

thousand brochures were distributed to GPs and patient support groups.

A workshop was provided for staff from the Pharmaceutical Services Branch of the NSW Department of Health, which focused on the management of pain and the use of the guidelines. The goal of the workshop was to facilitate the implementation of the guidelines by staff who are involved with advising doctors with regard to the prescription of opioids. Liaison with Divisions of General Practice was undertaken to encourage inclusion of the guidelines in their continuing education programs.

CONCLUSION

NSW TAG's guidelines for general practitioners prescribing for migraine and low back pain have been very positively received by both general practitioners and consumers. They provide recommendations based on the principles of evidence-based medicine and incorporate clinical experience and accepted practice.

An additional grant from the NSW Department of Health is currently facilitating the formal evaluation of outcomes from use of the guidelines in several Divisions of General Practice. 📄

Both guidelines, and their companion patient information brochures, can be accessed via the Internet at www.medeserv.com.au/tag. Copies of the guidelines (but not the patient brochures) are available from the Better Health Centre. Phone (02) 9816 0353 and quote publication numbers PSB 990134 for migraine and PSB 990135 for lower back pain. Further information can be obtained from NSW TAG by phone (02) 9361 2852, or by email at nswtg@stvincents.com.au.

NSW AREA HEALTH SERVICE HEALTH STATUS PROFILES

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This article reports on the *NSW Area Health Service Health Status Profiles*, which have been produced as companion documents to each of the Performance Agreements (PAs) for the 17 Area Health Services (AHSs) in NSW.

BACKGROUND AND PURPOSE

The *NSW Area Health Service Health Status Profiles* are on-going surveillance reports on a set of key population health status indicators for each of the AHSs. The Profiles are produced by the Epidemiology and Surveillance Branch in consultation with relevant groups within the NSW Department of Health and the AHSs. The initial purpose of the Profiles as companion documents to the 1999–2001 AHS PAs was to provide:

- summaries of each AHS's standing in relation to key statewide health issues as a context for the negotiation of PAs at the area level;
- background population health data for annual AHS performance reviews;

- summaries of the health status of the populations of particular AHSs in relation to the state and averages for urban and rural areas.

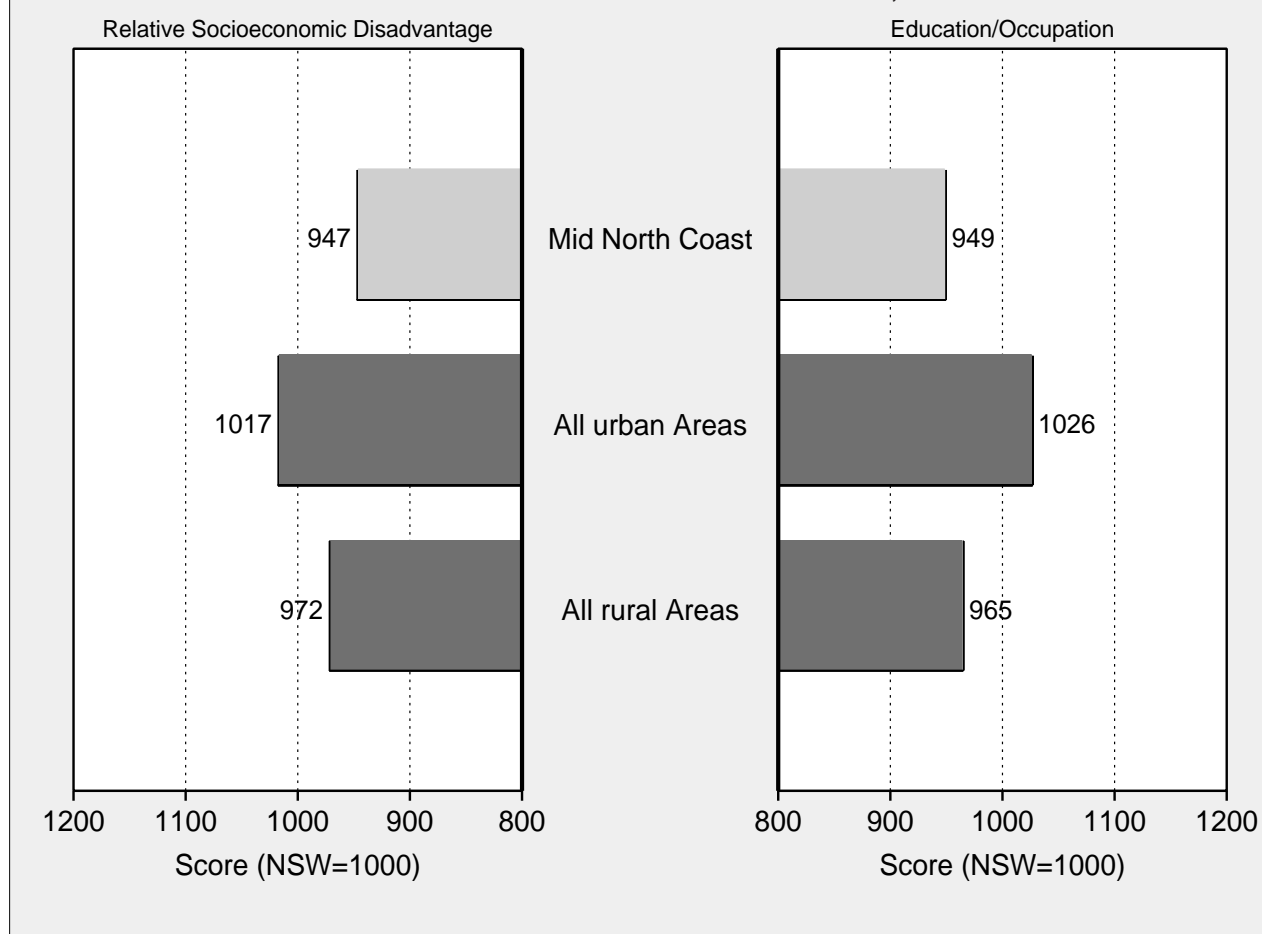
The Profiles will be updated annually and published electronically.

