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Background

Australia's health status is generally improving, but there is potential for further gains in several areas. The National Health Priority Areas (NHPA) initiative seeks to focus public attention and health policy on those areas that contribute most to the burden of illness in the community, particularly if the burden can be significantly reduced. It is a process of collaborative activity involving the Commonwealth, State and Territory Governments, and builds on previous activity under the banner of 'National Health Goals and Targets'. The NHPA initiative provides a national approach to tackling the five identified priority areas: cardiovascular health, cancer control, injury prevention and control, mental health and diabetes mellitus.

In its fifth biennial report, *Australia's Health 1996*, the Australian Institute of Health and Welfare (AIHW) charted national achievements in health. The gains made in life expectancy over the past several decades summarise some of these achievements. Lower incidence of many previous major causes of death and illness is another important indicator of the nation's ability to implement effective prevention measures. The capacity of the Australian health system to respond to new, unpredictable health risks is also well demonstrated by steady decreases in the incidence of HIV/AIDS throughout the late 1980s and 1990s.

Some of these achievements have been made possible by reductions in risk. Significant declines in tobacco smoking and an increased proportion of adults undertaking physical exercise are two examples of these improvements. An increasing uptake of population-based screening programs, such as mammography and Pap smear testing, are further examples.

There is little doubt that, generally, health of Australians is among the best in the world and is continuing to improve. However, the diseases and conditions reflected as National Health Priority Areas represent areas where a concerted effort could achieve significant gains in the health status of the nation.

For example, while continually improving, the nation's death rate for injury is still relatively high in certain age groups (15–24 years and 75 years and over), and a high proportion of these deaths are preventable. Cancer remains one of the nation's biggest killers and, with continuing advances in screening, early intervention, management and continuing care, provides an opportunity for achieving significant health gains. While cardiovascular disease continues to decline, it still remains the leading cause of death in Australia, and significant numbers of Australians remain at risk. Mental illness affects many Australians, and there are increasing opportunities to reduce its impact through a range of specific interventions targeted at certain groups. Finally, the rising death rate for diabetes, particularly in the Indigenous population, is a major concern.

The NHPA initiative, endorsed jointly by the Commonwealth, State and Territory Governments, focuses on these important issues, and is an excellent opportunity to close the gap in health outcomes between population groups.

A changing focus of accountability in government, from inputs (for example, total expenditure) to outputs and outcomes, has led to an increasing emphasis on the measurement of activities and the impact that these activities have. In the health sector, this has seen a general shift in emphasis from a focus on service providers and inputs, to a system also incorporating a focus on outcomes and the consumer. The National Health Goals and Targets initiative (Commonwealth Department of Human Services

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and Health 1994) reflected this shift in emphasis and, as such, enshrined a systematic process of monitoring health outcomes. It focused on identifying the information needs required to determine the extent to which strategic interventions result in, or contribute to, changed health status.

The NHPA process will build on this valuable platform and seek to take this one step further. This will be achieved through working in close collaboration with State and Territory Governments as well as health professionals and peak non-government bodies, and concentrating on improving information systems across the health continuum, incorporating information on health status, prevention, early intervention, treatment and the ongoing management of the chronic condition. The NHPA work program will also include the identification of appropriate action which may help in reaching the targets set.

The health outcomes approach of the NHPA initiative is informed by a nationally consistent framework, developed by a Working Party on Health Outcomes Activities and Priorities appointed by the National Health Information Management Group (NHIMG). The framework, detailed in Appendix 1, views health as a continuum of care with outcomes to be monitored at all levels of prevention, treatment and support.

At its October 1996 meeting, the Australian Health Ministers' Advisory Council (AHMAC) endorsed the recommendations of the National Health Information Management Group (NHIMG) to focus on improving health outcomes within this defined framework. AHMAC also has accepted a revised definition of a health outcome put forward by the NHIMG, in that 'a health outcome is a change in the health of an individual, a group of people or a population, which is wholly or partially attributable to an intervention or series of interventions'.

The NHPA work program focuses on considerations such as these, and is consistent with the latest developments in health taking place through greater collaboration between the Commonwealth and State and Territory Governments. The role of the Commonwealth in health administration is changing, with its focus not only on health service funding (with a diminishing role in service delivery) but also on promoting quality of health care and public health improvement.

From National Health Goals and Targets to National Health Priority Areas

The NHPA process had its origins in late 1995 when the Better Health Outcomes Overseeing Committee (BHOOC), a high level Commonwealth-State forum, undertook a review of the National Health Goals and Targets process. From the report of this group, Health Ministers were advised about a number of problems with the way that National Health Goals and Targets had been implemented. These were:

- There was no national reporting requirement.
- There were too many indicators.
- There was a lack of emphasis on treatment and the ongoing management of disease.

