



South Australian Public Health Indicators

Discussion Paper

April 2017



Government
of South Australia

SA Health

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Introduction

Public health is often described as a ‘silent achiever’ in its contribution to keeping South Australians well and out of hospital. Public health delivers policy, regulatory, educational and advisory activities as well as services and programs which seek to **protect** South Australians from environmental hazards, **prevent** injuries, communicable (infectious) or chronic (long term) illness and **promote** healthier neighbourhoods and communities.

The *South Australian Public Health Act (2011)* [1] (the Act) was enacted to promote and to provide for the protection of the health of the public of South Australia and to reduce the incidence of preventable illness, injury and disability. It is part of a range of public health legislation designed to protect and promote the health of South Australians (see Appendix A).

The scope of the Act reflects public health in its broadest sense, covering the enduring role of public health in protecting against environmental hazards and preventing communicable disease and extending to the promotion of healthy environments and lifestyles to address the rising impact of chronic conditions. The Act recognises that many factors impact on the health of communities; the social and economic environment, the physical environment and also individuals’ characteristics and behaviours. Given this broad scope, the protection, prevention and promotion roles of the Act often fall outside the mandate of the health sector and require collaboration and, in many cases, joint action across various sectors, levels of government and the community.

This discussion paper follows previous documents relating to the development of a South Australian public health evaluation framework:

- > Data sources for public health planning – scoping a range of data sources which could be used to assist public health planning (2014) ([link](#))
- > The development of a South Australian public health evaluation system - The policy context and approach (2014) ([link](#))
- > The development of a South Australian public health evaluation system - The evaluation logic, towards a public health indicator framework (2014) ([link](#)).

Since that time, SA Health has consulted with a wide range of public health stakeholders to inform the development of a public health evaluation framework (see Appendix B). An attempt at mapping out the range of ‘causes of the causes’ in a workshop held in late 2014 highlighted the inter-related nature of many aspects of public health and the complexity of the public health system in South Australia. As a result, it was determined that a complex systems evaluation framework will be required.

It is usual to develop an evaluation framework and then identify the indicators (and associated measures) to match this framework. However, it was clear that there was substantial interest in the public health indicators aspect of the evaluation framework and the development of the indicators framework has been prioritised.

This discussion paper seeks comments on a proposed public health indicator framework¹, which comprises:

- > an overview/organising framework (Attachment 1); and
- > a metadata document – comprising the definition of the indicators, rationale for inclusion, the measure(s) to be used and sources of data (Attachment 2).

¹ *It is important to note 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.*

Purpose of the public health indicators framework

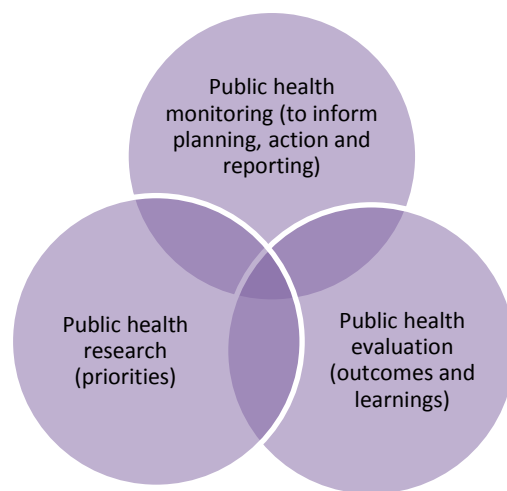
Where do the indicators fit?

It is anticipated that public health indicators will contribute to:

- > monitoring (to inform planning, action and reporting)
- > the public health evaluation framework (what are the outcomes of public health action and what are we learning)
- > any research activity (what are the priorities).

Consistent with this, the development of a public health indicator framework may assist in improving population health surveys already undertaken in South Australia.

Figure 1: Purpose of the public health indicators



A monitoring purpose

The public health indicator framework has not been developed for performance management purposes, and therefore does not include targets.

Section 50 of the Act requires the development of a state public health plan and the first *State Public Health Plan* [2] ([link](#)) was released in 2013. This plan states that a range of support systems for public health planning and action will be undertaken, including an intention to:

“develop a coherent dataset of public health indicators (which are meaningful and relevant to Local Government and Public Health Partner Authorities) to aid in public health planning, monitoring and evaluation, and for the development of an evidence base for effective public health intervention” (page 80).

