

THE BIGGEST YET: THE 2004 REPORT OF THE NSW CHIEF HEALTH OFFICER

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(October 2001 – February 2005)

The 5th edition of the *Health of the people of NSW: report of the Chief Health Officer* was released at the end of 2004. The series of reports began in 1996 and provides an overview of the health of the people of NSW that is accessible to a wide variety of users. This edition is the most extensive, containing around 250 indicators.

The 5th edition is indeed a broad reference. It contains updated information on indicators of health determinants, burden of disease, health inequalities and health priority areas. The report also contains a new chapter on refugee health and new indicators on diverse topics including water quality, housing in Aboriginal communities, drink driving, the health of young people in custody, international health comparisons, colonoscopy, congestive heart failure, diabetes complications, and psychological distress in teenagers. This information will help health planners, policy makers and clinicians build strategies to improve the health status of people living in NSW.

Most readers are already familiar with the series of Chief Health Officer reports and probably also with some parts of the extensive infrastructure which makes the production of the reports possible. The cornerstones of that infrastructure are the NSW Health Survey Program and HOIST (Health Outcomes Information Statistical Toolkit), a population health data 'warehouse' containing major population health datasets in a standardised format.

An electronic copy of the report is available on the website of the NSW Department of Health, at www.health.nsw.gov.au/public-health/chorep/, and this will be updated online as new data become available. It will also contain a growing number of analyses of indicators according to the new health area boundaries, with smaller geographic areas included in the future. I encourage you to refer frequently to the electronic copy of the report to find out about these updates.

The printed hard copy will be published, as before, every 2 years. Gradually, if the readers agree, it may change and contain a limited number of key indicators and feature new and emerging

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issues. Copies of this edition can be obtained from the Better Health Centre; telephone (02) 9816 0452 or fax an order to (02) 9816 0492.

I am very proud of this report and delighted that its release coincided with the end of my tenure as the Chief Health Officer. This was the second Chief Health Officer's report released during my tenure. The first, in 2002, my first year, confirmed my long-standing view that the population health infrastructure of NSW was world class, and that NSW Health population health practitioners were immensely capable.

The report reflects the health surveillance and intelligence capacity in its broadest aspects. But my observation applies just as firmly to capacity in health protection,

health promotion and other aspects of population health planning and service provision. It has been a source of great pride and pleasure that I have been allowed the privilege of contributing to that capacity over the last 3½ years.

From a personal perspective, the release of the 5th edition of the Chief Health Officer's report at the end of my time as Chief Health Officer is a wonderful point to mark my transfer to another type of population health activity, back in operational management in the Sydney South West Area Health Service.

I will keenly observe the continuing growth and sophistication of the Chief Health Officer's Report when the 6th edition is published next year. ☞

THE NATIONAL PUBLIC HEALTH PERFORMANCE PROJECT: HOW DO WE KNOW WHETHER AUSTRALIAN PUBLIC HEALTH SERVICES ARE PERFORMING?

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This article describes the Public Health Performance Project, an initiative of the National Public Health Partnership, which set out to develop a set of key performance indicators for public health practice in Australia.

BACKGROUND

Public health in Australia can boast success stories in many areas, including immunisation,¹ tobacco control,^{2,3} cervical cancer screening,⁴ prevention of HIV–AIDS,⁵ and prevention of SIDS.^{6,7} However, these successes have not been translated into increased investment in the public health sector. Expenditure on preventive and promotional services, as a proportion of total health expenditure, has remained static over the last 30 years. There has been only a minor increase in the 'community health' category, a classification that includes some public health activities but also a range of personal care services.⁸

One reason for the failure of the public health sector to attract increasing investment may be its lack of clearly articulated measures of performance. The current National Public Health Expenditure Project⁹ and work on returns on investment in public health commissioned by the

Australian Government Department of Health and Ageing¹⁰ are contributing to the evidence base regarding expenditure on public health and its cost-effectiveness. However, those responsible for public health services lag behind their clinical counterparts in developing and implementing national and local systems for performance monitoring and improvement.¹¹

'What gets measured gets done', a corollary of the Hawthorne effect,¹² describes the increase in internal commitment to performance improvement that can result from external observations of performance. Harnessing this effect relies on using appropriate measures of performance. Although the public health community has made great advances over the last decade in surveillance and reporting of indicators of health status, health outcomes, and determinants of health,^{3,13} these often have major limitations as performance measures. In general, they do not respond quickly to changes in public health practice, and it is difficult to quantify or control for influences outside the control of the health system.

The National Public Health Partnership (NPHP), which was established in 1996, coordinates national public health activities and provides a vehicle through which major initiatives, new directions, and best practice can be assessed and implemented. It operates through the NPHP Group—made up of representatives of federal government, state and territory health departments, the Australian Institute of Health and Welfare (AIHW), and the National Health and Medical Research Council