

## Output report of the *State of Our Health* consultation between 15 January 2016 and 19 February 2016

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## Table of contents

<b>1. EXECUTIVE SUMMARY.....</b>	<b>3</b>
<b>2. INTRODUCTION AND BACKGROUND TO STATE OF OUR HEALTH .....</b>	<b>4</b>
<b>3. RATIONALE FOR UPDATING STATE OF OUR HEALTH .....</b>	<b>4</b>
<b>4. CONSULTATION APPROACH.....</b>	<b>5</b>
4.1 Objectives .....	5
4.2 Scope .....	5
4.2.1 Included .....	5
4.2.2 Excluded.....	5
4.3 Approach .....	5
4.3.1 Stakeholders and communication .....	6
4.3.2 Limitations of the approach.....	6
4.4 Project governance and risks.....	6
4.4.1 Governance.....	6
4.4.2 Risks & Issues .....	7
<b>5. RESULTS OF THE CONSULTATION.....</b>	<b>7</b>
5.1 Results from the email campaign .....	7
5.2 Results for the online survey .....	8
5.3 Results from face-to-face consultations.....	11
5.4 Results from written submissions.....	12
5.5 Results from telephone calls .....	13
<b>6. DISCUSSION.....</b>	<b>14</b>
<b>7. RECOMMENDATIONS .....</b>	<b>15</b>
7.1 Recommendations for final release .....	15
7.2 Recommendations for future steps .....	15
<b>8. APPENDICES .....</b>	<b>16</b>
8.1 Attachments .....	16
8.2 Record of distribution .....	16
8.3 Related documents .....	16

## 1. EXECUTIVE SUMMARY

The Health Performance Council (HPC) first published the *State of Our Health* (SoOH) report as Adobe Portable Document Format (.pdf) and Microsoft Word (.doc) documents for download in 2013. SoOH assesses the health of South Australians, identifies significant health status trends, and considers future priorities for the health system. In 2015, SoOH underwent a complete refresh with updated data and a new online format. In early 2016 the HPC released a consultation draft of the new-look SoOH seeking stakeholder views on its content and usability of the new format.

Over the consultation period in January and February 2016, the HPC invited feedback on the new-look SoOH from the Minister's Office, SA Health managers, HPC prescribed bodies and other key HPC stakeholders with an online survey (via email campaign), face-to-face meetings and an invitation to provide written submissions.

The consultation generated 34 online survey responses, two telephone calls, three written responses and three face-to-face consultation meetings with a total of 30 individuals. The overall response showed high levels of satisfaction with the new-look SoOH amongst stakeholders who responded. Respondents rated the new-look SoOH as a valuable information source, finding it well-structured, easy to use and understand, and covering key health indicators of the South Australian population. Respondents indicated that they are very likely to recommend SoOH to their professional network.

The consultation also provided the HPC with suggestions for areas where SoOH could be further improved. Based on the results of this consultation and other considerations that arose during the consultation period, it is recommended to the HPC that they incorporate the following feedback when finalising SoOH for public release:

1. The HPC Secretariat work with the SA Health Communications team to supply an ebook format for SoOH and produce an accessible format.
2. The HPC Secretariat edit the draft SoOH to (i) expand trend series from five years to ten wherever possible; (ii) add the overweight cohort to the adult obesity data; and (iii) include childhood overweight/obesity rates to assist with key messages in the communications plan.
3. The HPC Secretariat edit the draft to address respondents' request for contextual stories and include two small 'in focus' type topics for (i) smoking rates in the 16-24 years age cohort over time; and (ii) life expectancy for ages 65 years and over to assist with key messages in the communications plan.

It is also recommended to the HPC that they consider the following feedback in the forward plan for future editions:

1. Conduct further information needs research through the HPC's developing communication strategy and stakeholder and community engagement strategy. This could include running similar surveys with the update cycles of SoOH.
2. Regularly map existing SoOH-type resources to avoid duplication of effort.
3. Appraise options to expand SoOH to include reporting of (i) additional data and analysis on vulnerable groups within Aboriginal populations, carers and veterans; (ii) additional data and analysis on diabetes, stroke, housing access/quality and childhood educational outcomes; (iii) alternative data sources around measures related to alcohol use, smoking rates, cancer incidence/screening rates and mental health; and (iv) health service utilisation and finance statistics.
4. Appraise options to incorporate more case studies and contextual stories around the data, and appraise alternative data visualisation techniques to increase reader engagement, such as infographics.
5. Appraise technical options for SoOH to move to a more interactive, information-portal model that allows users to drill down into the information presented.

## 2. INTRODUCTION AND BACKGROUND TO *STATE OF OUR HEALTH*

Under the *Health Care Act 2008*, the HPC is required to assess the health of South Australians, identify significant health status trends, and consider future priorities for the health system in regard to these trends – including particular illnesses and population groups.