In addition, Section 23 of the Act states that:

*“[t]he Chief Public health Officer is required to prepare a written report every 2 years about—
(a) public health trends, activities and indicators in South Australia...”*

Consistent with this, the public health indicator framework has been developed with a monitoring purpose.

Whilst some considerable monitoring of public health in South Australia is currently already undertaken for some aspects, including surveillance of communicable disease and food safety, the monitoring purpose of the public health indicator framework is broader, and will monitor the health and wellbeing of the South Australian population. This monitoring will be:

- > on a systematic basis (reported every two years within the Chief Public Health Officer's report)
- > using a consistent indicator framework (which has been developed in consultation with public health stakeholders and which reflects the wide scope of public health in South Australia)
- > over time (thus identifying any trends).

Local councils

The *SA Public Health Plan* notes that the public health indicators will “*give guidance to matters to be considered for development within Regional Public Health Plans*” however the public health indicators will not be mandated performance reporting indicators for local councils. Whilst the public health indicator framework may provide information of interest to councils, there is no requirement that councils collect the indicators identified, nor is there any requirement for councils to modify their existing Regional Public Health Plans or reporting processes.

Public Health Partnership Authorities and other public health stakeholders

As for councils, the public health indicator framework will include information of interest to the wide range of government, non-government and private agencies involved in public health in South Australia, but it has not been developed as a performance management tool.

Scope of the public health indicators framework

The scope of the public health indicator framework reflects the broad scope of public health articulated in the Act. As such, it needs to be meaningful to a broad range of audiences.

In the first instance, ‘public health’ has been interpreted in the indicator framework as referring to 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. It does not refer to ‘public health services’ in terms of those health services funded through the public system (eg hospitals).

In addition, ‘wellbeing’ (as part of ‘*improved public health and wellbeing*’) is interpreted as a broad concept incorporating physical, mental and social elements, and these are reflected in the framework.

It is expected that the public health indicator framework will be used in the medium to long term and has been designed with this timeframe in mind.

The public health indicators include process indicators and short term (often referred to as ‘impact’) and long term (outcome) indicators. In many cases (long term) outcomes from public health action often take substantial time to realise [3]. For this reason, it is important to monitor the process and impact indicators which, over time, will contribute to achieving the long term outcomes.

The indicators will include the opportunity (where the data allows) to monitor any disadvantage or inequity of (medium term and long term) health outcomes across population groups, monitor the health status of Aboriginal people and examine small geographic areas for planning purposes.

The scope of the indicator framework does not include:

- > access to health services – which is often included as one determinant for health outcomes [4]
- > the contribution of partnerships (for example the South Australian government’s *Health in All Policies* approach or the mechanism of Public Health Partnership Authorities)

and these aspects may instead form part of the broader public health evaluation framework.

Challenges

There are challenges in articulating a public health indicator framework.

1. Keeping the indicators to a manageable number

The South Australian public health system is complex, with many voices and their many worldviews. During the scoping phase, many indicators were proposed, and some were at a level of specificity that would result in an unwieldy number of indicators, if all were to be included. However, the issues raised have been documented and should inform the broader public health evaluation framework.

2. Indicators only indicate

“An indicator will never completely capture the richness and complexity of a system” [5]

The proposed framework aims to represent the wide scope of public health in South Australia but it does not cover all aspects of public health action and outcomes. Not every element of public health, undertaken by every relevant agency, can be included. Again, this reflects the need for a manageable number of indicators in the framework.

3. What gets measured, gets done [6]

Related to the previous challenge, is the potential perception that those indicators which are included are the only important elements of public health in South Australia. The public health indicator framework should not be interpreted in this manner.

Similarly, there is a potential for emerging public health issues to be overlooked as they are not currently being measured. This will be addressed through the regular review mechanism.

4. Data are not always available

The indicator framework has been devised based on input from public health stakeholders rather than driven by what data currently exists. This means that data for measures of these indicators may be:

- > currently available
- > available - but not at a level of geographic detail needed, not for specific (sub)populations of interest and/or not in a timely manner
- > unavailable.

In some cases, this means that there will need to be further investigation of options to address data limitations to improve the utility of the indicator framework.

Conversely, where data sources have been proposed in the metadata document, these have been selected on the basis that they are expected to be reliable, ongoing data sources noting the medium to long term timeframe proposed for the indicator framework.

