



**POLICY AND INTERVENTION
DEVELOPMENT FOR CHRONIC
DISEASE PREVENTION:
The Place of Surveillance Systems**

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OVERVIEW

- How well do surveillance efforts connect with policy and program interventions?
- Why is it so difficult to agree build an informational platform for policy learning?
- What might be the missing ingredients in making surveillance more useful?



The Theory

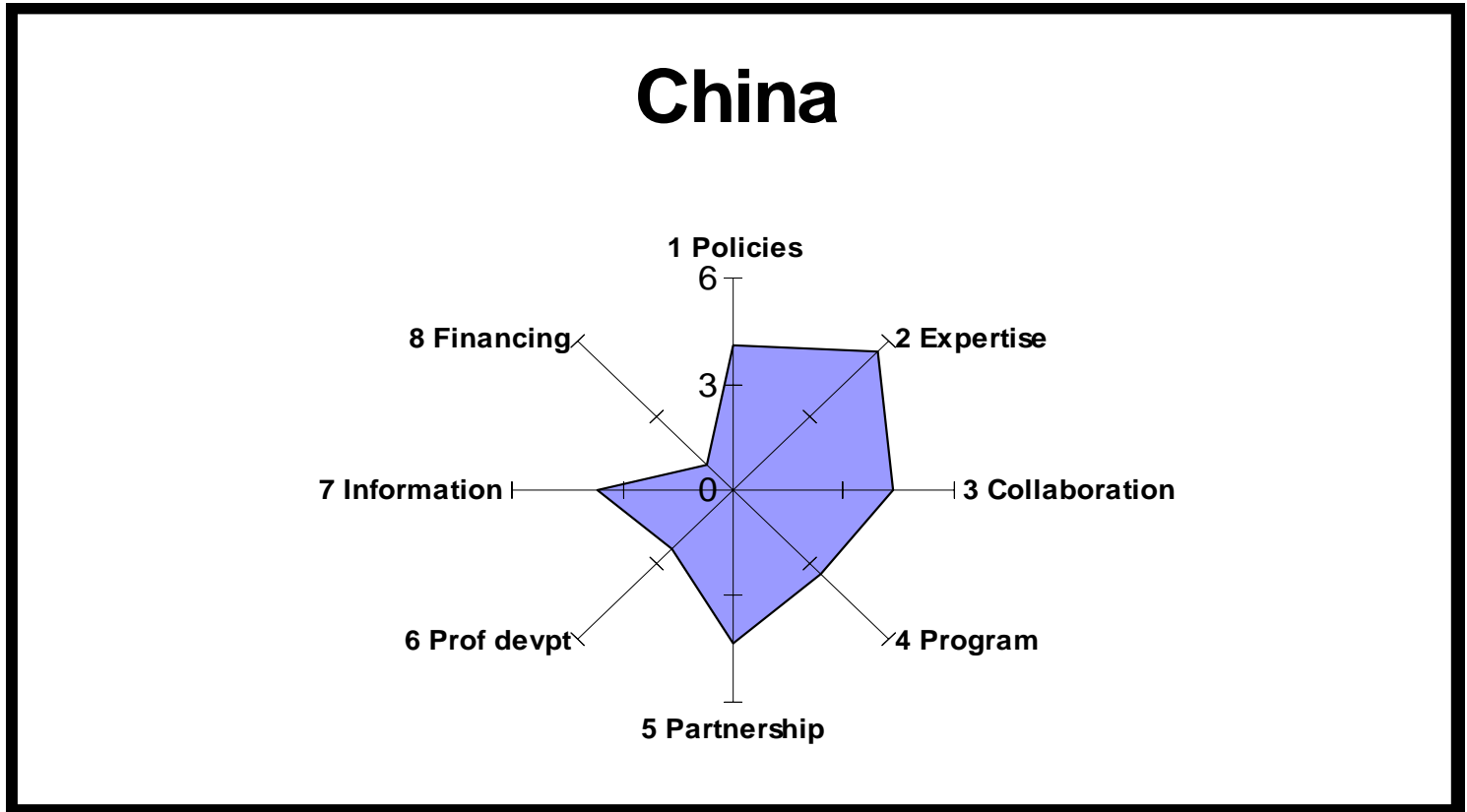
- Surveillance = the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health (CDC)
- Purpose: identify changes in health status, provide basis for intervention planning, observe the effects of new programme or policy, assure quality in intervention delivery

The Link between Surveillance and Chronic Disease Strategy?

