



South Australian Public Health Indicators

Public Consultation Feedback Summary

August 2017



Government
of South Australia

SA Health

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Executive Summary

Feedback from a public consultation on the proposed South Australian public health indicator framework was received across April to July 2017. Overall, there was consensus on the value of a South Australian public health indicator framework from the 26 respondents. There was considerable interest in the use of the indicator framework in the future and the potential for the indicators, and related data, to assist with public health planning and action. As would be expected, the feedback reflected the needs and areas of interest of the respondents.

Following the feedback, it is recommended that the purpose, scope and structure of the framework be maintained as proposed. Most of the metadata will remain as proposed, with some amendments intended for completion by October 2017. Some key amendments may include options to provide more indicators or measures relating to rural areas of South Australia and the inclusion of indicators relating to domestic/family violence, child protection and sun protection. There will also be consideration of how to identify those indicators relating to climate change and 'wellbeing'.

Introduction

On Friday 28 April 2017, SA Health released a proposed South Australian public health indicator framework. This followed extensive internal and external consultation.

The proposed public health indicator framework was developed with a monitoring purpose. It reflected the scope of the *South Australian Public Health Act (2011)* in its broadest sense. As such, it covered the enduring role of public health in protecting against environmental hazards and preventing communicable disease and extended to the promotion of healthy environments and lifestyles to address the rising impact of chronic conditions.

A discussion paper was developed to provide background on the purpose, scope and challenges associated with the development of the public health indicator framework. The discussion paper was accompanied by the framework which had two components:

- > An overview – a visual representation of the framework
- > Metadata – details about what will be measured and how.

These documents can be found at www.sahealth.sa.gov.au/publichealthindicators.

SA Health sought feedback from public health stakeholders and any interested agencies or individuals by Friday 2 June 2017 (feedback was accepted as late as mid-July 2017). Feedback was sought (see Appendix 1) on the discussion paper, the overview and/or the metadata. A commitment was made to provide a public summary of the themes of the feedback by August 2017.

Summary of feedback sources and types

SA Health received feedback from 26 respondents, which included:

- > 9 local governments entities (including local councils, regional health planning areas and the Local Government Association of South Australia)
- > 8 areas within the South Australian Department for Health and Ageing
- > 4 non-government organisations/alliances
- > 2 individuals
- > 2 other South Australian government agencies
- > 1 response from another jurisdiction.

The amount of feedback ranged from two to 35 comments per respondent, resulting in around 250 pieces of feedback in total.

The nature of the feedback was wide-ranging. There were two major categories of feedback.

1. **The majority of feedback specifically related to the 58 indicators (comprising 152 sub-indicators) proposed in the framework, or to additional proposed (sub) indicators.**

This is summarised below:

Table 1: summary of types of feedback on (sub) indicators

TYPES OF FEEDBACK RECEIVED AGAINST THE SUB-INDICATORS*	
<i>No feedback for entire Indicator</i>	26/58 (45%)
<i>No feedback for sub-indicator</i>	86/152 (57%)
Remove indicators	1/58 (2%)
Remove sub-indicators	7/152 (12%)
Feedback on a proposed (sub) indicator <u>measure</u>	33/152 (22%)
Feedback on a new (alternative or complementary) <u>data source</u>	28/152 (18%)
Feedback on <u>data</u> (eg relating to geographic or demographic specificity)	2/152 (1%)
Feedback on <u>context</u> (eg agencies' work related to the indicators)	8/152 (5%)
Feedback received which was <u>already included</u> in the framework	11/152 (7%)
Proposed a new (additional) indicator	20 new
Proposed a new (additional) sub-indicator	43 new

* multiple types of feedback for one (sub) indicator possible

2. **There was additional feedback which was of a general nature.** This has been summarised in the following section.

Themes of the feedback

Although the feedback form asked six questions (see Appendix 1), respondents took the opportunity to provide wide-ranging feedback. As would be expected, the feedback covered in this summary reflects the needs and areas of interest of the respondents.

Overall, there was consensus on the value of a South Australian public health indicator framework. Respondents expressed considerable interest in the use of the indicator framework in the future and the potential for the indicators, and related data, to assist with public health planning and action.

The feedback has been summarised against the questions posed in the feedback form below.

Are there any indicators which should be added to this proposed public health indicator framework?

Three respondents (12%) considered the number of indicators to be high and two of these respondents (7%) proposed the identification of 'sentinel'/'headline' indicators to assist public health partners to "*inform resource allocation*".

Despite this, 22 (85%) of respondents proposed one or more additional indicators (20 in total – comprising 20 new sub-indicators, although one was out-of-scope) or additional sub-indicators (23) against existing indicators. The majority of these additional (sub) indicators were proposed by only one respondent. There were a small number of additional (sub) indicators which were proposed by multiple respondents.

