including indicators)

In the specific area of environmental health, the enHealth Council has undertaken to develop and recommend a national set of core environmental health indicators, focussed on assessing the human health responses to environmental factors. This work commenced in 2001 with the health effects linked to ambient air chosen as the first category for indicator development. The work needs to continue and data collection and reporting processes need to be established.

Develop a core set of national environmental health indicators

1.4 Information standards

The relatively recent focus on chronic diseases reflects the general shift in disease patterns over the past century away from infectious diseases towards the chronic or so-called lifestyle diseases. Yet the threat of catastrophic infectious disease outbreaks is still very real, and there is no room for complacency in the surveillance of communicable diseases. There are well-established components of the communicable diseases surveillance system that are contributing to a highly effective surveillance capability, but more work needs to be done to improve the consistency and timeliness of laboratory notifications.

Investigate mechanisms and standards for electronic notification of communicable diseases by laboratories

Large geographical variations in health status and risk factor profiles are often reported. However, a full assessment of these variations is often hampered by a lack of consistency in the geographical boundaries and identifiers used by different agencies to denote location.

Location is currently assigned in many health data collections on the basis of local government administrative boundaries, which may change over time as local governments merge or adjust their boundaries, or on Australia Post postcodes which are defined and changed frequently to maximise the efficiency of postal delivery.

A set of standard national geographical boundaries, identifiers and aggregations should be developed and promulgated for use in all population-based health data collections and surveys.

A similar challenge in the analysis of health differentials is presented by inconsistent measures of socioeconomic status. This arises because the various collections (both survey and administrative) include different socioeconomic variables, and also because the content of the variables themselves are not consistently applied.

Develop a set of standard national geographical boundaries for use in public health information collection
Standardise questions used to collect information on socioeconomic status in public health information collections

2. Data development, collection, analysis and dissemination

2.1 Improve existing data

The need to improve Indigenous identification in communicable disease reporting systems has been noted as an issue of increasing importance by a number of key stakeholders, notably in the context of implementing the 1997 Aboriginal and Torres Strait Islander Health Information Plan. Although substantial progress has been made in some jurisdictions, more effort is required to improve the reliability of indigenous status ascertainment.

Improve Indigenous status reporting in communicable disease data

The Australian Bureau of Statistic's National Health Survey is a keystone of Australia's public health information knowledgebase, and the recent revamping of the specialist Aboriginal and Torres Strait Islander component of the survey is a welcome enrichment of this knowledgebase.

These surveys need to be continued to preserve a time series, but they also need to be sensitive to emerging priorities. The Australian Bureau of Statistics consults widely on the content of the surveys which should be flexible in their design and delivery to respond to stakeholder needs.

Continue a National Health Survey series and National Aboriginal and Torres Strait Islander Health Survey series to meet user needs

An aspect of communicable diseases that substantially contributes to excess morbidity and complications, especially in the hospital setting, is antibiotic resistant infections. While there are data presently being collected and notified, there are several documented problems with current arrangements, such as the inconsistent application of case definitions. As part of a suite of actions in response to the report of the Joint Expert Technical Advisory Committee on Antibiotic Resistance (JETACAR), a project was established to strengthen the evidence base.

One component of this project that requires initial attention is improving the consistency of data on antibiotic resistant infections.

Collect and analyse nationally consistent data on antibiotic resistant infections

Birth anomalies remain a significant public health problem in Australia, yet there is a lack of consistency in birth anomalies data, creating barriers to effective national and international reporting and research on birth anomalies. Indeed, the national collation and reporting of birth anomalies data has been suspended in recent years due to concerns about data quality and comparability. A recent review of the Congenital Malformations and Birth Defects Data Collection recommended a number of actions. These include developing a National Minimum Data Set for birth anomalies, identifying the conditions to be included in the collection, and identifying a single classification for birth anomalies. The redeveloped system will lead to the first report from the Australian Birth Anomalies System.

Develop and report on a new Australian Birth Anomalies System

To inform management of public health programmes it is necessary to have accurate and consistent information on public health expenditure. The National Public Health Expenditure project commenced in 1997 to redress a shortfall in expenditure data. This has since developed and implemented a method for estimating, collating and reporting on expenditure relating to public health activities by the Australian, state and territory governments that are primarily responsible for regulating and financing health services.

However, more work needs to be done to develop the collection to include expenditure on the public health activities of local government authorities, non-government organizations, and other health service providers (e.g. General Practitioners). Some effort also needs to be put into enabling the reporting of the expenditure data closer to the collection reference period.

Undertake and further develop the collection of National Public Health Expenditure data

2.2 Fully use existing data

Notwithstanding the need for systematic reporting described above, there are particular types of analyses that require separate project status because of the size or complexity of the analysis. These projects typically ‘value-add’ to existing administrative and survey data by integrating and synthesising the various data sources to produce new results.