MOANA or survey system	National strategy or priority
American Samoa	Samoa
Western Samoa	
Fiji	
Malaysia	
Mongolia	Mongolia
Nauru	
China	
Vietnam	
Australia	Australia
	Singapore
	Tonga
	Japan
	Korea
	New Zealand
	Philippines



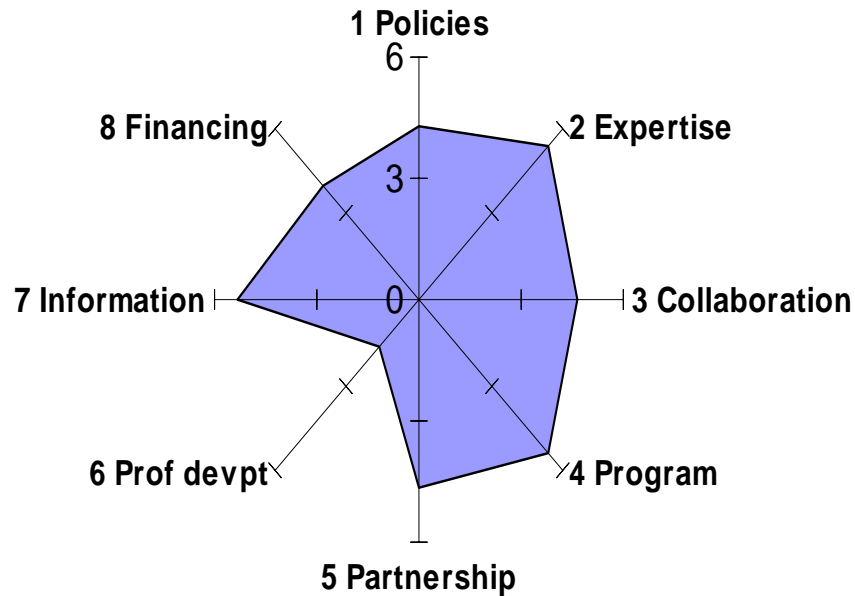
If it's so easy....





If it's so easy....

New Zealand

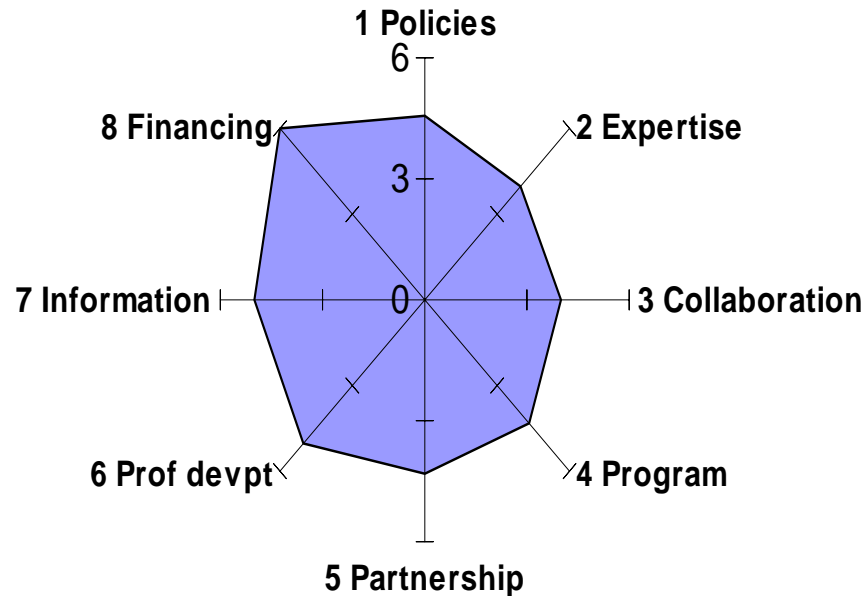


NB Chronic disease is a national priority



If it's so easy....