5. What about the context? How should changes in measures be interpreted?

In some instances, the use of an indicator framework may not provide an opportunity to reflect the context – including critical events in South Australia, Australia or the world - which have an impact on

public health action and outcomes. Examples may include hazards such as extreme heat events, storms or air pollution, policy or legislation changes, or emerging communicable disease risks (such as Ebola virus disease).

In addition, monitoring of measures for indicators may reveal changes over time that require explanation. For example, increased incidence of a communicable disease may reflect better detection through improved screening rates or practices, but conversely may mean that risky behaviours have increased. The resultant public health action would be different in each circumstance.

It is expected that the biennial Chief Public Health Officer's Report will provide this context by recording critical events in the two year reporting period and providing explanation of changes in measures.

6. Are quantitative data enough?

The public health indicator framework has an emphasis on indicators being measured using quantitative data. To complement this, it is anticipated that the broader public health evaluation framework could include qualitative data to explore questions of "why" and "how" public health action is contributing to long term outcomes.

7. Do we have a shared understanding of what an indicator is examining?

Some indicators are broad in nature and some may be interpreted differently by different audiences. In response:

- > many indicators have multiple measures to represent a variety of aspects to that issue
- > the development of the metadata document (Attachment 2) is a way to provide clarity and a shared understanding.

8. Who is responsible?

As the public health indicators will form part of the public health evaluation framework, it is important to note that:

- > the role of many agencies in public health policy and action in South Australia
- > the complexity of the public health system

means that the outcomes of public health action are a collective responsibility and not attributable to any one agency or action. This need for collective action underpins the *Health in All Policies* approach.

Process for developing the public health indicator framework

There have been three main stages in developing the public health indicator framework.

1. Scoping

See Appendix B for a summary of the scoping phase.

Broad scoping

SA Health examined a wide range of indicator sets from other sectors or jurisdictions in Australia, and also internationally. Each of these indicator sets had a different purpose and/or scope to that intended for the South Australian public health indicator framework. However, they provided some guidance on 'key' indicators which were common to many sets, thus providing a 'top-down' approach.

Local scoping

To complement this 'top-down' approach, SA Health undertook a 'bottom-up' approach across late 2015 and the first half of 2016. SA Health held four workshops to discuss public health questions of interest, and the related potential public health indicators, with local councils (as a key partner identified in the Act) and other stakeholders. These workshops were organised according to the four priority areas identified in the *SA Public Health Plan, 2013 [2]* (see Design section below).

In addition, SA Health examined the 31 Regional Public Health Plans developed by local councils to identify themes to inform the public health indicator framework.

SA Government scoping

In the second half of 2016, SA Health consulted internally across the areas working on public health issues, and also with agencies within and external to, the portfolio. This included discussions with the Department for Environment, Water and Natural Resources (DEWNR) in preparing a state-wide, whole of government response to the regional priority actions that were identified by local councils in their regional climate change adaptation plans.

Concurrently, a range of existing South Australian government policies, plans and reports were also considered.

National scoping

Consideration was given to national policy documents and programs, noting the need to align with existing reporting which SA Health undertakes for national initiatives including National Partnership Agreements relating to health matters.

2. Selection

Many of the indicators identified in the top-down approach also were identified in the bottom-up approach to the scoping stage. The process of selection was guided by the 'prerequisites to indicator selection' and 'criteria for selection' identified in the *State Public Health Plan 2013 [2]* (see Appendix C). In summary, the selection process sought to provide:

- > A balance of indicators across the scope of public health in South Australia
- > A manageable number of indicators
- > Indicators which are meaningful to public health partners, including local councils, and SA Health
- > An indicators framework which communicates the value of public health in improving the health of South Australians.

Wherever possible and appropriate, the public health indicator framework aligns with existing reporting frameworks in South Australia, and sometimes national reporting frameworks. This is consistent with a principle of 'measure once, use multiple times' and ensures consistency across agencies.

3. Design

The design stage for the public health indicators has involved the development of two components:

1. An overview of the proposed South Australian public health indicator framework

The public health indicator framework is more than 'just a list'. The overview provides an opportunity to conceptualise the breadth of public health action in South Australia and, in simple terms, demonstrate the contribution of public health action to improving health and wellbeing and reducing preventable illness, injury, disability - and hospitalisations.