The HPC fulfils this requirement with the *State of Our Health* (SoOH) and its *Aboriginal Population Compendium* (the Compendium).

Only one edition of SoOH has been published to date, in June 2013, with the Compendium following in November 2014. Both reports are available publicly for download on the HPC website in Adobe Portable Document Format (.pdf) and Microsoft Word (.doc) format. Copies of the SoOH were also sent on CD to country stakeholders due to internet speed considerations in rural and remote areas of the state. Findings were corroborated with stakeholders and were used in the HPC's 2014 report into the performance of the South Australian health system.

Google Analytics records that between June 2013 and December 2015 the webpage hosting the SoOH documents has been accessed just over 1,400 times in total (average 1.5 times per day).

## 3. RATIONALE FOR UPDATING *STATE OF OUR HEALTH*

The HPC's 2015-2018 review cycle is underway. In planning the research agenda for this review, the HPC considered the fitness-for-purpose of SoOH, both in terms of its reported data and the document format.

SoOH is an important part of the HPC's reporting functions to the Minister, and is also intended to be helpful to colleagues in the wider health system. Situational feedback is that SoOH is a useful resource for its readers and a product of which the HPC can be proud.

The HPC assumed the low webpage visit and download count may be attributed to an aversion to downloading PDF documents when more people now seek out the information on mobile devices. HPC took the decision to move SoOH to a mobile-friendly, modular, online format. A collateral benefit of the modular online format is allowing the HPC to plan an increased frequency of SoOH updates as each data source is refreshed. This is less resource intensive than producing single PDF editions.

## 4. CONSULTATION APPROACH

A new edition of SoOH was produced as a consultation draft with updated content and an online format. The primary customer of SoOH remains, ultimately, the Minister for Health. However, it is considered essential during this update process that all of HPC's stakeholders are kept informed and consulted and their views and feedback incorporated into the final product.

### 4.1 Objectives

The objective of the consultation approach was to seek views from specific stakeholder groups to (i) test how well the new edition met their needs; and (ii) enable feedback to influence the final product and plans for future updates. The specific stakeholder groups consulted were:

- The Minister for Health
- HPC prescribed bodies
- Health data users
- Aboriginal health
- SA Health executives, system managers and planners
- HPC stakeholders
- Health consumers

### 4.2 Scope

#### 4.2.1 Included

Included within the scope of this consultation was feedback from the specific stakeholders groups identified above that could improve the utility and presentation of the format, and the relevance and application of the updated measures in the draft SoOH.

#### 4.2.2 Excluded

Excluded from the scope of this consultation was further wholesale overhaul of the format of SoOH, analysis of health data below the geographic level of Local Health Network, and adding a large number of new indicators.

### 4.3 Approach

The new-look SoOH was released as a consultation draft on 15 January 2016 and until 19 February 2016 stakeholders were approached via email and face-to-face consultations, or invited to provide written submissions.

Stakeholders were asked what they thought:

- the new version of SoOH does well
- where it needs to improve
- how easy the new-look format is to use and understand
- how valuable the information is for *their* own planning, policy-making and decision-making.

### 4.3.1 Stakeholders and communication

In December 2015 a simple stakeholder engagement plan was developed to establish the main audiences of the consultation, outlining what expert parties needed to be targeted, their priority (in terms of their influence and potential impact on the final product) and optimal method of engagement.

It was determined that two main approaches were needed to adequately target a range of views: an online approach and face-to-face meetings. However, written submissions were also accepted if people preferred to contact the HPC Secretariat that way.

In summary, the following parties were invited to provide feedback, either online or face-to-face, on the format and content of the consultation draft SoOH:

Office of the Minister for Health ..... Direct email with link to online survey

SA Health executive..... Direct email with link to online survey

HPC prescribed bodies ..... Direct email with link to online survey

SA Health health data users ..... Face-to-face consultation

Aboriginal health ..... Face-to-face consultation

Health system managers and planners ..... Direct email with link to online survey

..... Face-to-face consultation

HPC stakeholders and health consumers..... MailChimp email campaign with link to online survey.

The online approach was a web survey using SurveyMonkey, linked via email campaign using MailChimp and SA Health direct email messaging. The survey was designed around the two main areas that feedback was sought: the format and content of the consultation draft of SoOH. The email message and survey were tested internally on secretariat staff and re-tested with HPC members to ensure it was easy to understand and that no questions had been missed. A copy of the MailChimp and direct email messages are provided as Attachments 1 and 2. A copy of the survey is provided as Attachment 3.

A slide deck was prepared for face-to-face consultations, modelled on the survey, that would encourage audience participation in providing feedback on format and content of the consultation draft of SoOH. A copy of the slide deck is provided as Attachment 4.