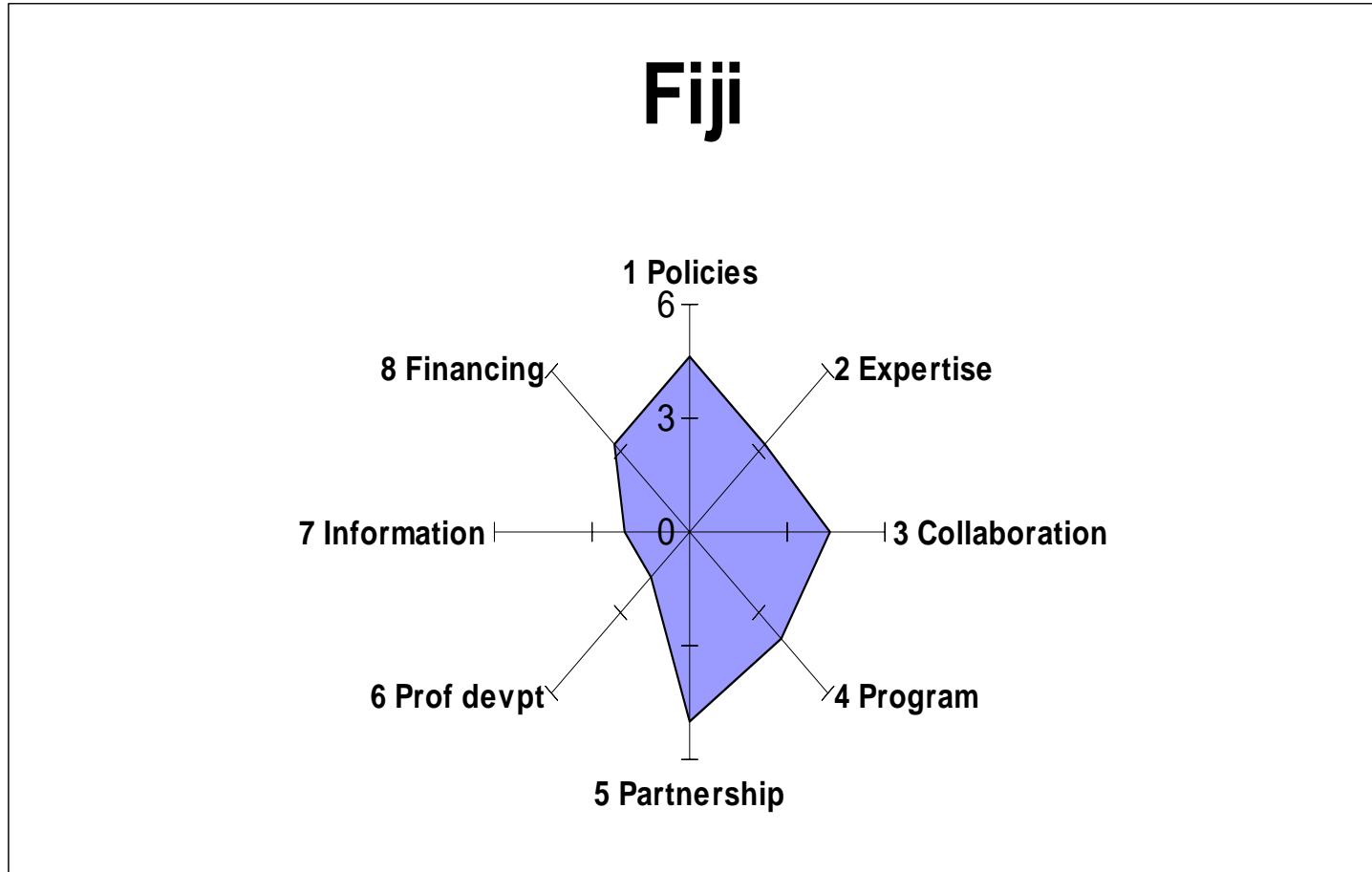
Korea, Republic of



NB Chronic disease is a national priority



If it's so easy....