The indicators have been organised broadly according to four major aspects (see Attachment 1):

1) DOMAINS:

The framework includes:

- > indicators which provide context to the South Australian public health system including the characteristics of the population (**demographics**) and the **geography** of the state.

The framework is then organised to reflect the roles of public health (which are not always mutually exclusive); to:

- > **Promote** healthier neighbourhoods and stronger communities
- > **Protect** against environmental hazards
- > **Prevent** chronic conditions and communicable (infectious) diseases

2) INDICATOR GROUPS:

These groups provide an indication of the breadth of public health action in South Australia.

3) INDICATORS:

The indicators are organised across domains and indicator groups. They are a combination of process and (short term) impact indicators. They span social and economic indicators which are more 'distal' (may not always result in immediate ill-health) but are potential determinants of health outcomes, to behavioural risk and protective factors, and include immediate (more 'proximal') hazards to public health such as poor drinking water quality or unsafe food.

4) HEALTH OUTCOMES:

The framework includes health outcomes indicators – indicators which monitor the levels of hospitalisations amenable to prevention, prevalence of preventable chronic conditions, and the incidence of preventable injury/disability and communicable diseases.

Indicators will be measured using aggregated 'population level' data.

It is important that, where appropriate and feasible, the measures for the indicators enable examination of:

- > disadvantage or inequity of health outcomes
- > the health status of Aboriginal people
- > small geographic areas for planning purposes.

A number of approaches to conceptually organising the indicators were considered. One option was to organise the indicators against the four priority areas identified in the *State Public Health Plan 2013* [2]:

- > Stronger and Healthier Communities and Neighbourhoods for All Generations
- > Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
- > Preparing for Climate Change
- > Sustaining and Improving Public and Environmental Health Protection

Whilst the four priorities clearly are evident in the public health indicators, they have not been used to structure the indicators. This reflects the experience that the proposed indicators were often relevant to more than one priority. This was especially the case for indicators relating to 'Preparing for climate change'. For example, local councils' regional climate change adaptation plans considered water re-use plans (relates to Sustaining and Improving Public and Environmental Health Protection – related proposed indicator is Protection: "Wastewater management") and the value of green spaces and tree cover (Stronger and Healthier Communities and Neighbourhoods for All Generations – related proposed indicator is Promotion: "Public Open Space").

2. The metadata for the indicators

This comprises:

- > The indicator definition
- > Consistency with other relevant policies
- > Rationale for inclusion of the indicator
- > The measure
- > Data source for that measure
- > The frequency of data reporting/availability
- > Geographic level of the data

in order to provide clarity about what was being measured and how an indicator is being defined. Summary information on key elements of the metadata has been interactively linked to the overview. Comprehensive metadata information is also available in a separate pdf.

Discussion

Comments sought

SA Health is seeking comments from public health stakeholders, and any interested agencies or individuals, on the proposed public health indicator framework.

Please see www.sahealth.sa.gov.au/publichealthindicators for all related documents.

Please provide comments by cob Friday 2 June 2017.

Please provide responses against the questions proposed below, in word document format, using the feedback form provided.

Responses should be sent to Health.OCPHO@sa.gov.au and labelled "Public Health Indicator Framework comments".

Next Steps

SA Health will identify themes within the responses to the discussion paper and:

- > will provide a public summary of the themes
- > may amend the framework where feasible.

It is intended that this will be completed by August 2017.

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?

Public health legislation designed to protect and promote the health of South Australians

The *South Australian Public Health Act, 2011* was passed by the South Australian Parliament on 16 June 2011, and proclaimed by His Excellency the Governor in Executive Council on 23 February 2012, coming into full operation on 16 June 2013.

The Act and its Regulations are part of a range of public health legislation designed to protect and promote the health of South Australians. Many pieces of legislation in this state have specific provisions designed to ensure that human health is protected, and these are administered across the whole public sector. Other relevant Acts assigned to the Minister for Health which have the closest relationship with the Act and its Regulations include:

- *Health Care Act 2008*
- *South Australian Food Act 2001*
- *Safe Drinking Water Act 2011*
- *Controlled Substances Act 1984*
- *Tobacco Products Regulation Act 1997*
- *Transplantation and Anatomy Act 1983*
- *Gene Technology Act 2001 (South Australia)*

In addition to the Acts assigned to the Minister for Health there is a wide range of other legislation which has implications for public health or human health at a national and state level. Other Acts having implications for public health include:

- *Local Government Act 1999 (South Australia)*
- *Planning, Development and Infrastructure Act 2016*
- *National Health Security Act 2007*
- *National Quarantine Act 1908*
- *Environmental Protection Act 1993 (South Australia)*
- *Radiation Protection and Control Act 1982 (South Australia)*
- *Emergency Management Act 2004 (South Australia)*

Summary of scoping phase

Broad scoping

Australian

An atlas of six South Australian Communities [7]
 A regional atlas of Community Health and Wellbeing in the Upper Spencer Gulf, South Australia [8]
 Australia's Health 2016 [9]
 Australia We Want 2016 [10]
 Cultural indicators: Measuring impact on culture [11]
 HealthStats ACT Statistics and Indicators [12]
 HealthStats NSW [13]
 Indicators of Community Strength across South Australian Local Government Areas [14]
 Liveable, Healthy, Sustainable – What are the key indicators for Melbourne neighbourhoods [15]
 Measuring wellbeing – Community Indicators Victoria [16]
 Measures of Australia's Progress [17]
 National Health Performance Framework 2009 [18]
 Overcoming indigenous disadvantage - key indicators 2016 [19]
 State of our health - Health Performance Council [20]
 Targets and indicators for chronic disease prevention in Australia [21]
 Victorian Population Health Survey 2014 – Report 1: Modifiable risk factors contributing to chronic disease in Victoria [22]
 Victorian Population Health Survey 2014 Report 2: Health and wellbeing, chronic conditions, screening and eye health [23]
 VicHealth Indicators Report 2015 [24]

International

Chronic Diseases and Injuries Framework Quick Stats, 2016 Edition [25]
 European system of social indicators [26]
 Global Action Plan for the Prevention and Control of Non Communicable Disease 2013-20 [27]
 Measuring the age-friendliness of cities: a guide to using core indicators [28]
 Initial report on public health – indicators (Ontario) [29]
 Our healthy futures indicators: exploration of selected indicator data for Wales [30]
 Our city: a report on Winnipeg's well-being [31]
 Quebec report on comparable health indicators [32]
 Sustainable Development Goals – World Health Organisation [33]
 Public health outcomes framework for England, 2013-2016 – Appendices [34]

Local scoping

"Bottom-up" approach

<u>Date</u>	<u>Workshop</u>	<u>Participants</u>
29 August 2014	Public Health Evaluation Workshop	Office of the Chief Public Health Officer South Australian Public Health Council Wardliparingga Aboriginal Research Unit, SAHMRI School of Population Health, University of South Australia Discipline of General Practice – University of Adelaide School of Population Health - University of Adelaide Public Health Information Development Unit (PHIDU) PROS, University of Adelaide Fraser Mustard Centre Discipline Public Health – Flinders University of SA Torrens

