

# Part VII Future directions

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Good quality population health information is important to health care providers, health care consumers, policy makers and managers. It provides a reliable basis for policy and program development and also enables monitoring of the impact of those policies and programs on the population. This section does not look at the policy or program responses of the Australian community to the health issues of Australia's youth but rather at the information needed for good policy development and suggests ways of improving that information base.

In compiling this report it has become evident that there are a number of important data deficiencies that limit the coverage and the validity of the information used to describe the status of the health and wellbeing of Australian youth. This will also be apparent to the reader both from the recurrence of the phrase 'due to limited data' and because of some important issues are not adequately covered.

A number of the difficulties in currently available data are the same as or similar to, those that existed in preparing the report *Australia's Children: their health and wellbeing 1998* (Moon 1998). While there are areas of data overlap between the child and youth health reports it is not always so. Areas that overlap may do so because of the lack of an agreed definition or boundary amongst data collectors on the age groups to be used, the similarity in a number of developmental issues, and the difficulty in meeting information needs on the health of these two groups. It is important to recognise, however, that many of the health issues facing the two groups are different and collecting information on issues such as health status of the two groups raises different issues.

The need to improve the information available on the health of young Australians has been recognised by Australian governments, Commonwealth, State and Territory, in the National Health Policy for Young Australians. This report and that on children's health are early but important steps in correcting the information shortcomings. In this section some of the major data deficiencies and gaps are identified and steps are suggested to improve the situation.

### Framework

In compiling the child and youth health reports the Australian Institute of Health and Welfare set up national child and youth health information advisory groups to advise the Institute on information issues. Both groups have assisted in the development of national health information frameworks which set out the information needed to monitor and report on the health of the child and youth populations. The information frameworks also provide a valuable means of identifying gaps in the data available. A copy of the National Youth Health Information Framework is included in Appendix 5.

### Gaps

While a number of major gaps in the availability of information on the health of young people are evident from this report, further work is required to detail the main gaps in information on the health of young people. The main areas where data gaps have been identified include:

- an overall measure of health status and wellbeing for 12–17 year olds (analogous to the SF-36 information available for 18–24 year olds)
- information on particular determinants (for example, only limited information is available on physical activity levels)
- exposure to risk of injury and use of safety measures (for example, road safety measures including limiting speed, not driving while under the influence of alcohol or other drugs)
- information on knowledge, attitudes, perceptions and skills
- information on services and interventions including, but not limited to, youth specific services
- regular collection of data in areas with apparent rapid changes over time (such as the use of drugs)
- linking of determinants of health with health status, both over short and longer periods of time, including linking of many data items to socioeconomic status.

A number of categories of gaps have been identified using the basic elements of the information framework. The lack of overall measures of health status, particularly for children below 18 years is due in part to summary measures of health and wellbeing for this group not being well developed. Also, many current measures of morbidity rely on measures of services delivered, and it is often difficult to derive population-based measures of incidence and prevalence from these. Gaps in current knowledge of the determinants of health for this age group can also be identified.

Most of these gaps require the development of new information. However, a number can be addressed by the improving existing collections, e.g. through the incorporation of additional data items or utilising existing data more effectively such as by linking data items. For example, in the United Kingdom, there have been numerous studies, including longitudinal studies, based on data from linked databases (administrative and survey databases). Similar linking in Australia would fill a number of gaps in child and youth health information.

## Deficiencies

Deficiencies identified in the quality of the data differ between the types of data collections. The main administrative by-product data source – hospital morbidity data – has the strength that national data definitions have been defined for the data items.

However, while the implementation of these definitions appears broadly consistent across jurisdiction, differences still remain that affect the interpretation of the data. A major definitional difficulty is the variation in State and Territory legislative definitions of children and young people.

While the major national population level surveys provide good quality data, the lack of consistency between definitions used in those surveys and many State-based surveys results in some difficulty in interpretation and in comparing surveys. A process of ensuring use of standard national definitions in these surveys would overcome many of these problems. The use of consistent definitions would also allow the use of smaller, local surveys in the building of a national perspective on particular issues.

The measurement of health services and interventions for this age group may also need to be improved in order to understand adequately their contribution to the overall picture of the health and wellbeing of children and youth. An important issue here is the need to preserve confidentiality while at the same time recording service usage, particularly in sensitive areas such as sexual health clinics and counselling services.

Statistical (or probabilistic) data linkage would enhance the value of existing data for a small investment. The development of linkage is important in improving the understanding of the impact of health determinants or risk factors on the health of the population and groups such as youth. The lack of such linkage is clearly a deficiency in the effective management and use of available data.

## Addressing gaps and deficiencies

Australia has a well developed national health information development process that provides an appropriate mechanism for addressing the identified data gaps and deficiencies. Similar processes are being developed in the public health sector.

The recently released National Public Health Information Development Plan has made a number of high priority recommendations for action at a broad national level that are relevant to health information development and will assist in addressing the gaps in youth health:

- agreed national programs of public health data collection and development (including greater coordination of health surveys between jurisdictions);
- national public health information infrastructure; and
- agreed public health national minimum data sets.

Current health surveys, particularly those conducted at the national level, often lack adequate sampling for analysis of health status and the incidence and prevalence of specific diseases and conditions for geographic areas or special populations. The irregular frequency of some population health surveys also is an issue, as it can be argued that important trends are being missed due to the time gaps between surveys. In addition such surveys should seek to meet the special information needs of child and youth health. The activity in the States and Territories, based around population health telephone surveys, to coordinate collections and develop national data consistency is a positive movement in improving the data.

## Future directions

There are also some more specific categories of public health information gaps identified in the National Public Health Information Development Plan (AIHW 1999) that are relevant to the development of health information specifically for children and youth. These include:

- lack of national blood sample surveys and biomedical risk factor surveys;
- little ongoing surveillance of risk factors (determinants of health);
- little data on impact of health promotive environments;
- inadequate specification of socioeconomic status, Indigenous status, and geographic identification of respondents in surveys; and
- need for summary statistics which are directly related to major aspects of health status and determinants.

Many of these gaps and deficiencies will affect the development and compilation of effective indicators of young people's health and wellbeing. These indicators are a necessary measure of the health status and provide a broad view of the impact of policies and programs. Now that the gaps and deficiencies in the available youth health data are evident, there is an opportunity to integrate the need for improved youth and child health data into the broader development of health and public health information. Inconsistent data item definitions and lack of an agreed core of data items for collection are the two major quality issues. The recommendations of the NPHIDP to develop a coordinated national collection program and to work within the National Health Information Agreement processes to develop and collect agreed public health national minimum data sets will act as important drivers to improve national and jurisdictional data.

The National Youth Health Information Advisory Committee (and the National Child Health Information Advisory Committee) together with the Australian Institute of Health and Welfare will be critical contributors in making progress in these areas.

## References

- AIHW 1999. National Public Health Information Plan. AIHW Cat. No. HWI 22. Canberra: AIHW.
- Moon L, Rahman N & Bhatia K 1998. Australia's children: their health and wellbeing 1998. AIHW Cat. No. PHE 7. Canberra: AIHW.