Australia was one of the first countries to do a national burden of disease and injury study, using data from the early-to mid-1990s. This report was instrumental in raising awareness of the full burden of disease—accounting for the impact of both the mortality and disability associated with each condition—and also contributed to the methodological development of this type of analysis. However, the science has moved on since this time (largely driven by the World Health Organization’s second global

burden of disease study published in 2003) and the Australian data are becoming dated. There is consequently a pressing need to repeat the national study with new techniques and better data.

Australia was similarly a world leader in producing the national disease costing study of 1993–94, but again there is a need to update this database and enhance its application.

A further two areas of analysis that have been undertaken in other countries, but not comprehensively in Australia, are the assessment of the avoidability of hospital admissions and deaths. Analytical frameworks exist for this work, but they may need to be developed for application to Australian data.

Undertake a burden of disease study examining the burden of specific diseases and risk factors nationally and across small areas and population groups, including projections
Undertake a disease costing study based on burden of disease groups and data from 2000–01, with splits to be done by source of funds, area of expenditure and by age and sex groups
Develop and publish an analysis of Australian hospital admissions categorised as: unavoidable admissions, (potentially) avoidable admissions, preventable admissions, admissions potentially avoidable through injury prevention strategies, and admissions resulting from diseases sensitive to interventions deliverable in a primary health care setting
Develop and publish an analysis of Australian mortality categorised as primary, secondary and tertiary avoidable mortality

2.3 Develop new data

A fundamental set of surveillance data required to plan effective health interventions relates to population levels of physiological measures and biomedical markers. Although there have been nation-wide biomedical surveys in the past, these data are neither current nor comprehensive in their coverage.

Recent attempts to conduct a representative biomedical survey as an adjunct to the 2001 National Health Survey highlighted a range of challenges in a survey of this nature.

Notwithstanding these challenges, biomedical data remain a serious gap in the surveillance knowledgebase. An active examination of the options to progress such survey, possibly in conjunction with a nutrition survey, should remain high on the priority list for health information development.

Examine options to progress a national biomedical measurement survey

Global threats to health in the past few years have prompted public health practitioners to respond with innovative surveillance systems. Allied with the rapid implementation of information technology infrastructure within the health care system, there are opportunities to exploit point-of-care data capture to provide public

health views of emerging health problems at a population level—so-called syndromic public health surveillance.

A pilot project in NSW has successfully demonstrated the utility of this type of surveillance using Emergency Department case notes. There is substantial scope to expand the implementation of this system, to improve automated reporting and alert systems, and to extend the data capture to other points of contact with the health system.

Establish a pilot system for near-real time collection of syndromic surveillance data from emergency departments

3. Capacity and coordination

3.1 Capacity building

As the public health information knowledgebase expands there needs to be methods and systems made available to more efficiently access, analyse, present and disseminate public health information in a relevant and timely manner.

These methods and systems need to be shared both within and outside the public health sector, so as to enable a wide range of stakeholders to benefit from the expertise distributed across the nation.

Some of these methods have emerged over recent years due to advances in analytical techniques and technologies, and these advances should be exploited to maximise opportunities for more effective information use.

Develop and publish a guide to the use of population health data for primary health care agencies
Share data linkage technical support, capacity and models for use nationally
Conduct research into best practice for the analysis and presentation of small area and local data
Develop pilot web-based applications for ad hoc analysis of mortality and survey data, using open-source software tools

It follows that as information collection, analysis and dissemination improve there will be a larger volume of information available to policy analysts and program managers. However, these groups are not always fully equipped to access, interpret and apply the information.

Hence there is an obligation on data *producers* to ensure that data *users* are aware of available information, and can access, understand and apply the information for policy development and program management.

In terms of marketing public health it is also worthwhile 'stepping back' to document the achievements in public health activity, and to focus attention on priority public health actions, all in an accessible form for those within and beyond the public health field.

Promote and market public health reports and publications to increase the use of public health information in all spheres of government and community activity

Develop and publish two reports on progress in public health in Australia, including sets of leading public health measures, notionally covering *Ten Great Public Health Achievements—Australia, 1901-2001 and Ten Priority Public Health Interventions—1985-2005*

The art and science of public health surveillance is continually evolving as surveillance practitioners around the country and around the world continue to develop methods and applications.

In pursuing best practice in local surveillance efforts there is a need to update skills and knowledge of Australian health surveillance practitioners on an ongoing basis. National and international forums are an effective way to contribute to workforce development along these lines, and such forums should continue to be convened on a regular basis.

Plan and convene periodic national/international forums on public health surveillance

3.2 Liaison and coordination

Regular monitoring of the food and nutrition system was identified as one of four priority objectives of the *Food and Nutrition Policy for Australia* adopted in 1992. Several strategic documents since this time have continued to advocate for a comprehensive food and nutrition monitoring and surveillance system that will enable the assessment of, among other things:

- the nutritional status of the population
- the extent to which dietary behaviours are consistent with guidelines
- the safety and adequacy of the food supply.