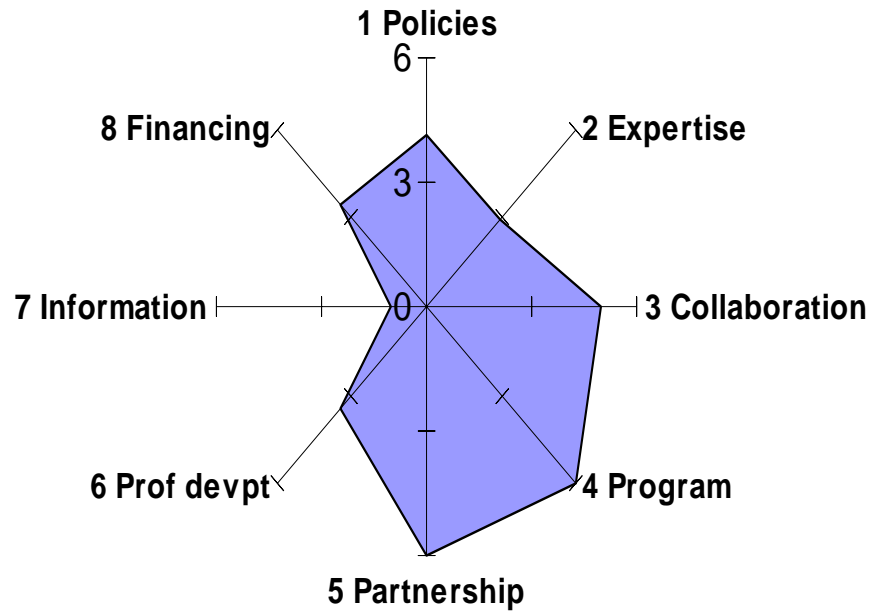


NB Fiji is part of MOANA



If it's so easy....

Philippines



NB chronic disease is a national priority

Essential Components for Control of Health Problems

- Awareness that the problem exists
- Understanding its cause
- Capability to control its cause
- A sense of values that the problem matters
- Political will and commitment

Gaps in Capacity (IUHPE)

- Lack of training in health promotion
- Lack of sustainable resources
- Lack of linkages across health system and with other sectors
- Reliance on limited range of strategies
- Insufficient sharing of information, experiences and skills
- Lack of access to relevant information, evidence, and training in right language and cultural context

The Rest is Politics

(Garbage Can Model - Cohen 1972)