### 4.3.2 Limitations of the approach

Three main limitations were identified in the approach chosen for this project, principally around potential for unknown bias affecting the results:

1. Online surveys can have low response rates and are self-selecting. Views collected via this method may not be truly representative of the wider audience or general users of SoOH.
2. Face-to-face consultations may not encourage the level of audience participation needed to gather quality feedback. Again the type of feedback provided via this method is self-selecting and can miss a more representative view.
3. Tight timeframes mean that views of important stakeholder groups may be missed.

## 4.4 Project governance and risks

### 4.4.1 Governance

The day-to-day consultation coordination was with the Project Manager assisted by the HPC Secretariat Director, the overall approvals of key project deliverables was with the HPC Chair, and the final endorsement to release final SoOH publically will be determined by the HPC meeting on 24 March 16. There was no other governance body for this project.

#### 4.4.2 Risks & Issues

Project risks were identified in planning and management approaches agreed to minimise impact including taking account of the loss of key staff time through competing priorities, leave or illness and tight timeframes for handoffs and approvals by key HPC stakeholders. .

## 5. RESULTS OF THE CONSULTATION

### 5.1 Results from the email campaign

The MailChimp email campaign was delivered on Friday 15 January 2016 to 346 subscribers on the HPC stakeholder distribution list with a link to the consultation draft SoOH and SurveyMonkey survey. Initial deadline for responses was Friday 29 January 2016. Summary of outcomes:

- 346 subscribers on list
- 142 opened/read the email
- 58 clicked (unique clicks) on the link to the SoOH
- 31 clicked (unique clicks) on the link to the survey

A direct email from the HPC's Microsoft Outlook Inbox was also sent on 15 January 2016 to prescribed bodies and SA Health managers with a link to the consultation draft SoOH and SurveyMonkey survey. Recipients were invited to have their say by Friday, 29 January 2016. As this email was sent using the SA government email system there's no way of knowing for sure how many recipients actually read this email or clicked on the links.

A MailChimp email reminder campaign went on 29 January 2016 to 331 subscribers (list reduced following initial campaign with out-of-date emails, unsubscribers, etc. removed) with a link to SurveyMonkey (campaign deadline was extended to 5 February 2015). Summary of outcomes:

- 331 subscribers
- 106 opened/read the reminder email
- 27 clicked (unique clicks) on the link to SoOH
- 24 clicked (unique clicks) on the link to the survey

After initial email campaign launched, activity on the SoOH website peaked at 54 unique users/362 pageviews.

After reminder email campaign, activity on the SoOH website peaked at 26 unique users/102 pageviews

In summary, over the 35-day consultation period from 15 January 2016 to 19 February 2016, the SoOH website recorded 247 browsing "sessions" (7.1 sessions per day), 1828 "pageviews" (52.2 pageviews per day, corresponding to an average of 7.4 pageviews each session).

## 5.2 Results for the online survey

### Survey

The email campaign linked to an online SurveyMonkey survey which was open for responses from 15 January 2016 to 5 February 2016 (extended deadline).

HPC invited specific groups to take the survey. It is a small sample and this needs to be kept in mind when interpreting these results. It is not possible to calculate a response rate as the email survey could have been disseminated through networks.

There were 34 responses in total to the online survey over this time period. Below is a summary analysis of the responses received.

### Q1. Are you responding as an individual or on behalf of an organisation?

As an individual.....55%

On behalf of an organisation...45%

### Q2. Your details (optional)

27 respondents provided contact details (see Q3 below).

Terry Sparrow, Dept. of State Development  
 Lyn Poole, Rural Doctors Workforce Agency  
 South Coast Health Advisory Council  
 Sandra Plew  
 Jim Jannes, Neurology Department, CALHN  
 Diane Watson  
 June Lennon  
 Lynda Dandie, Women's & Children's Health Network  
 Ellen Kerrins, Health Consumers Alliance SA  
 Marianne Lewis, Carers SA  
 Archie Baker, Country Health SA Local Health Network  
 Mitch Ratajkoski, National Stroke Foundation  
 Lindsay Richards, School of Dentistry, The University of Adelaide  
 Ian Symonds, School of Medicine, University of Adelaide  
 Rosemary Crowley  
 Marie Longo, Drug and Alcohol Services South Australia  
 Laurie Lewis  
 Lucy Evans  
 Rhonda Elkington, The Salvation Army South Australia  
 Harold Stewart  
 Jane Mussared, COTA SA  
 Gerry O'Callaghan  
 Julia Langrehr, RSL-SA  
 Barrie Moyle  
 Kate Swetenham, Southern Adelaide Palliative Services  
 Tony Irvine, Eyre Peninsula Local Government Association  
 Peter Sparrow, Carer Support

### Q3. Would you like a copy of the consultation evaluation report?

27 respondents said they would like us to send them a copy of the evaluation report.