Support the National Public Health Partnership in the development and implementation of a national food and nutrition monitoring and surveillance system

There is a range of strategy documents recently developed or in development that have implications for public health information. Although NPHIWG does not have a direct role in the development of these documents, there is an important coordination and liaison role with respect to the surveillance and monitoring components of the strategies.

Support the surveillance and monitoring components of:

- *National Injury Prevention Plan: Priorities 2004 and beyond*
- *Be Active Australia*
- *Healthy Ageing Action Plan*
- *National Public Health Action Plan for Children*

The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) has an overarching mandate to provide broad strategic advice to the National Health Information Group on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and to draw together the range of existing activities already underway into a coordinated and strategic process.

To the extent necessary, NPHIWG will maintain a watching brief on the public health information developments relating to Aboriginal and Torres Strait Islander people, and coordinate with NAGATSIHID and other relevant committees and agencies as required.

Maintain a watching brief on indigenous public health information developments

The projects presented in this Plan cover a wide range of topics, involve multiple stakeholders across all levels of government and the non-government and academic sectors, and play out over short, medium and long-term timeframes.

There is therefore an important role for NPHIWG in managing implementation of the Plan and in coordinating, monitoring, advocating and communicating the activities it covers. This will include managing the interaction between NPHIWG itself and other National Health Information Group committees, the National Public Health Partnership and its committees, and the range of associated agencies and other stakeholders.

Coordinate and manage the development and implementation of the Plan
Manage interaction between NPHIWG and other National Public Health Partnership committees, National Health Information Group, other information groups and users of public health information

Implementation of the Plan

The Plan has a scope of three years and its implementation may need to be modified during that time to reflect changing conditions and priorities. NPHIWG will develop a program of work based on the Plan to cover the activities necessary for its implementation.

Although existing processes for the development, management and promulgation of information standards (such as that overseen by the Statistical Information Management Committee and the Health Data Standards Committee) will be used wherever possible, additional resources may be required to initiate some of the coordination and other tasks contained in or implied by the Plan. Specification of the necessary infrastructure will be a priority for NPHIWG as it works on implementing the Plan. While resources for some activities may be obtained from jurisdictions, in other cases funding submissions may be made to the National Public Health Partnership, the National Health Information Group or other appropriate source.

Ownership of the Plan and responsibility for its implementation will be in the hands of NPHIWG. It will coordinate and manage the implementation activities, and report regularly on progress through the Partnership and the National Health Information Group to the Australian Health Ministers' Advisory Council.

Successful implementation of the Plan will require substantial and sustained effort on the part of those responsible for public health within Partnership member organisations. Of particular importance will be their active participation in the design and development of all health information processes and systems which are relevant to public health information. Also of importance is the need to improve the level of communication and cooperation with non-health sector, local government and community-based organisations that have a vital part to play in both the collection of public health information and its effective use.

Appendix 1 Summary of proposed projects

The tables on the following pages summarise the projects and activities that comprise the *National Public Health Information Plan 2005*. The projects have been organised into the three key areas as described above.

Each of the tables are structured as follows:

Project ID	Brief description	Responsible agencies	Timeframe	NPHIWG relationship

The timeframe indication codes are:

S:	The activity will be started in the next three years
P:	The activity will be partially completed in next three years
C:	The activity will be completed within the next three years
O:	The activity is ongoing

The NPHIWG relationship codes are:

M:	NPHIWG has direct management/oversight of the activity (these are also shaded in the table)
A:	NPHIWG has an information advisory role for the activity
W:	NPHIWG has a watching brief of the activity

The agency abbreviations are:

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AIHW NPSU	AIHW National Perinatal Statistics Unit
CATI TRG	Computer-Assisted Telephone Interviewing Technical Reference Group
CDNA	Communicable Diseases Network of Australia
DoHA	Australian Government Department of Health and Ageing
GISCA	National Centre for Social Applications of Geographical Information Systems
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information And Data
NPHIWG	National Public Health Information Working Group
NPHP	National Public Health Partnership
NSW Health	New South Wales Department of Health
PHIDU	Public Health Information Development Unit (Adelaide University)
QUT	Queensland University of Technology
SIGNAL	Strategic Intergovernmental Nutrition Alliance
TAG	National Public Health Expenditure Project Technical Advisory Group
UQ	University of Queensland
WA Health	Western Australia Department of Health

1. Information frameworks and standards

1.1 Classification of public health activity

1.1a	Develop and implement a national classification of public health activity	NPHIWG/ NSW Health	P	M