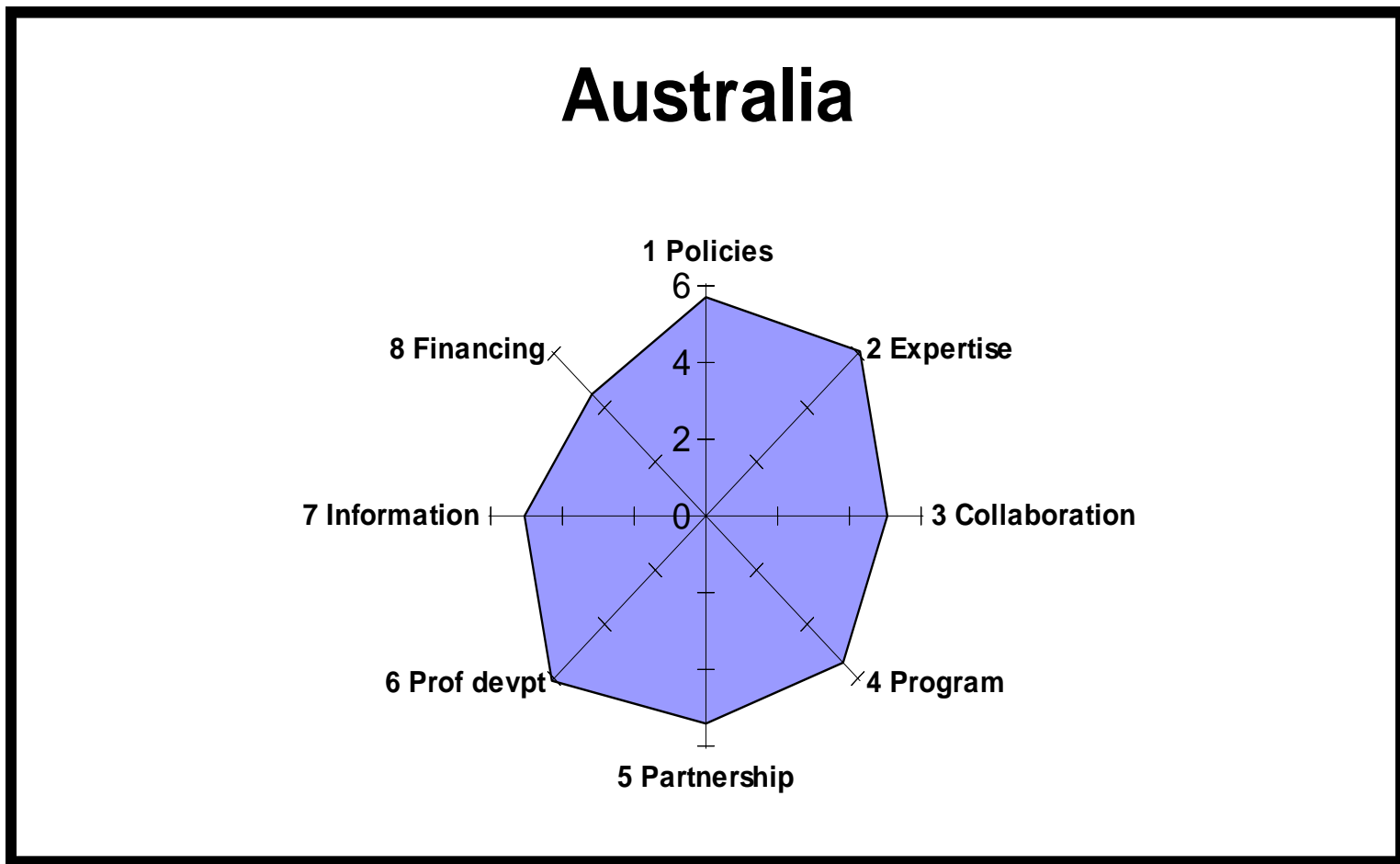
- Organisations/social systems = problems looking for solutions + solutions looking for problems
- Policy entrepreneurs
- Windows of opportunity – issues get attention when technical feasible, fit with prevailing values, solution can accommodate future constraints

Who were the policy entrepreneurs?

MOANA or survey system	National strategy or priority
American Samoa	Samoa
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China	
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Australia	Australia
	Singapore
	Tonga
	Japan
	Korea
	New Zealand
	Philippines