**Q4. In what capacity do you currently interact with the Health Performance Council?**

Health professional .....20%  
 Manager/executive.....31%  
 Health researcher .....9%  
 Health consumer .....17%  
 Other .....23%

**Q5. How likely is it that you would recommend *State of Our Health* to your professional network?**

Average rating of 4.3 out of 5.

**Q6. What do you think *State of Our Health* does well?**

This was a free-field text question. Text analysis of the answers indicated that respondents thought SoOH was well-structured and clear, with good coverage of key health indicators of the South Australian population

**Q7. What do you think *State of Our Health* could do better?**

This was a free-field text question. Text analysis of the answers indicated that respondents thought SoOH could put more focus/additional analysis into certain diseases (e.g. stroke), country health and Aboriginal health.

**Q8. In your opinion, what statistical measures are missing from *State of Our Health*?**

This was a free-field text question. Text analysis of the answers indicated that respondents would like to see statistical measures added on GPs, stroke, under-16 years' data, carers, familial violence, and veterans. General comments were that readers would like to see SoOH expanded to report service utilisation data as well as health outcome data.

**Q9. In your opinion, what statistical measures are unnecessary in *State of Our Health*?**

The overwhelming opinion of the feedback received is that none of the statistical measures should be removed.

**Q10. To what extent do you agree *State of Our Health* is valuable an information source for planning, policy making and decision making?**

Average rating of 4.4 out of 5.

Interestingly, those responding on behalf of an organisation tended to rank this question slightly higher (avg. 4.6) compared to those responding as an individual (4.2). The split by job type cohort (health consumer, health professional, health researcher, manager/executive) resulted in numbers too small to draw any definitive conclusions about differences.

**Q11. To what extent do you agree that *State of Our Health* captures the issues most important to you?**

Average rating of 3.6 out of 5.

**Q12. State of Our Health presents its statistical measures as tables of figures, graphed data and text summaries of the information. Which do you personally prefer as easiest to understand?**

Tables of figures .....35%

Graphed data .....50%

Text summaries .....15%

**Q13. How easy is it to understand the tables of figures, graphed data and text summaries presented in *State of Our Health*?**

Tables of figures .....Average rating of 4.3 out of 5.

Graphed data .....Average rating of 4.3 out of 5.

Text summaries .....Average rating of 4.4 out of 5.

**Q14. What additional data visualisation techniques would you recommend for future editions of *State of our Health*?**

Suggestions were (holistic) mind mapping to show the various (service) pathways available to Aboriginal people and 3-D graphs.

**Q15. How easy is it to FIND information in *State of Our Health* using your preferred browser?**

Desktop/laptop browser .....Average rating of 4.2 out of 5.

Mobile phone/tablet browser...Average rating of 3.8 out of 5.

**Q16. How easy is it to VIEW information in *State of Our Health* using your preferred browser?**

Desktop/laptop browser .....Average rating of 4.2 out of 5.

Mobile phone/tablet browser...Average rating of 3.9 out of 5.

**Q17. How easy is it to NAVIGATE information in *State of Our Health* using your preferred browser?**

Desktop/laptop browser .....Average rating of 4.3 out of 5.

Mobile phone/tablet browser...Average rating of 3.9 out of 5.

**Q18a. How would you rate the overall content of the HPC website generally?**

Average rating of 4.0 out of 5.

**Q18b. Why do you visit the HPC website?**

Twelve comments – Most respondents visit the HPC website to keep track of its activities:

1. When requested to seek information like this survey
2. To obtain information, check statistics and resources.
3. information
4. To access data
5. To find out what they are doing and see if it aligns with or is informing our work.

6. research
7. HPC have a responsibility under the SA Healthcare Act to monitor health services in S.A. I am always interested to know where we are going and if the system is improving and keeping up with needs.
8. just to find out what it is talking about
9. For information
10. I have worked closely with the HPC in the past in preparing the end of life care report for SA in 2013. I found the unit to be excellent to work with, so i go to the website to see what work is being undertaken.
11. To assist with regional planning & seeking information to lobby for funding & other resources.
12. information/updates

### Q19. Is there anything else you'd like to tell us about HPC communications generally?

Ten comments:

1. Nil.
2. well done
3. Job well done
4. No
5. Informative and can assist with providing links to areas of interest.
6. No
7. Need to develop clarity about their plan and accountability, then need to see how their work connects with other SA Health work and ours.
8. congratulations on a well developed and valuable resource.
9. Don't let it interrupt good services
10. No

## 5.3 Results from face-to-face consultations

In addition to the email campaign and online survey described above, the HPC Secretariat conducted three face-to-face consultation meetings.

### 1. SAHMRI Landscape Advisory Group, 16 Feb 2016

The HPC Secretariat presented to 13 SA Health, ACCHO & NGO sector representatives of the Landscape Advisory Group and other SAHMRI Aboriginal health researchers on 16 February 2016.

