

7 Summation

7.1 Commonwealth perspective

Judy Straton, National Centre for Disease Control, Commonwealth Department of Health and Ageing

The workshop has been very interesting and useful, and the expertise of the participants has made this all possible. There is no doubt that we need national chronic disease and risk factor data, as a basis for developing our policies, committing funds for various programs and for evaluating these programs. These data would also be useful for international and inter-State/Territory comparisons. Indeed, we need both a national system and a national approach to health data, including CATI health survey data, in concert with national strategies for uniformity and harmonisation in data collections.

Partnerships and cooperation in this venture is essential. We are in the business of using data to improve the health of the nation, not to raise the profiles of the Commonwealth or the States/Territories. We therefore need to show leadership and move forward on a nationwide system.

7.2 State and NPHIWG perspective

Merran Smith, Co-Chair National Public Health Information Working Group and Western Australian Department of Health

The State and Territory data collections for chronic diseases are already in place and are of reasonably good quality. The ABS national surveys help to supplement these collections. There is strength in this diversity in data collections.

Over the years, strong links have been built between various committees, from AHMAC to the NPHP, then on to NHIMG, NPHIWG, and the CATI Technical Reference Group. A proper focus on chronic diseases should flow from interactions between these important structures, but it is important now to move on to the next step, a national health measurement survey.

7.3 Overall perspective

Vivian Lin, School of Public Health, La Trobe University

The five questions I posed at the beginning of the workshop are useful in summarising the workshop.

1. How many vehicles do we need?

The WHO STEPS approach has a useful framework that is simple and comprehensive in showing how behavioural, physical and biomedical measures interlink. There is potential for good alignment between CATI-based surveys and the AHMS through the NHS.

Harmonisation processes are also underway for various collections. However, some large

surveys, such as those related to tobacco and drugs, have not been included and this needs to be considered in the process.

2. Can we reconcile the various frameworks?

We have agreed that it is possible and acceptable to reconcile the NPHP's chronic disease prevention framework with the NHP Framework. What we lack most are the variables that constitute appropriate measures or indicators about the health system. This part of the framework requires further attention.

3. Can we develop a 'leaderful' system?

We still seem to be debating the issue of leadership. In reality, the issues of collective leadership and agency leadership are not mutually exclusive. NPFIWG has an important role in terms of collective leadership for a nationwide system. The AIHW has an important role to play, particularly in relation to data warehousing, analysis and publication of comparative information. The States and Territories also play important roles in information development and analysis, including ensuring information is made relevant to policy and program development. They may also contribute to a range of information about small areas or special population groups, through the development of public health observatories. DoHA can play a leadership role in looking at appropriate investments across different information collection vehicles and in ensuring national strategies and surveillance systems are linked.

4. Can we develop a partnership between producers and users?

This workshop has allowed for some conversation and engagement between some stakeholders who do not necessarily see each other at the same forums. We still need to progress stronger links between developers and users. We have seen models of liaison or brokerage positions, as well as active training of frontline personnel. These are good examples. We also need to start to disseminate information from the various CATI surveys on a national basis, so that users become aware of these activities and what information is available.

5. What kind of investments should we make?

We have not addressed this issue very much, other than to share some collective frustration. Funding issues need to be addressed both at the State/Territory and national levels. Consideration needs to be given to the fixed cost of information infrastructure and to the marginal cost of additional information. We need to think about 'what is currently invested in surveys with single issues versus what the costs would be in continuous surveillance of a number of issues'. In the ideal world, dollars from Bill 1 might support the AHMS and dollars from Bill 2 might contribute to CATI systems. This would all present a neat picture, but not everyone must necessarily be signed on to do it. The Commonwealth can separately commission work, just as States and Territories (however many of them) may wish to pool their resources to pursue shared priorities.

Some of the key take home messages for the La Trobe Consortium's audit and feasibility study are:

- Keep it simple – it's better to get on with it and demonstrate the practical possibilities than to get bogged down agonising about the perfect data set.

- Any system should focus on the opportunities for interventions and the benefits of having multiple topics in any particular vehicle.
- The producers and users of information need to decide on how best to split topics, questions, and frequency across the various vehicles.
- We all need to get focused and disciplined – it is important to have a set cycle, comparable to the institutional information system, such that questions are finalised by a certain date in order to get them into the next collection. This way, comparable information will be obtained and the system will be able to progress.

7.4 Closing

Richard Madden, Director, Australian Institute of Health and Welfare and Co-Chair, National Public Health Information Working Group

This workshop has re-emphasised the importance of chronic disease surveillance. It is a major issue and Australia is not alone in this effort. Surveillance implies follow-up of the interventions to improve health outcomes. Prevention is important but it needs to be promoted alongside treatment and management of these diseases.

The existing health data (mortality, morbidity, disability etc.) are voluminous and have a lot of useful information, but are highly under-utilised. The challenge is how to use this resource intelligently, including ways to appropriately link the various data sets.

The NHP Framework is applicable for the surveillance of chronic diseases. It needs to be populated with existing data, at various levels, and useful sets of indicators based on the Framework need to be developed and disseminated.

Gaps in the existing data have dominated some of the conversations at the workshop, suggesting perhaps a lack of leadership in this area. However, a great deal of progress has been made by the States and Territories in the 3 years since these issues were raised at the NPHIWG workshop in Hobart. The report from the La Trobe Consortium should help move this area forward. The CATI surveys have also progressed, despite some 'rough spots', but much more development of these is possible.

There has been much frustration with the AHMS; the only progress on this front has been in getting more people to join in the frustration. The AHMS must go ahead, and it should be a part of the ABS program of regular national surveys (as in the USA, Canada and New Zealand) and not be an imposition on the health budget. We need to recognise a common purpose in this area and move this important issue forward.