Some of these proposed additional (sub) indicators will be considered for incorporation into an amended framework where feasible and with consideration of the already substantial size of the framework.

As a general comment, some proposed additional (sub) indicators were specific to the interests of local government. Whilst it might not be feasible to include all these within the public health indicator framework, it is likely that there will be capacity for local government to 'unpack' indicators in a way which is specifically relevant to their region. For example, a request for a *Population - Towns in decline* sub-indicator may be reflected to some extent in data collected for the *Population – population growth* sub-indicator. Similarly, a request for data on *Cultural and linguistic diversity – migration types* may be achieved by local government areas with an interest in this area looking to unpack the data for *Cultural and linguistic diversity – migration*. This equally applies in relation to the areas of interest for any public health stakeholders.

Are there any suggestions for the organisation of the proposed public health indicator framework?

Feedback on the structure of the framework was positive (with one exception).

"[I]nformation is easy to read and the relationship between indicators and health outcomes is clearly outlined in the overview and metadata documents".

However, four respondents (15%) proposed alternative structures – using frameworks being used in the sectors represented by the respondents. Some (2) minor alterations were proposed (eg moving indicators to different domains) to the organisation of the indicators.

Three respondents (12%) proposed the value of positively (rather than negatively) framed indicators. The structure of the framework includes Behavioural and Biomedical Risk Factors Indicator Groups which may make positive framing difficult to achieve in all circumstances.

Are there any measures which should be added to the existing indicators?

There were 33 pieces of feedback relating to the proposed, or additional, measures. This feedback included proposed complementary measures for (sub) indicators, alternative measures and/or comments on the detail within the measure (eg to measure *Public infrastructure - Availability of public useable open space*).

As many of these proposals were not associated with feedback on available data sources, they may not be feasible to include at this time.

Are there additional data sources which should be considered for the proposed (or additional) measures?

There were 28 pieces of feedback relating to proposed alternative or complementary data sources. Most proposed data sources were specific (eg the Department of Education and Child Development's Wellbeing and Engagement Collection) and these will be considered further.

Other proposed data sources were more general suggestions (eg "ask councils") which will require further investigation. On a related note, three respondents (15%) proposed a role for local government as a potential data source for some indicators such as *Public infrastructure which can support healthy lifestyle options, Streetscapes-useability of footpaths, Streetscapes–tree canopy, Smoke free public spaces:*

"we would welcome further discussions to establish how we can meaningfully contribute to the collection of this data".

In contrast, four local government respondents (18%) raised concerns about the potential capacity for local government to collect data against all, or some, of the indicators:

"our council would not be in a position to source this data".

As noted in the discussion paper, the public health indicators will not be mandated performance reporting indicators for local government and data collection by local government has not been included in the metadata document. Local government may be well placed to contribute their existing data to the public health indicator framework. However, this might require exploring whether this would be feasible for local government and as noted by one respondent, may require "*consistent measures and data collection across councils*".

Do you have any comments in relation to the purpose, scope or challenges covered in this discussion paper?

Purpose of the proposed public health indicator framework

The monitoring purpose of the framework and the value of harnessing existing data (from both the health sector and other sectors' complementary work) for use in public health planning were broadly supported.

Scope of the proposed public health indicator framework

The broad scope of the framework, consistent with the *South Australian Public Health Act (2011)* was supported. Interestingly, a substantial proportion of the feedback related to the *Social/Economic Environment* Indicator Group – including various proposed additional (sub) indicators.

The definition of 'public health' as expressed in the discussion paper:

"the protection, prevention and promotion roles articulated in the South Australian Public Health Act (2011) which seek to improve the health and wellbeing of South Australians at a population level"

appeared to be well understood. Only two pieces of feedback were inconsistent with this definition. These were considered to be out of scope.

One respondent stated that they '*applaud*' the focus on equity of health outcomes and a number of other pieces of feedback also related to exploring possible inequity.

One rural respondent requested that “(i)ndicators need to be inclusive of all places where people live, and not just Adelaide-centric and larger rural cities”. Other feedback provided some options for some rural (sub) indicators and these may be incorporated into the amended framework.

There were a number of general comments about the concept of ‘wellbeing’ and some requests for a ‘Health Outcome – Wellbeing’ indicator. As noted in the discussion paper, for the purposes of the public health indicator framework, ‘wellbeing’ is interpreted as a broad concept incorporating physical, mental and social elements – each of these are reflected throughout the framework.