The Wardliparingga Aboriginal Research Unit at SAHMRI, the South Australian Aboriginal Health Landscape is a population level study of the health of Aboriginal people in South Australia and the social conditions that affect their health at a local level.

They told us they were interested in seeing three additional areas covered as follows:

1. The health of vulnerable groups within the Aboriginal populations including prisoners, children in out of home care, the homeless and members of the Stolen Generation and young people in the juvenile justice system.
2. Expenditure on Aboriginal Health by local health network area broken down to core state funding only and Commonwealth funding only. The outcome is to transparently report and monitor change in expenditure on Aboriginal Health by both governments over time.
3. Service utilisation – where Aboriginal people are accessing primary health care services such as state-run health clinics, ACCHOs, private GPs and other types of services being accessed. Would also like to see statistics on hospital use by Aboriginal people with chronic diseases and avoidable hospitalisations by Aboriginal inpatients.

In addition, with regards to the Diabetes and Heart and Stroke Strategies for Aboriginal people in South Australia, there are likely to be targets and/or indicators to monitor the implementation and achievements of these two strategies over time. It would be worthwhile discussing the role of the HPC and how the SoOH could include this information.

## 2. Data Analysis Group, 18 February 2016

The HPC Secretariat presented to 12 DAGs' representatives on 18 February 2016

The Data Analysis Group (DAGs) is an informal group of statisticians, epidemiologists, data researchers and other state and Commonwealth government professionals interested in data, both from inside and external to SA Health, that meets monthly to discuss topics of mutual interest around the application of health-related data.

The DAGs provided the following feedback on content and format of the draft SoOH:

- They would like to see additional focus on ease of navigation (e.g. "page turn" button at bottom of each page). Also consider producing an eBook version.
- Consider making the report less 'dry' and more engaging – tell stories to engage the local communities, including case studies.
- Make it more like the data.gov.au web portal or the very good Ontario Public Health Website with access to stakeholders.
- Consider both a public portal for wider community engagement, but also have specialised access for service providers.
- Consider not having the data too massaged and allowing people to drill down for more informative analysis.
- Technical definitions document is required which explains the definitions to aid understanding, consistency, and to avoid misunderstanding or misuse.
- Include Australian Early Development Census data in the Demographics section as a key health outcome determinant.

## 3. Adelaide and Country SA Primary Health Networks – 19 February 2016

The HPC Secretariat presented to five PHN representatives on 19 February 2016

Primary Health Networks were established by the Commonwealth Department of Health to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. PHNs achieve these objectives by working directly with GPs, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.

The PHN group provided the following feedback on content and format of the draft SoOH:

- Presentation: Tell contextual stories to engage the local communities and use infographics in the introductory chapters of each section.
- Include childhood overweight/obesity statistics.
- Include cancer incidence and cancer screening rates.
- Consider alternative data sources for the back pain statistics – look at the Australian Atlas of Healthcare Variation.
- Include more detailed analysis on the following topics: diabetes, heart health, mental health, psychiatric illness, illicit drug use and suicide.

## 5.4 Results from written submissions

During the consultation period the HPC Secretariat received three written submissions on the consultation draft of the SoOH from Heather Allanson, Masters Student at Torrens University Australia, Dr Mary Brooksbank, Chair, Palliative Care SA and Frank Lampard, Co-Commissioner for Aboriginal Engagement in the Department of State Development.

**1. Ms Heather Allanson, Masters Student at Torrens University Australia**

Ms Allanson's full response is provided as Attachment 5. Due to time constraints Ms Allanson was only able to review Chapter 1 of SoOH but gave actionable editorial feedback that can be applied across all chapters.

Ms Allanson also suggested that it is "incredibly important that the data can be cut and pasted or extracted in non-editable format by readers/ users. This ensures your final product adds value to the planners in the health system. This may not be possible, but should be considered as appropriate."

**2. Dr Mary Brooksbank, Chair, Palliative Care SA**

Dr Brooksbank's full response is provided as Attachment 6. Dr Brooksbank emailed the HPC Secretariat, thanking the HPC for "a very comprehensive and useful report", and proposing that location of the person at the time of death be added to the End of Life section to "help monitor trends, hopefully looking for a shift in site of death from hospital to home, or place of usual residence".

**3. Mr Frank Lampard, Co-Commissioner for Aboriginal Engagement**

Mr Lampard's full response is provided as Attachment 7. Some key messages that came out of the response include:

- A request to produce SoOH in a format that can be downloaded/printed as one single document.
- The suggested inclusion of housing-related (housing quality, housing access) statistics as health determinants.
- The suggestion to include some case studies as a valuable resource tool that pictorially depicts and demonstrates successful best practice examples and outcomes.

