

Local Government Health Development

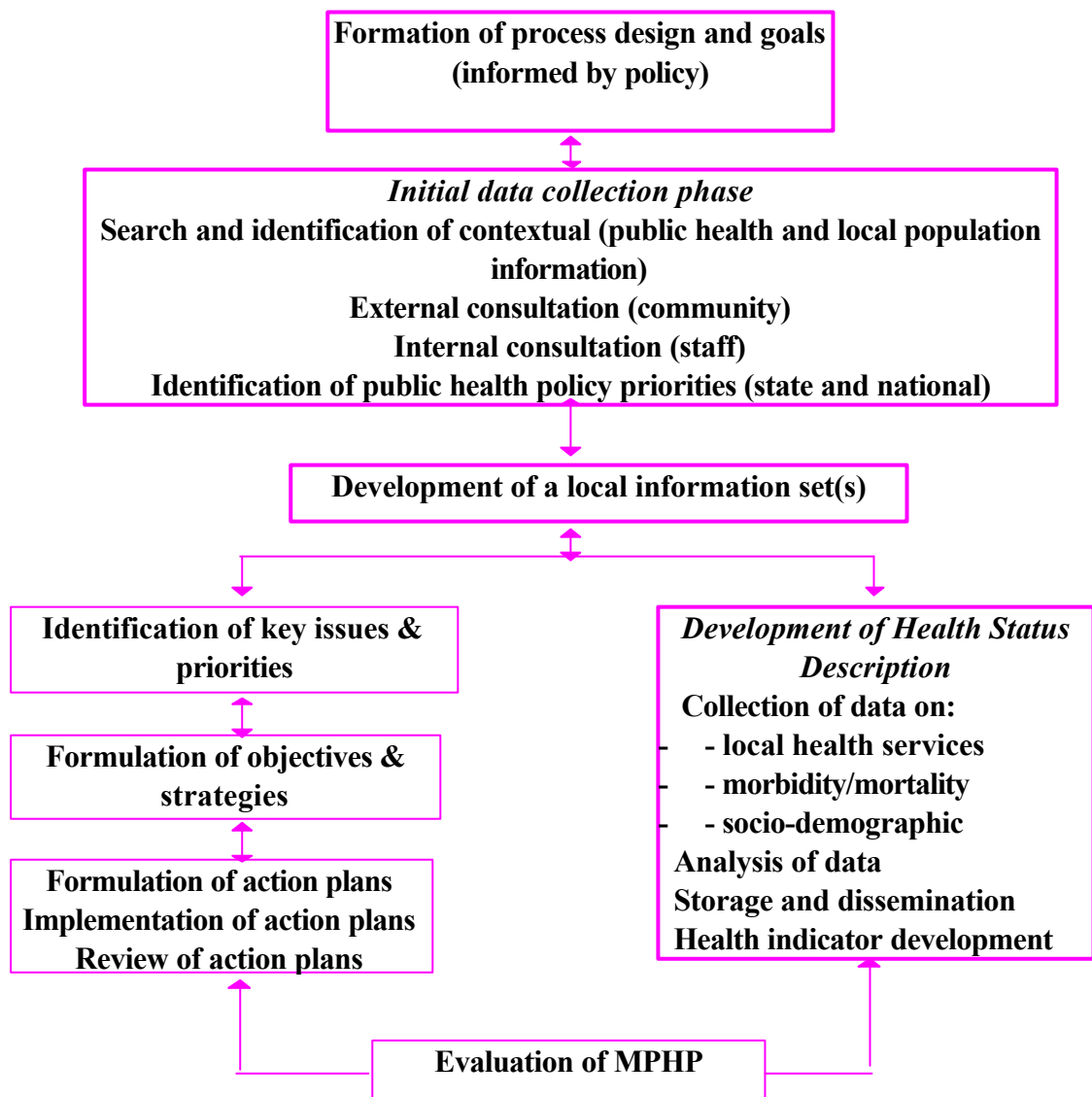
Information Resource

Health Status Description

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MUNICIPAL PUBLIC HEALTH PLANS

The purpose of the Municipal Public Health Plan (MPHP) initiative is to develop a strategic approach to public health within each local government authority. The MPHP is a municipal community planning process which involves policy development, operational and service planning by council, in concert with other agencies in the municipal community. The planning process can be represented in the following way.