CONTENT

The content of the Profiles was agreed upon by the NSW AHS Performance Agreement Steering Committee. The first edition, *1999–2000 NSW Area Health Service Health Status Profiles*, is based on the indicators included in *The Health of the People of NSW: Report of the Chief Health Officer (1997)*, the 1997 NSW Health Survey Electronic Report, and the AHS profiles used for the most recent round of performance reviews between the Director-General and AHS Boards. While the initial set of indicators was kept to a minimum, they still provide a reasonably comprehensive picture of the demographics and health status of the population of an AHS. For later editions the indicators will be reviewed and refined through further consultation with various content experts and AHS representatives.

The profile for each AHS includes sections on:

- demographics
- overall health status

FIGURE 1**SEIFA* INDICES: MID NORTH COAST AREA HEALTH SERVICE, 1996**

Source: *SEIFA, Socio-Economic Indices for Areas, 1996 Census Basic Community Profile, ABS, Canberra, 1997 (HOIST), Epidemiology and Surveillance Branch, NSW Health Department.

- health of Aboriginal and Torres Strait Islander people
- mental health
- national and state key health priorities (cardiovascular diseases, diabetes, asthma, cancer and injury)
- health risk factors (tobacco smoking, alcohol use, illicit drugs use, nutrition, oral health, sun exposure, physical activity)
- immunisation and communicable diseases.

CRITERIA FOR INCLUSION OF INDICATORS

The indicators selected had to meet the following criteria. Ideally indicators had to:

- focus on NSW health priorities and related statewide key initiatives, and be consistent with national indicators;
- be simple and understood by a wide audience, including both health and non-health professionals;
- give a meaningful picture of the health of an Area's population, while allowing comparisons with the state

as a whole, and with rural and metropolitan AHSs as two separate groups;

- be valid and of high quality, with a special provision for some content areas in which data quality improvement is a priority (for example, recording of Aboriginality);
- be easily calculable from readily available data, preferably via the Health Outcomes Information and Statistical Toolkit (HOIST).

Although the indicators selected for the first edition of the Profiles might not have satisfied all criteria, particularly those of validity and quality, it is intended that each indicator be reviewed, validated and evaluated for future editions, using a standard protocol.