**5.5 Results from telephone calls**

During the consultation period the HPC Secretariat received calls from the Office of the Chief Executive of the SA Ambulance Service and the Australian Nursing and Midwifery Federation, both looking for a version of the new-look SoOH that could be downloaded and printed as a single document.

## 6. DISCUSSION

The SoOH received very high levels of satisfaction from stakeholders who responded to the consultation request. Respondents praised the new-look SoOH highly as a valuable information source and said they are highly likely to recommend it to their professional network. They found SoOH to be well-structured, easy to use and understand, and covered the key health indicators of the South Australian population.

The HPC needs to become more aware of all the groups who work in the wider health system and could use SoOH-type products. With low response rates to this consultation it is most likely not all views were captured in this exercise, and the HPC Secretariat proposes that further information needs research be done through the HPC's developing communication strategy and stakeholder and community engagement strategy.

In the first instance, the consultation results can influence the current SoOH format and content and its future development as follows:

1. HPC should look at options to produce an eBook version that has an accessible format option. Respondents like the new-look online format of SoOH. However, there is some concern that relying only on the online version would disadvantage those who would prefer/need offline access to SoOH, those who want to print a full copy as a book, and those who need an accessible format.
2. HPC should look at illustrating SoOH's statistical reference content with more case studies and contextual stories around the data and investigate the use of infographics.
3. HPC should look at developing new measures that illustrate specific population groups in the South Australian community that could be the focus of additional analysis in the report such as vulnerable groups within the Aboriginal populations, carers and veterans.
4. HPC should look at developing additional analysis in SoOH on topics such as diabetes, stroke, childhood obesity, and health determinants such as housing access/quality and childhood educational outcomes, and explore accessing additional data and alternative data sources around measures related to alcohol use, smoking rates, cancer incidence/screening rates and mental health.
5. HPC should look at expanding the scope of SoOH to also include health service utilisation and finance statistics.
6. HPC should appraise options for format that offers a more interactive product including the ability to 'drill down' into the statistics presented.

## 7. RECOMMENDATIONS

### 7.1 Recommendations for final release

Based on the results of this consultation on the draft SoOH, and other considerations that arose during the consultation period, it is recommended that the HPC incorporate the following feedback in finalising the product for public release in April 2016:

1. The HPC Secretariat work with the SA Health Communications team to supply an eBook format for SoOH and produce an accessible format.
2. The HPC Secretariat edit the draft SoOH to (i) expand trend series from five years to ten wherever possible; (ii) add the overweight cohort to the adult obesity data; and (iii) include childhood overweight/obesity rates to assist with key messages in the communications plan.
3. The HPC Secretariat edit the draft to address respondents' request for contextual stories and include two small 'in focus' type topics for (i) smoking rates in the 16-24 years age cohort over time; and (ii) life expectancy for ages 65 years and over to assist with key messages in the communications plan.

### 7.2 Recommendations for future steps

Based on the results of this consultation on the draft SoOH, and other considerations that arose during the consultation period, it is recommended to the HPC consider the following in the future development of SoOH:

1. Conduct further information needs research through the HPC's developing communication strategy and stakeholder and community engagement strategy. This could include running similar surveys with the update cycles of SoOH.
2. Regularly map existing SoOH-type resources to avoid duplication of effort.
3. Appraise options to expand SoOH to include reporting of (i) additional data and analysis on vulnerable groups within Aboriginal populations, carers and veterans; (ii) additional data and analysis on diabetes, stroke, housing access/quality and childhood educational outcomes; (iii) alternative data sources around measures related to alcohol use, smoking rates, cancer incidence/screening rates and mental health; and (iv) health service utilisation and finance statistics.
4. Appraise options to incorporate more case studies and contextual stories around the data, and appraise alternative data visualisation techniques to increase reader engagement, such as infographics.
5. Appraise technical options for SoOH to move to a more interactive, information-portal model that allows users to drill down into the information presented.

## 8. APPENDICES

### 8.1 Attachments

1. MailChimp email message and follow-up reminder sent to HPC stakeholder list, 15 Jan 2016 and 29 Jan 2016.
2. Direct email message sent to SA Health executives, managers and HPC prescribed bodies, 15 Jan 2016.
3. Online survey form
4. Slide deck presented at face-to-face meetings, 16-19 Feb 2016.
5. Written submission from Ms Heather Allanson, 4 Feb 2016.
6. Written submission from Dr Mary Brooksbank, 9 Feb 2016.
7. Written submission from Mr Frank Lampard, 12 Feb 2016.

### 8.2 Record of distribution

Revision Date	Version	Distributed to	Notes
26/2/2016	1.0	Stephen Duckett (sponsor) and HPC	Draft for Project Sponsor input and HPC endorsement.
31/3/2016	1.1	Public	HPC endorsed publishing this report on the HPC website at their 24 March 2016 bi-monthly meeting.