The MPHP planning process consists of two major, concurrent and linked processes. The development of priorities, objectives and action plans for the achievement of public health outcomes and the analysis of relevant local data, being, a description of local health status based on existing data.

THE HEALTH STATUS DESCRIPTION

INTRODUCTION

The description is produced using population, health and service details currently obtainable, which can be used to describe a local community and identify vulnerable groups within that community, as well as specific health issues experienced by the residents of that community.

The health status description includes health service, mortality, morbidity, local/regional socio-demographic data and specialised health data (eg. immunisation, food quality, infectious diseases prevalence).

When this data is analysed and refined as the MPHP is implemented, reviewed and evaluated it serves a number of purposes. It provides:

- * information on which to begin local public health priority setting;
- * local and state comparisons;
- * a link between successive MPHPs of a council; and,
- * identification of trends in local health status and of health determinants.

One way that the health status description can be used is to help focus discussion on those issues which are most important in the locality during the priority setting process. However, local government health planners need to establish the priorities and policies for action with reference to the information provided within these descriptions, locally available information and knowledge of community needs and policies.

In collecting and organising the information that can be used to describe health and health status in a locality some important issues need to be considered. These are discussed below.

USING INFORMATION IN MUNICIPAL HEALTH PLANNING

Health and social information can be very useful to a planner to help create ‘common ground’ among the stakeholders in the MPHP planning process. Information can be used to paint a picture of the community, and major health issues affecting it, which all participants in the process share. Although sharing a picture of the municipality does not necessarily mean that everybody will immediately agree on what is important, it does provide a common starting point for the discussions and decisions that follow.

Increasingly local government is being asked to adopt a risk management approach to many of its public health responsibilities. The assessment and subsequent management of risk normally requires the measurement of threats and their impact. Quantitative data is very important in these processes. Epidemiological data from the Department of Human Services' Statistical Information System (SIS) is likely to be of most value to local government.

Key issues about information

Not all information is good information! The sources of information used in the MPHP process needs to be assessed against some standard criteria that describe its trustworthiness and usefulness. The following are some questions that can be asked about information and information sources.

How *complete* is this information? Does the information deal with both social and physical determinants of health? Is the information relevant to all the major population groups in the municipality? Does it deal with health issues that do not normally require hospitalisation? If the information source does not provide a sufficiently complete picture of health in the municipality, from where might the information to fill in the gaps be obtained?

How *accurate* is it? Do health professionals and researchers believe the information source provides accurate information? Have colleagues in Council had experience of this information source and do they consider it accurate?

How *useful* is it? Does this information describe the health or sociodemographic situation in your municipality, or does it describe them at a state or national level? Does it describe issues or events relevant to your municipality? Is it accessible in a form that is understandable?

How *highly regarded* is this information by researchers who know it and have used it? Does the local research community consider this information to be of good quality?

Useful sources of information

There are a number of widely used sources of information that most Councils should use in their MPHP process. Some describe who lives in the municipality, a few of the characteristics they share, where they live, and aspects of how they live their lives. Others describe the common health conditions (diseases, injuries, for example) and risk factors for disease (smoking, high blood pressure, for example). There are yet other sources of information, often generated by projects undertaken by Council, that describe issues in the local community and what people in that municipality are concerned about.

Sociodemographic information

The most common source of information about the social characteristics of a population is the Australian Bureau of Statistics (ABS). This information is collected in the national census undertaken by the ABS every five years, the most recent of which was in 1996. The current release of the most commonly used information product, CDATA96, contains information from the 1996 Census of Population and Housing. The information describes persons,

families and dwellings — in terms of (for example) age, sex, ethnicity, labour force, education, income, family size, type of housing — of the Australian population. This information can be provided for local areas as they were in 1996, or show how the population has changed over time, from one census to another. The smallest area for which information can be provided is a Statistical Local Area (SLA). A number of SLAs can be aggregated into a municipal area. The information can be provided as tables of numbers, as charts, or it can be presented as a map.