A Story of Australia

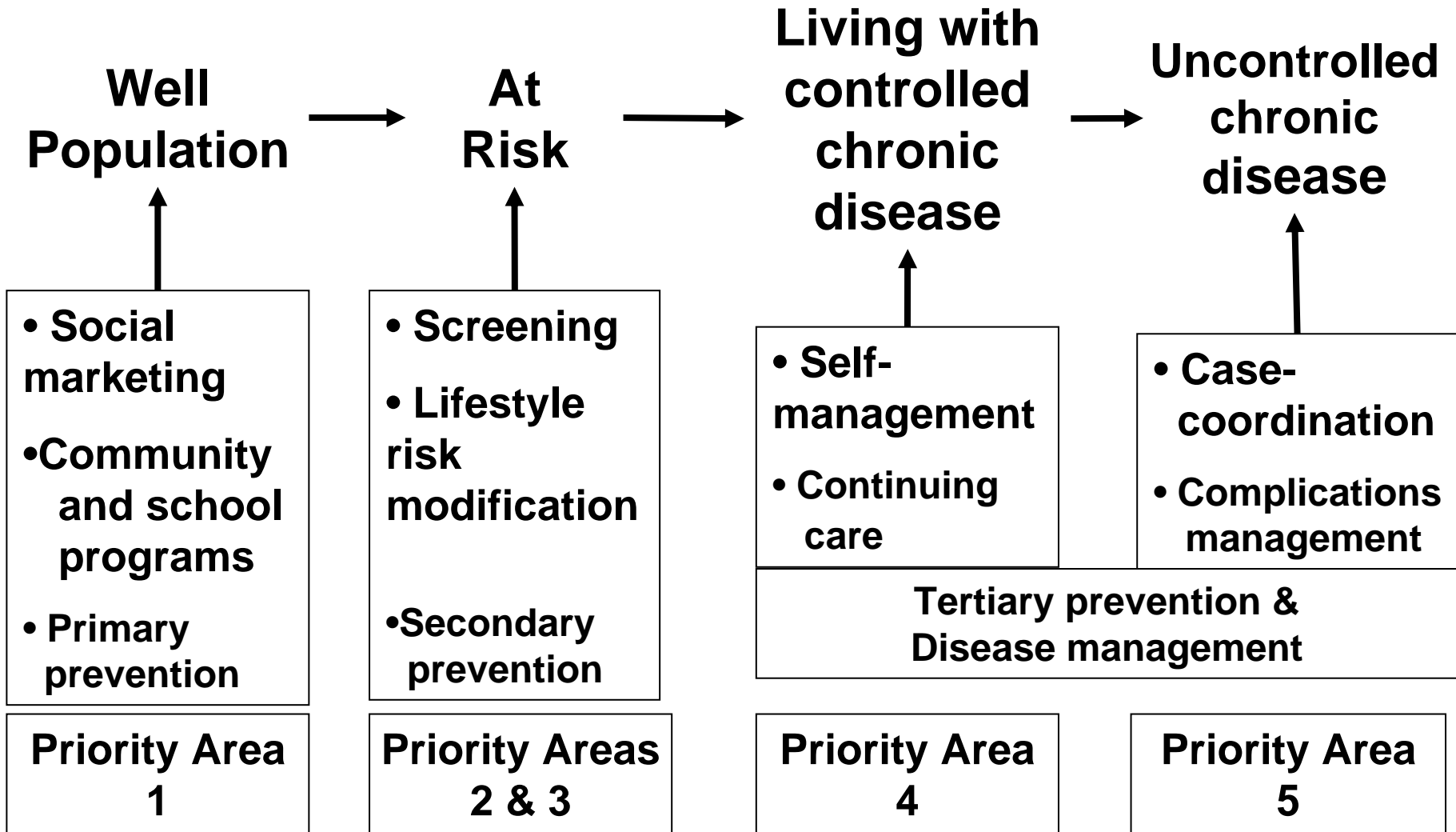


A Brief Chronology

- 1985 – Better Health Commission (heart disease, nutrition, cancer, injury)
- 1988 – Health Goals and Targets
- 1995 - National Health information Development Plan (risk factor surveillance)
- 1995 – National Health Priorities (cardiovascular disease, cancer, mental health, injury, and later diabetes, asthma, musculoskeletal)
- 2000 – National Framework for Chronic Disease Prevention
- 2005 – National Chronic Disease Strategy, Blueprint for Nation-wide Surveillance of Chronic Disease and associated risk factors
- 2006 – Australian Better Health Initiative



ABHI: High Level View



The ABHI Evaluation Challenge

- Australian National Reform Agenda – prevention across the health system, to remove impediments to labor force productivity related to chronic disease and disability
- Initiative includes: 5 priority areas (with 11 components), implemented by 9 jurisdictions
- Potentially need to track changes at individual, community, health services, and health policy levels – and within 2 years! - but how?