### 8.3 Related documents

The soft copy of this document is located at:

T:\HPC Secretariat\3.0 HPC Business\3.3 HPC Projects\3.3.8 Stakeholder Engagement Strategy\SoOH Discussion Project 2016\Report\_on\_the\_consultation\_about\_SOOH\_content\_and\_format\_Jan16\ Output report on SoOH consultation - FINAL DRAFT.docx

Title	Author	Date	Version



# Health Performance Council



Dear FirstName,

We are writing to seek your views on a new consultation draft version of the Health Performance Council's (HPC's) *State of Our Health* report. Your response will assist us in finalising the report for a public release. *State of Our Health* is an authoritative source of intelligence on health status and health outcomes in the South Australian population.

We have updated the statistical measures in *State of Our Health* and presented it in a more accessible, online format that we hope is easier to use and available to a wider audience, including on mobile devices. We are keen to know what you think this new version does well, where it needs to improve, how easy the new-look format is to use and understand, and how valuable the information is for your planning, policy making and decision making.

The consultation draft is available online here: [\[State of Our Health\]](#)

We are seeking feedback via a short survey (should only take 5 minutes to complete) which you can access here: [\[Survey\]](#).

**You are invited to have your say by Friday, 29 January 2016.**

Please contact the HPC Secretariat via return email or on telephone 8226 3188 with any technical difficulties accessing the consultation draft, or with questions regarding the survey and why it is being carried out, or to know more about the development of *State of Our Health*.

Thank you for your input to this important work. We look forward to hearing your suggestions.

Yours sincerely,

The HPC Secretariat

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***Want to see more of our independent advice? Check out [www.HPCSA.com.au](http://www.HPCSA.com.au)***

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You can [update subscription preferences here](#) and [unsubscribe from this list here](#).*

**Keep in touch:**

- Phone: 08 8226 3188
- Email: [HealthHealthPerformanceCouncil@sa.gov.au](mailto:HealthHealthPerformanceCouncil@sa.gov.au)
- Post: PO Box 3246, Rundle Mall, SA, 5000, Australia

MailChimp

# Health Performance Council



Dear <FirstName>,

Recently we wrote to our stakeholders, seeking views on a new consultation draft version of the Health Performance Council's (HPC's) *State of Our Health* report. All responses are greatly appreciated and will assist us in finalising the report for a public release.

**If you have not yet had an opportunity to provide your feedback**, then we have extended the consultation period for another week. **You can still have your say until Friday, 5 February 2016.**

The consultation draft is available online here: [\[State of Our Health\]](#)

The 5-minute survey to provide feedback is here: [\[Survey\]](#).

*State of Our Health* is an authoritative source of intelligence on health status and health outcomes in the South Australian population. We have updated its statistical measures and presented it in a more accessible, online format that we hope is easier to use and available to a wider audience, including on mobile devices. We are keen to know what our stakeholders think this new version does well, where it needs to improve, how easy the new-look format is to use and understand, and how valuable the information is for your planning, policy making and decision making.

Please contact the HPC Secretariat via return email or on telephone 8226 3188 with any technical difficulties accessing the consultation draft, or with questions regarding the survey and why it is being carried out, or to know more about the development of *State of Our Health*.

Thank you for your input to this important work.

Yours sincerely,

The HPC Secretariat

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- Post: PO Box 3246, Rundle Mall, SA, 5000, Australia

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*MailChimp*

Dear <First Name>,

The Health Performance Council (HPC) is seeking your views on a new version of its *State of Our Health* consultation draft. This is the second version of the report produced by the HPC that describes the health status and health outcomes in the South Australian population. Your response will assist us in finalising the product for a public release.

This new version of *State of Our Health* has updated statistical measures and is now presented in a more accessible, online format that the HPC hopes is easier to use and available to a wider audience, including on mobile devices. The HPC is keen to know what you think this new version does well, where it needs to improve, how easy the new-look format is to use and understand, and how valuable the information is in your planning, policy making and decision making.

The consultation draft is available online here: [http://hpcsaustralia.com.au/state\\_of\\_our\\_health](http://hpcsaustralia.com.au/state_of_our_health)

We are seeking feedback via a 5-minute survey which you can access here:  
<https://www.surveymonkey.com/r/HNGWLRQ>

**You are invited to have your say by Friday, 29 January 2016.**

Please contact the HPC on return email or on telephone 8226 3188 with any technical difficulties accessing the consultation draft, or with questions regarding the survey and why it is being carried out, or to know more about the development of *State of Our Health*.

Thank you for your input to this important work. The HPC looks forward to hearing your suggestions.

