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EDITORIAL: MONITORING CHILD HEALTH

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Systematic monitoring of health is not a modern phenomenon. In the late middle ages, governments in Western Europe established rudimentary systems of monitoring 'illness'.[1.2]

These resulted in regulations against polluting the streets and public water, as well as legalisation regarding burials and food handling. Indeed, in 1776, Johann Peter Frank in Germany advocated a further extension of the public health system to cover school health, injury promotion and maternal and child health.[2]

With better understanding of children's health problems and the expansion of the definition of health to include not only physical but also emotional and social dimensions, the monitoring of children's health has had to broaden to incorporate other indicators of health. These indicators (indicators are specific measures which can be used to assess progress towards a goal) include measures such as rates of high-school completion, teenage pregnancy, youth unemployment, homelessness and child care support, to mention a few.

The need to describe the health of child populations more comprehensively has led to the production of a child health report card by the State of California in the United States,[3] and here in NSW by the South Western Sydney Area Health Service.[4] These reports measure not only readily available and commonly used physical health indicators, such as infant mortality, rates of vaccine-preventable disease and hospital separation rates, but also educational and social indicators, such as those mentioned above.

In a similar vein, the NSW Chief Health Officer's Report is a significant step forward. It, too, not only describes measures using traditional health indicators, but also includes analysis of the socioeconomic and educational underpinnings of health. The scope of the report is outlined in the article in this issue, 'Surveillance of child health in NSW: status, gaps and developments' (p. 73).

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Monitoring of children's health is important for many reasons. The health needs of the community must be assessed, trends in health status observed, appropriate services developed and the effect of those services assessed to establish the nature of the outcomes and to identify new health issues.

Monitoring of children's health is therefore critical to properly determining the resources required, and the manner in which those resources are to be used, to yield the best possible outcomes. So resources, strategies and outcomes become part of a single process linking data collection with health policy development.

In order to gain a more comprehensive picture of health, this process must be complemented by the development of suitable indicators—in partnership with other departments involved in the care of children and youth, such as Community Services, Education and Training, and even Police, Housing and Juvenile Justice. The value of these partnerships has been well demonstrated in the development of the South Western Sydney Area report, the *Health of Children in South Western Sydney*, which is reported here in the articles, 'Indicators of the health status of children and youth' (p. 75) and 'Adolescent health monitoring at the regional level' (p. 78).

The challenge that now faces Australia is the development of a comprehensive set of child health indicators that can be used by all States and Territories, and which will permit international comparisons. This is currently being addressed by the Australian Institute of Health and Welfare.

The widest possible dissemination of information describing the health of a community's children serves to foster better understanding about the needs of those children and can lead to greater levels of support in that community for interventions addressing high-priority health issues.

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Articles, news and comments should be 1000 words or less in length and include a summary of the key points to be made in the first paragraph. References should be set out in the Vancouver style, described in the *New England Journal of Medicine*, 1997; 336: 309–315. Send submitted articles on paper and in electronic form, either on disc (Wordperfect or Word for Windows are preferred), or by email. The article must be accompanied by a letter signed by all authors. Full instructions for authors are available on request from the editor.

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NEW ACCESS TO HEALTH DATABASES

The NSW Health Department's Clinical Information Access Project (CIAP) Web site, at http://www.clininfo.health.nsw.gov.au, was launched in July 1997, and provides free, full-text access to Medline, CINAHL, the full Cochrane Library, Healthstar and MIMS databases. The project was started to meet some of the information requirements of clinicians at the point of care in the public hospital system. The information can be used by general practitioners, public health workers, community health staff and students in the health professions.

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