The ABS undertakes specialist surveys as well as the regular census. Specialist surveys include health and nutrition. It also publishes information in a number of different formats.

The ABS has a very useful website demonstrating the kind of information it can provide and ways of accessing it. The website address is: <http://www.abs.gov.au>

Community Profiles, the basic description of local areas, can be obtained from the ABS in hard copy or in electronic format that can be used with spreadsheets and database software commonly used by Councils. Electronic information is available through several information products including CensusKeyData, CDATE96 or an ABS Library Extension Program. The ABS also has a human consultancy service in each state which can provide information on CD-ROM, floppy disc or in hard copy.

The ABS data is widely used and highly credible. It is likely that someone in Council has already prepared a profile of the municipality using this data. Nevertheless, if you want to prepare a new analysis, expand, update or check on an analysis that may already exist, the data is readily available.

Epidemiological information

The most useful source of epidemiological data for Victoria is the Department of Human Services Statistical Information System (SIS).

The Statistical Information System (SIS) was developed by the Epidemiology Section DHS, to enable prompt access to basic health information from data sources such as the Victoria Inpatient Minimum Database (VIMD) Cancer Registry and the Australian Bureau of Statistic's (ABS) mortality data.

- *Admissions and cases*

One of the limitations of hospital admission data as a source of health status information is that hospital admissions data measures *episodes of care*, and *not* the frequency of a particular condition in the community.

Comparison of the number of admissions and 'cases' for different diagnoses at a particular hospital enables a distinction to be made between the total number of admissions for a particular diagnosis, and multiple admissions for the same patient at any particular hospital.

It is not possible to distinguish admissions of the same patient for the same diagnosis at different hospitals.

- *Main reason for admission to hospital*

The SIS uses the principal diagnosis as the main reason given for admission to hospital. International Classification of Diseases (ICD) is a the classification of specific medical conditions and groups of conditions developed by the World Health Organisation, so that accurate comparisons can be made of morbidity (illness) data and mortality (death) data.

The ICD classification system provides every medical condition with a specific code number. Medical conditions are then grouped together into ICD 'Chapters', according to the causes of the medical conditions, or for particular body systems.

The VIMD data uses the International Classification of Diseases (ICD-9-CM). The Australian Bureau of Statistics uses ICD-9 codes for cause of death.

- *Comparing admissions for different populations*

When comparing patterns of admission to hospital, differences in age and sex structure of populations is taken into account by age/sex standardisation. Indirect standardisation enables comparisons of populations with different age and sex structure.

Because of the relatively small numbers of Koori people throughout Victoria and inaccurate recording of Aboriginality, particular caution is needed in the interpretation of reports for sub-groups based on age, sex, diagnosis, or area of residence.

- *Statistical information provided by SIS*

Four tables are available for each report:

- Crude and expected values

- Crude and expected rates

- SMR and confidence intervals

- SMR and Chi square test

HealthWIZ

HealthWiz is another data source for planning. It possesses the advantage of providing access to a large range of databases and permits the conduct of area comparison. Again, as with SIS, an investigator must be aware of where the data comes from and its ability to provide comparisons between your municipality and other locations. HealthWIZ contains lots of very valuable data but requires its users to be statistically aware when extracting information for comparison of LGAs or other population sub-sets. Assistance in using HealthWIZ or SIS can be obtained from the regional offices of the Department of Human Services.

Council information

It is quite common for Councils to commission research projects, or undertake consultations with their local communities, to find out what the residents are concerned about and what problems they perceive Council should address. This kind of information has lead some Councils to identify issues such as falls among older people, unsafe medicines in homes, access to youth services, parenting and birthing issues, as important to constituents in the municipality.

Councils can also access plans produced by other major organisations within the municipal boundaries. A good example is the local community health service Health Promotion Plan or the Regional Health Promotion Plan produced by the Regional Office of the Department of Human Services. Other good sources include Divisions of General Practice and Hospital Network plans. When MPHP groups link into these other plans as sources of information for their own process, they are beginning to establish the knowledge which will help them choose priorities in strategic ways.