Meeting the Health Information Challenge for ABHI Evaluation – In Theory

- Individuals – State-based CATI health surveys, hospital morbidity data
- Communities – Emerging approach to community indicators (Victoria)
- Government policies and programs – GP spending and utilisation, social marketing spending and reach, community programs spending (and reach), other related programs and spending
- Systems – General health promotion and community health spending? Non-government efforts? Partnerships? Leadership? Governance? workforce?

Monitoring/Surveillance Systems – Consumers

- Risk Factors – State CATI surveys, national surveys (drugs, nutrition)
- Conditions – Registries, CATI surveys
- Population group – Women’s health, indigenous children’s health
- National Health Survey
(Attention largely to health and social outcomes and limited attention to determinants of health at the individual level)



Problems With CATI Surveys (Risk Factor Surveillance)

- Narrow conception of risk factors (ie limited to 'lifestyle')
- Little information on socioeconomic and other environmental factors
- Limited sample size – overall population estimate not sufficient for tailoring programs to specific population groups or localities

Improving Risk Factor Surveillance Systems For Health Promotion

- Broad definition of risk factors/ determinants of health possible
- Incorporation of intermediate health promotion and social outcomes possible
- Over-sampling possible
- Targeted studies of priority issues possible
- Targeted, timely and creative reporting possible
- Improving capacities of and links between analysts and program providers needed

Monitoring/Surveillance Systems – at community and system levels

- Episodic Health Impact Assessment in some states (no UK-style regional public health observatories)
- Some work on community indicators (in Victoria) – social, economic, environmental and cultural factors influencing health
- No tracking health systems and policies (a la European Observatory, or CARMEN NCD Policy Observatory)

Tracking of Primary Health Care and Health Promotion Systems and Policies

- Administrative reporting – payment and occasions of service
- System Assessment Tool (for chronic disease in Aboriginal Medical Services) covers:
 - Organisation
 - Partnerships
 - Decision Support
 - Client Support
 - Delivery system
 - Information Systems

Need for Ongoing Informational Platform

- Continuous and consistent data
- Monitoring trends necessary for program design and less costly evaluation approaches
- Information infrastructure allow for additional questions/modules, as well as special studies with sub-groups
- Ideally, record linkage of clinical data sets