Notwithstanding this, there is little doubt that the National Health Goals and Targets Program played an important role in facilitating a shift in thinking towards health outcomes. The next challenge was to develop a sound methodology for setting targets, and identifying and implementing some nationally coordinated strategies.

At their July 1996 meeting, Health Ministers agreed to the following reporting principles:

- Each priority area will be reported every two years.
- A limited number of priority indicators (maximum 15–20) will be reported in each area.
- Each State/Territory will develop its own targets in due course.
- It is expected that if a matter is reflected in State priorities, the State would adopt indicators consistent with the national priorities and report accordingly.

At this meeting, Ministers also agreed that:

- diabetes become the fifth National Health Priority Area;
- further work be done on developing a mechanism to identify future National Health Priority Areas; and
- focused action needs to supplement the data development activities.

Ministers requested that a consolidated report on progress in all of the priority areas be presented to them in late 1996. The report will also consider the future work program of National Health Priority Areas.

The purpose of the report

The Australian health system is large and diverse, with responsibility for different aspects shared among the Commonwealth, State and Territory Governments. For substantial population health improvements to be achieved, collaboration between these levels of government is essential. This is the intention of the NHPA initiative.

This report provides detail of national collaborative action in dealing with the priority areas. The report does not prescribe an appropriate breadth of priority activity in all regions across the nation; rather it provides a framework for a national approach—a framework which could be adapted for local utility.

It provides a summary of the status of the nation's health in terms of the four initial priority areas, and outlines gaps and deficiencies in our understanding of the impact of the conditions on the community.

In July 1996, Health Ministers agreed to the inclusion of diabetes as the fifth priority area. This report summarises what is known about the impact of diabetes in Australia, and outlines a future work program which includes consideration of a national register of insulin-treated diabetes mellitus (ITDM), a diabetes prevalence survey and development of diabetes indicators.

The report also highlights a framework for monitoring health outcomes. It is important that the NHPA process reflects a 'whole-of-system' approach. Prevention, screening and early intervention, treatment and the ongoing management of chronic conditions will be monitored to facilitate a comprehensive approach to addressing priority health issues. The framework outlined in later chapters is designed to ensure an appropriate balance across the streams of the health system.

The report is organised into four major sections. This introductory section provides background to the NHPA initiative. The second section consists of five chapters, one each for the priority areas of cardiovascular health, cancer control, injury prevention and control, mental health and diabetes mellitus. A brief overview of the priority area is followed by a summary of progress towards targets for all priority areas except

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diabetes mellitus. For each indicator, a brief description of its importance and relevance to public health is given, followed by national trend data (and where available the most recent State and Territory data) and progress towards the achievement of the stated target. The chapter on diabetes summarises the impact of this disease in Australia.

These chapters also include a selection of activity being undertaken by the Commonwealth, State and Territory Governments. This section is far from comprehensive; rather it outlines several examples of activity which are considered to have made significant impact on the priority areas or have considerable potential for doing so.

The final chapter provides an overview of the future work program of National Health Priority Areas. As requested by health ministers, this final chapter provides a summary of progress being made on identifying a mechanism to determine future priority areas. This mechanism needs to take into consideration issues such as the burden of a disease on the community, issues relating to equity, and the extent to which the disease lends itself to improved health outcomes. A more comprehensive and technical analysis of this issue has been developed by the Australian Institute of Health and Welfare.

In seeking to develop a mechanism to identify future National Health Priority Areas, it became apparent that, using almost any standard 'burden of disease' measure, the existing priority areas represent the conditions with the most significant impact on society. Against this background, the future work program outlined in the last chapter of this report focuses significantly on activity within each of the priority areas, rather than looking for options to expand the coverage of the program. Early work in this regard will need to focus on a stock-take of the status of knowledge for each condition—asking the question: Are there gaps in our understanding of what constitutes appropriate or best practice in the prevention and treatment of the disease; and if there are, what are the best mechanisms to fill this void?

The future work program of National Health Priority Areas must involve non-government stakeholders, including health professionals and key non-government organisations. The report outlines a mechanism for doing this.

This report also outlines a framework for future reporting. Progress on the five priority areas will be reported in subsequent reports—the first two of which are due late in 1997, covering injury prevention and control and cancer control. Reports in 1998 will cover diabetes mellitus, cardiovascular health and mental health.

The Australian Institute of Health and Welfare has been given the responsibility of monitoring and reporting progress in respect of the National Health Priority Areas. The Institute has also been requested to undertake data development activities for the priority areas as part of its charter to develop national health statistics. Attention in future reports will need to be focused on further refining the indicators and improving data coverage.*

Note: Targets shown in the report are based on those published in the *Better Health Outcomes for Australians* (DHS 1994) report.