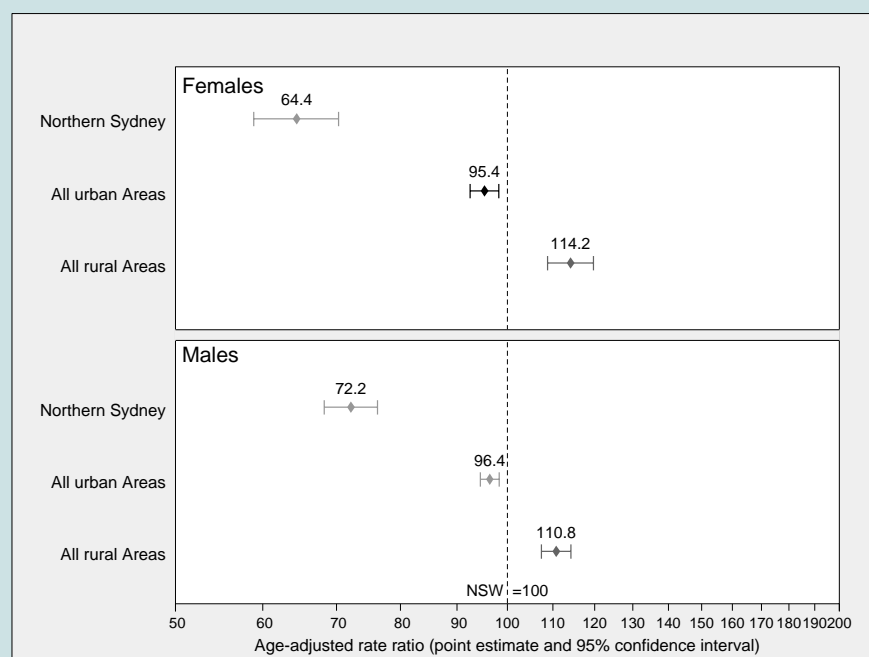
PRESENTATION AND PUBLICATION

Indicators are presented using either bar charts (Figure 1) or 'Hi-lo-close' charts (Figure 2).

Hi-lo-close charts are graphs that plot age-adjusted rate

FIGURE 2

CORONARY HEART DISEASE: MORTALITY FOR PERSONS AGED 25 TO 74 YEARS, NORTHERN SYDNEY AREA HEALTH SERVICE, 1992–1996



Source: ABS mortality data and population estimates (HOIST), Epidemiology and Surveillance Branch, NSW Health Department. Coronary heart disease was classified according to the ICD-9 codes 410–414.

ratios or age-adjusted prevalence ratios for the AHS in question and for the rural and urban AHSs as two separate groups. NSW always has a value of 100. AHS estimates are shown as horizontal lines, representing the 95 per cent confidence interval with central diamonds indicating the point estimate. Statistical tests were performed to determine whether the underlying age-adjusted rate or prevalence for a particular AHS or group of AHSs was significantly different from the age-adjusted NSW rate at a significance level of $p < 0.01$. If the underlying age-adjusted rate or prevalence for a particular AHS was significantly different from the age-adjusted NSW rate, the relevant point estimate and confidence interval line are shown in red if significantly higher or 'worse' than NSW or blue if significantly lower or 'better' than NSW. For a given indicator, such graphs allow comparisons at-a-glance a particular AHS and the state or the rural and urban averages. However this format precludes comparisons between subgroups: hence, the age-adjusted rate ratios for males and females cannot be compared directly.

The graphs are complemented with comments about relevant statewide initiatives and variations among AHSs for the indicator in question.

Other important epidemiological issues, such as trends over time and absolute numbers of a disease or a risk factor, have not been reported in the first edition, but will be considered for future versions.

CONCLUSION

Despite the limitations described above, The *NSW Area Health Service Health Status Profiles* provide summaries at-a-glance of key health status and health risk indicators for a particular AHS in relation to the state and averages for urban and rural areas. It is anticipated that its availability in electronic form and regular updating will ensure that the profiles become a useful tool for many health professionals.

Each AHS Health Status Profile can be downloaded from the NSW Health Web site at: www.health.nsw.gov.au/public-health/ahsprof/ahsprof.html.