NEW SOUTH WALES
Public Health Bulletin

Volume 2
Number 7
July, 1991

NSW HEALTH DEPARTMENT

ISSN 1034 7674

COMMUNICATING WHAT WE DO

Australian authorities could learn valuable lessons from changes to the content and style of public health reports in the United Kingdom in the past three years.

Implementation of the recommendations of the Acheson report into Public Health[1] included the appointment of Directors of Public Health (DsPH) who were asked to produce an annual report on the health of the resident population in their district health authority. Before the introduction of DsPH annual reports, public health reports had been produced by the Medical Officer of Health (MOH) for more than a century. Early MOH reports did improve the health of the general public, but after World War II they became repetitive, stereotyped and failed to add to the improvements in public health achieved by their predecessors, so they were abolished in 1974.

AIMS, CONTENT AND STYLE OF DsPH REPORTS

The aims of DsPH reports are to assess the health of the resident population of their area and promote changes and improvements via the health authority's planning and review processes[2]. The latter aim is accomplished by using DsPH reports for the new task of assessing the health **needs** of the resident population of district health authorities.

A review of the first year's DsPH reports demonstrated considerable variation in their content, style and presentation[3]. Many concentrated on using the most recently available data for each topic covered. This usually involved consideration of data for a single year only. Topics given prominence included whether the health authority had met World Health Organisation health targets, identification of local inequalities in health, surveys of the population and work conducted with local councils and community groups.

This "where are we now" approach was often replaced in the second year by a "where have we been" approach looking at trends over time from routinely available data. Data for the population of the district health authority were usually compared with those of the corresponding regional health authority and the nation as a whole. Some DsPH produced reports that highlighted only a limited number of subjects which had been investigated locally[4] rather than employing a greater variety of epidemiological data.

Continued on page 63 ►

Contents

Correspondence

Please address all correspondence and potential contributions to:

The Editor,
NSW Public Health Bulletin,
Public Health Division,
Department of Health, NSW
Locked Bag No 961,
North Sydney NSW 2059
Telephone: (02) 391 9219
Facsimile: (02) 391 9232

► Continued from page 62

An important additional source of data made available for the second year of DsPH reports was the Public Health Common Data Set issued by the Department of Health[5]. This publication contained comparable data for different health authorities for a range of demographic data and indicators including "avoidable" deaths and cancer deaths as well as maternal, neonatal, infant and childhood data. Where appropriate, data were presented as standardised mortality ratios and the estimated years lost for residents up to the age of 75 years for related causes of death.

In many cases inferences were made from these data about where services might be expanded, contracted and in some instances investigated. The study of such a wide variety of data allowed DsPH to identify health issues of particular importance to the population of their health authorities so those issues could be addressed in subsequent DsPH reports. A recent guide to the aims, production, publication and uses of future DsPH reports has been published by Middleton et al[6].

Strengths of DsPH reports[3] have included the comprehensive display of demographic, morbidity and mortality data using graphics, photographs, tables and maps. This practice allowed many reports to be accessible to the general public as well as health care personnel. Such an approach is important because clients for the reports include the local health authority, the local council, primary health care providers and community groups. Development of health promotion policy for the population of health authorities was also considered an important topic.

Weaknesses of the reports[3] included a lack of critical assessment of data presented, particularly in the application of routine statistics to support inferences. Some reports reduced their impact by resorting to an excessive use of tables of vital statistics, a practice which had greatly limited the usefulness of the later MOH reports. Insufficient attention was given generally to groups such as the disabled and mentally ill or to the interface between primary and secondary health care. Lack of reliable local data was usually responsible for these omissions.

RECOMMENDATIONS

Experience gained by the production of public health reports in the UK can be applied usefully to the Australian health-care setting:

- Directors of public health in Australia should produce a regular report which describes the health of the population of their area or region.
- To encourage the use of data from a wide variety of sources in such reports, the Health Department should assist in the publication of a public health common data set which display a variety of indicators derived from demographic, morbidity and mortality data. These data would allow comparisons between areas, regions, States and the nation as a whole. Any inferences should be supported by appropriate statistical analysis.
- The DsPH report should be used to help assess the health needs of the population and should contain recommendations of use in the area or regional planning process.
- The report should be accessible to a wide readership.

Donald Holt
Director, Public Health Unit
Northern Sydney Area Health Service

1. DHSS. Public Health in England: The report of the Committee of Inquiry into the future development of the Public Health Function. HMSO London 1988 (Cm 289).
2. Department of Health. Annual health reports of Directors of Public Health. Department of Health London 1990, PL/CMO (90)12.
3. Farrow S, Wood N, Beattie A. A content review of the annual reports on the health of the population. Health Care Evaluation Unit, Department of Epidemiology and Public Health Medicine, University of Bristol, Bristol 1990.
4. West Lambeth Health Authority. Towards informed action for health. Directorate of Public Health, West Lambeth Health Authority, London 1989.
5. Department of Health. Annual reports on the health of the population. Public Health Common Data Set, Department of Health, London 1989.
6. Middleton J, Binysh K, Chisty V, Pollock G. How to write the annual report of the director of public health. *Brit Med J* 1991, 302: 521-524.