“Preparing for Climate Change” is one of the four priority areas identified in the *State Public Health Plan (2013)*. The discussion paper noted that the indicators relevant to the impacts of climate change were included, but not explicitly categorised as such, in the framework. Six respondents (23%) proposed the inclusion of climate change-related indicators and this issue will be re-examined as a result.

It was proposed by six respondents (23%) that the scope of the framework should include domestic and family violence and it was proposed by 3 respondents (12%) that the framework should also include child protection. This will also be considered as part of an amended framework, noting the level of support for these inclusions.

Challenges in developing a public health indicator framework

The challenges of data continuity “as not all data sets are collected regularly or may stop if the collecting agency stops collecting the data” and data completeness “completeness and quality needs to be a priority” were raised by one respondent each. On a related note, one of these respondents observed that:

“A key issue will be that the gaps in the available data are addressed to ensure that South Australia measures what matters, and doesn’t just track data sources which are available, but are of limited meaningfulness”

There were eight pieces of advice about work being undertaken in South Australian which had the potential to relate to the public health indicator framework. Many of these had been identified during the scoping phase in the development of the framework. However, there are some recent developments which will be taken into account in an amended framework such as the release of the 30-Year Plan for Greater Adelaide Update (Department for Transport and Infrastructure), the renewed National Cervical Screening Program and a review of the current South Australian Monitoring and Surveillance System (SAMSS) survey. Further landscape changes will be monitored for opportunities to improve the framework.

Do you have any comments in relation to matters not addressed in this discussion paper?

Future use for the proposed public health indicator framework

Five respondents (19%) commented on the use of the indicator framework in the future and the potential for the indicators, and related data, to assist with public health planning and action.

Public access to data

Public access to the data used for the indicators was valued by respondents. Where possible, respondents requested that data relating to the public health indicator framework are:

- > publicly available (5 respondents -19%) – this included requests for capacity for the data to be interrogated according to various parameters by stakeholders
- > promoted as available for use by local government, non-government organisations and the community (1 respondent – 4%)
- > available in a timely way and be current; no more than 3 years old (2 respondents – 8%)
- > at a small geographic level where possible “*ultimately be at suburb/post-code level*” (5 respondents -19%)
- > available for specific population (demographic) groups (3 respondents – 12%)
- > from reliable, ongoing data sources (2 respondents – 8%).

These requests, while ideal, likely will require large sample sizes in data collections which are often not achievable with SA’s population and geographic spread and within cost constraints. Wherever feasible, these requests will be considered for the framework. Please note; much of the data included within the framework already is freely available upon request from the data custodians.

Next steps

Based on the feedback, it is recommended that:

- > the **purpose** and **scope** of the framework are maintained as proposed in the discussion paper
- > the **structure** of the framework is maintained as proposed
- > some **changes are made to the metadata document**.

Changes to the metadata: Categories

1. **Maintain as proposed**

No feedback on (sub) indicators will be interpreted as endorsement

2. **Maintain as proposed**

Minor feedback on (sub) indicators was provided but it is not feasible to amend at this time because:

- a. no data source is identified at this time
- b. it is not feasible due to other data issues eg geographic granularity
- c. some contextual changes are possible

3. **Minor amendments**

Some minor amendments (eg for data source titles) have been requested by stakeholders

4. **Seek further advice from sector experts**

5. **Add a complementary source of data**

6. **Remove**

7. **Do not add**

- a. too distal or detailed, adding to concerns of large number of (sub) indicators
- b. out of scope

In addition, an approach to identify climate change and 'wellbeing' related (sub) indicators will be considered.

It is anticipated that an amended framework will be publicly released in October 2017 at: www.sahealth.sa.gov.au/publichealthindicators.

It is possible that some indicators will still "require further advice" at this time.

Review of the public health indicator framework

The discussion paper was clear that:

"the proposed indicator framework is a starting point and will need to be reviewed on a regular basis to ensure that it reflects emerging public health issues".

The amended framework will be reviewed formally in early 2019 following the development of the 2016-18 Chief Public Health Officer's Report.

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Appendix 1: Feedback Questions

Please answer any or all of the following questions.

Attachment 1 – the overview

Question 1:

Are there any indicators which should be added to this proposed public health indicator framework?

Question 2:

Are there any suggestions for the organisation of the proposed public health indicator framework?

Attachment 2 – the metadata

Question 3:

Are there any measures which should be added to the existing indicators?

Question 4:

Are there additional data sources which should be considered for the proposed (or additional) measures?

Overall

Question 5:

Do you have any comments in relation to the purpose, scope or challenges covered in this discussion paper?

Question 6:

Do you have any comments in relation to matters not addressed in this discussion paper?

For more information

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