1.2 Chronic disease risk factor surveillance

1.2a	Develop a Nation-wide Chronic Diseases Monitoring and Surveillance Strategy and Action Plan (CDSS) to improve information necessary to plan, inform and evaluate public health action	NPHIWG/ DoHA/ AIHW	C	M
1.2b	Develop and promote national standards through development of condition and risk factor survey modules	NPHIWG/ CATI-TRG/ ABS/DoHA	C	M
1.2c	Develop and implement a protocol for sharing [and pooling] national, state and territory surveillance data	NPHIWG/ NSW Health	P	M
1.2d	Develop and implement a systematic approach to national reporting of chronic diseases and risk factors	AIHW/DoHA	P	A

1.3 Indicator development

1.3a	Further develop national public health performance information	NPHIWG	S	M
1.3b	Develop core set of national environmental health indicators	EnHealth Council/ DoHA	P	A

1.4 Information standards

1.4a	Investigate mechanisms and standards for electronic notification of communicable diseases by laboratories	DoHA/CDNA	S	W
1.4b	Develop a set of standard national geographical boundaries for use in public health information collection	PHIDU/GISCA	P	A
1.4c	Standardise questions used to collect information on socioeconomic status in public health information collections	QUT	P	W

2. Data development, collection, analysis and dissemination

2.1 Improve existing data

2.1a	Improve Indigenous status reporting in communicable disease data	CDNA, NAGATSIHID	S	W
2.1b	Continue a National Health Survey series and National Aboriginal and Torres Strait Islander Health Survey series to meet user needs	ABS	O	A
2.1c	Collect and analyse nationally consistent data on antibiotic resistant infections	CDNA/DoHA	P	W
2.1d	Develop and report on a new Australian Birth Anomalies System	AIHW NPSU	P	A
2.1e	Undertake and further develop the collection of National Public Health Expenditure data	TAG/NPHIWG	C	M

2.2 Fully use existing data

2.2a	Undertake a burden of disease study examining the burden of specific diseases and risk factors nationally and across small areas and population groups, including projections	AIHW/UQ	C	A
2.2b	Undertake a disease costing study based on burden of disease groups and data from 2000–01, with splits to be done by source of funds, area of expenditure and by age and sex groups	AIHW	C	A
2.2c	Develop and publish an analysis of Australian hospital admissions categorised as: unavoidable admissions, (potentially) avoidable admissions, preventable admissions, admissions potentially avoidable through injury prevention strategies, and admissions resulting from diseases sensitive to interventions deliverable in a primary health care setting	PHIDU in consultation with NPHIWG	P	A
2.2d	Develop and publish an analysis of Australian mortality categorised as primary, secondary and tertiary avoidable mortality	PHIDU/AIHW in consultation with NPHIWG	C	A

2.3 Develop new data

2.3a	Establish pilot system for near-real time collection of surveillance data from emergency departments	NSW Health	P	W
2.3b	Examine options to progress a national biomedical measurement survey	AIHW/DoHA/ABS	S	A

3. Capacity and coordination

3.1 Capacity building

3.1a	Develop and publish a guide to the use of population health data for primary health care agencies	PHIDU/DoHA	P	A
3.1b	Share data linkage technical support, capacity and models for use nationally	WA Health	P	W
3.1c	Conduct research into best practice for the analysis and presentation of small area and local data	NSW Health	C	W
3.1d	Develop pilot web-based applications for ad hoc analysis of mortality and survey data, using open-source software tools	NSW Health	P	W
3.1e	Promote and market public health reports and publications to increase the use of public health information in all spheres of government and community activity	All agencies responsible for reporting of public health information	O	M
3.1f	Develop and publish two reports on progress in public health in Australia, including sets of leading public health measures, notionally covering *Ten Great Public Health Achievements—Australia, 1901-2001* and *Ten Priority Public Health Interventions—1985-2005*	PHIDU in consultation with NPHIWG	C	A
3.1g	Plan and convene periodic national/international forums on public health surveillance	NPHIWG/ DoHA/other agencies	O	M

3.2 Liaison and coordination

3.2a	Support the National Public Health Partnership in the development and implementation of a national food and nutrition monitoring and surveillance system	NPHIWG in collaboration with SIGNAL	P	A
3.2b	Support the surveillance and monitoring components of • *National Injury Prevention Plan: Priorities 2004 and beyond* • *Be Active Australia* • *Healthy Ageing Action Plan* • *National Public Health Action Plan for Children*	NPHIWG in collaboration with NPHP subgroups and other stakeholders	O	A
3.2c	Maintain a watching brief on indigenous public health information developments	All agencies	O	W
3.2d	Coordinate and manage the development and implementation of the Plan	NPHIWG secretariat	O	M
3.2e	Manage interaction between NPHIWG and other National Public Health Partnership committees, National Health Information Group, other information groups and users of public health information	NPHIWG secretariat	O	M