		University Australia School of Nursing and Midwifery, Flinders University Australian Population and Migration Research Centre Southgate Institute of Health, Society and Equity, Flinders University Faculty of Medicine, Nursing and Health Sciences, Flinders University of SA SA/NT DataLink Healthfirst Network The Barossa Council District Council of Mallala City of Marion City of Burnside City of Charles Sturt Yorke Alliance Eastern Health Authority City of Adelaide City of West Torrens City of Unley City of Playford City of Port Adelaide/Enfield Women's and Children's Local Health Network Drug and Alcohol Services SA Health System Information and Performance, SA Health Royal / Flying Doctor Service Research Fellow Heart Foundation SA Cancer Council SA Public Health Partnerships Branch, SA Health Local Government Relations, SA Health Food, Safety & Nutrition Branch, SA Health
5 November 2014	Inaugural Local Government Public Health Evaluation Research Group (LGPHERG)	Office of the Chief Public Health Officer, SA Health Local Government Association The Barossa Council District Council of Mt. Barker District Council of Mallala City of West Torrens City of Marion City of Burnside City of Charles Sturt City of Unley Eastern Health Authority City of Tea Tree Gully Adelaide City Council City of Port Adelaide Enfield City of Playford Alexandrina Council City of Salisbury Wakefield Regional Council City of West Torrens City of Onkaparinga
5 September 2015	Indicators for <i>public health protection - Immunisation</i>	Office of the Chief Public Health Officer, SA Health Local Government Association Local Government Relations & Policy, SA Health The Barossa Council City of Burnside Eastern Health Authority City of Onkaparinga Mount Barker District Council City of Salisbury City of Charles Sturt Adelaide Hills Council City of West Torrens City of Marion City of Tea Tree Gully District Council of Murray Bridge Adelaide City Council Adelaide PHN Country SA PHN Communicable Disease Control Branch, SA Health
6 October 2015	Indicators for <i>public health Impacts of Climate Change</i>	Office of the Chief Public Health Officer, SA Health Local Government Association District Council of Mallala City of Port Adelaide Enfield The Barossa Council City of West Torrens City of Marion City of Tea Tree Gully City of Onkaparinga City of Playford Alexandrina Council Wakefield Regional Council Local Government Relations & Policy, SA Health City of Charles Sturt Scientific Services Branch, SA Health Communicable Disease Control Branch, SA Health University of Adelaide, Public Health Department Department for Environment, Water and Natural Resources TAFE SA
9 March 2016	Indicators for <i>increasing opportunities for healthy living, healthy eating and being active</i>	Office of the Chief Public Health Officer, SA Health Local Government Association Local Government Relations & Policy, SA Health Public Health Partnerships Branch, SA Health Food and Controlled Drugs Branch, SA Health Eastern Health Authority City of Tea Tree Gully City of Charles Sturt Alexandrina Council District Council of Mallala City of Playford Mount Barker District Council City of Campbelltown Coorong District Council Mid Murray Council Yorke Alliance Wakefield Regional Council
30 March 2016	Indicators for <i>stronger and healthier communities and neighbourhoods for all generations</i>	Office of the Chief Public Health Officer, SA Health Local Government Association Local Government Relations & Policy, SA Health The Barossa Council City of West Torrens City of Port Adelaide/Enfield City of Marion Adelaide City Council

In addition, SA Health examined the 31 Regional Public Health Plans developed by local councils to identify themes to inform the public health indicator framework.

SA Government scoping

Department of Communities and Social Inclusion (Community Services Division)
Department of Environment, Water and Natural Resources (Climate Change)

Drug and Alcohol Services South Australia
Health Performance Council
Office for the Ageing
SA Mental Health Commission
South Australian Dental Service
South Australian Public Health Council

Aboriginal Health Branch, SA Health
Communicable Disease Control Branch, SA Health
Epidemiology Branch, SA Health
Public Health Services Branch, SA Health:

- Food and Controlled Drugs
- Health Protection
- Local Government Relations and Policy
- Public Health Partnerships
- Scientific Services

Policies, plans, reports and articles

30 Year Plan for Adelaide Update 2016 [35]
Aboriginal Health Care Plan 2010-2016 (SA) [36]
Building a stronger South Australia: the integrated transport and land use plan [37]
Delivering Transforming Health – Our Next Steps [38]
Issues in Health Care in South Australia for People from Culturally and Linguistically Diverse Backgrounds 2015 [39]
Prosperity Through Longevity: South Australia's Ageing Plan 2014-2019 [40]
SA Dental Service Yearbook 2013-14 [41]
South Australia: a state of wellbeing 2016 [42]
South Australian Alcohol and Other Drug Strategy 2017-2021 [43]
South Australia's Strategic Plan 2011 [44]
South Australian Mental Health and Wellbeing Policy 2010-2015 [45]
South Australian Tobacco Control Strategy 2017-2020 [46]

Indicator selection prerequisites and criteria

Prerequisites to indicator selection
It is statistically appropriate, fit for purpose.
It can be collected in a timely fashion (preferably annually).
It can be presented in a form that is suitable for multiple stakeholders including Local Government.
It is relevant and useful to Local Government and allows cross-area comparisons.
It is collectable within existing data.
It avoids repetition of indicators reported elsewhere.
It is limited to a manageable number in the first State Public Health Plan (which can be built on in the future).
Indicator criteria assessment and selection
It is a measure of an outcome or factor that has known linkage to a positive health outcome.
It aligns with relevant state government direction and priorities for public health.
Evidence-based interventions exist to support the measure.
It is amenable to public health intervention.
Improvements in this measure will improve health-related quality of life (including mental health) and reduce premature mortality.
Improvement in this measure will help reduce inequalities in health.
It is meaningful and likely to be perceived as important by the public.
It is meaningful and likely to be perceived as relevant by Local Government and Public Health Partner Authorities.

State Public Health Plan, 2013 [2] – page 30

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