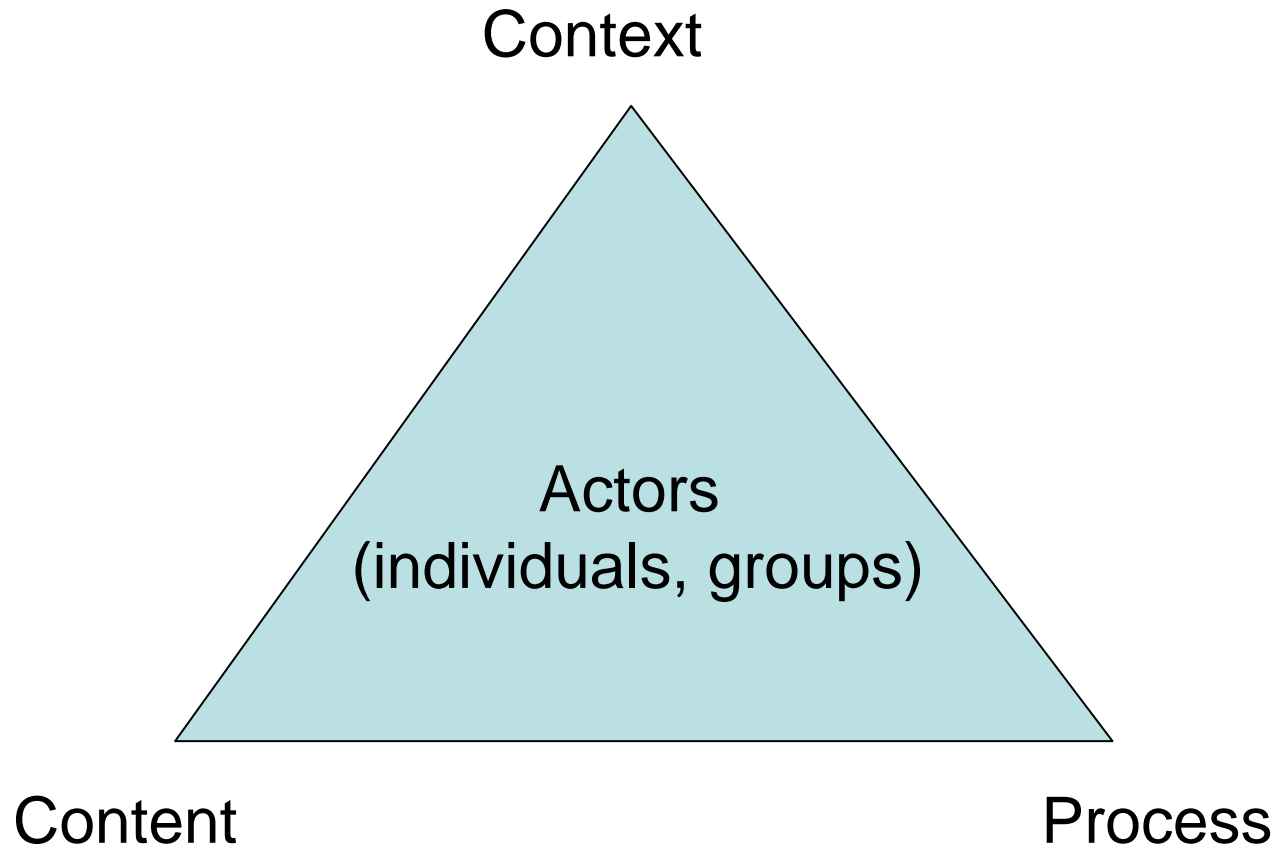


ABHI Evaluation Framework – A negotiated outcome

- No agreement to ongoing information platform; limited interest in social determinants and equity
- Meta-evaluation of flagship projects
- Linkage and pathway study incorporating 1) administrative data, 2) provider survey using system assessment tool, 3) patient journey survey, with CATI surveys informing overall population trends
- Key informant interviews on policy leverage



The Health Policy Triangle (Walt and Gilson)



Stakeholder interests

- **PARTICIPANTS**
 - Senior officials
 - Technical analysts
 - Program planners
- **SILENT VOICES**
 - Consumers/community interests
 - Clinicians/program providers
 - Businesses

Place of Evidence and Place of Stakeholders In The Policy Process?

- **USE OF EVIDENCE**
 - Knowledge? – to address information uncertainty and as basis for action? To instigate policy learning?
 - Clarify value uncertainty? – consider the values and intentions which underlie the use of information? Advocacy?
- **WHOSE EVIDENCE**
 - Divergent interests between funders, program advocates, public health analysts
 - Community interests?

Taming Policy Problems

- Chronic disease prevention is a complex policy arena, with multiple causes and requiring multiple solutions
- Policy problems as “wicked problems” - difficult to identify both nature of problem and solutions - wicked problems need framing before they can be tamed
- Data and research evidence can contribute to framing and taming of wicked problems - data do not speak for themselves but rely on policy entrepreneurs



Important Roles of Surveillance (a la Wiseman)

- A reporting tool – to track and communicate progress towards agreed goals and outcomes
- A policy tool – to provide evidence for intervention planning
- A democratic tool – to engage stakeholders, particularly communities, in informed decision-making about programs and priorities

(But need to be championed through policy entrepreneurship)