Kind regards,  
Jane Austin  
Director  
Health Performance Council (HPC) Secretariat

Ref: 15-HPC-1466(i)



## Feedback on the Health Performance Council's State of Our Health consultation draft

Page 1 of 2 - About you and your overall impression of *State of Our Health*

### Purpose of this survey

The Health Performance Council (HPC) is seeking your views on a new consultation draft version of the *State of Our Health* report. Your response will assist us in finalising the product for a public release.

**You are invited to have your say by Friday, 5 February 2016.**

*State of Our Health* is an authoritative source of intelligence on health status and health outcomes in the South Australian population. Its statistical measures have been updated and now presented in a more accessible, online format that we hope is easier to use and available to a wider audience, including on mobile devices.

**The consultation draft is available online here: [\[State of Our Health\]](#)**

**The survey should only take around 5 minutes to complete.** If you experience any technical difficulties accessing the consultation draft or completing the survey, please contact the HPC Secretariat via [email](#) or on telephone 8226 3188.

Thank you for your input to this important work. We look forward to hearing your suggestions.

### PART I: ABOUT YOU

**1. Are you responding as an individual or on behalf of an organisation?**

- ☐ As an individual
- ☐ On behalf of an organisation

## 2. Your details (optional):

Your name:

Your organisation (if  
responding on their  
behalf):

Preferred email  
contact:

## 3. We will summarise respondent feedback to the release of the *State of Our Health* consultation draft in an evaluation report. Would you like a copy of this report?

- ☐ Yes
- ☐ No

## 4. In what capacity do you currently interact with the Health Performance Council?

- ☐ Health professional
- ☐ Manager/executive
- ☐ Health researcher
- ☐ Health consumer

Other (please specify)

## PART II: OVERALL IMPRESSION OF [\*STATE OF OUR HEALTH\*](#)

## 5. How likely is it that you would recommend *State of Our Health* to your professional network?

Extremely likely

Likely

Neutral

Unlikely

Extremely unlikely

☐☐☐☐☐

Any specific comments?

6. What do you think *State of Our Health* does well?

7. What do you think *State of Our Health* could do better?

Next



## Feedback on the Health Performance Council's State of Our Health consultation draft

Page 2 of 2 -- Your views on the content and format of *State of Our Health*

### PART III: CONTENT OF [STATE OF OUR HEALTH](#)

8. In your opinion, what statistical measures are missing from *State of Our Health*?

9. In your opinion, what statistical measures are unnecessary in *State of Our Health*?

10. To what extent do you agree *State of Our Health* is valuable an information source for planning, policy making and decision making?

Strongly agree

Agree

Neither agree nor  
disagree

Disagree

Strongly disagree

☐☐☐☐☐

Any specific comments?

11. To what extent do you agree that *State of Our Health* captures the issues most important to you?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any specific comments?

PART IV: FORMAT OF [STATE OF OUR HEALTH](#)

12. *State of Our Health* presents its statistical measures as tables of figures, graphed data and text summaries of the information. Which do you personally prefer as easiest to understand?

- ☐ Tables of figures
- ☐ Graphed data
- ☐ Text summaries

Any specific comments?

13. How easy is it to understand the tables of figures, graphed data and text summaries presented in *State of Our Health*?

	Very easy	Easy	Neutral	Difficult	Very difficult
Tables of figures:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graphed data:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text summaries:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any specific comments?

14. What additional data visualisation techniques would you recommend for future editions of *State of our Health*?



**15. How easy is it to FIND information in *State of Our Health* using your preferred browser?**

Very easy

Easy

Neutral

Difficult

Very difficult

Desktop/laptop  
browser

☐☐☐☐☐

Mobile phone/tablet  
browser

☐☐☐☐☐

Any specific comments?

**16. How easy is it to VIEW information in *State of Our Health* using your preferred browser?**

Very easy

Easy

Neutral

Difficult

Very difficult

Desktop/laptop  
browser

☐☐☐☐☐

Mobile phone/tablet  
browser

☐☐☐☐☐

Any specific comments?

**17. How easy is it to NAVIGATE information in *State of Our Health* using your preferred browser?**

Very easy

Easy

Neutral

Difficult

Very difficult

Desktop/laptop  
browser

☐☐☐☐☐

Mobile phone/tablet  
browser

☐☐☐☐☐

Any specific comments?

**PART V: OVERALL IMPRESSION OF THE [HPC WEBSITE](#) AND COMMUNICATIONS**

**18. How would you rate the *overall* content of the [HPC website](#) generally?**

Excellent

Above average

Average

Below average

Poor

☐☐☐☐☐

Why do you visit the HPC website?

**19. Is there anything else you'd like to tell us about HPC communications generally?**

That completes the questions, thank you for your time.

If you would like more information about this survey's content and why it is being carried out, or would like to know more about the development of *State of Our Health*, please contact the HPC Secretariat on:

- Telephone 8226 3188 or
- [Email](#)

**Click the "DONE" button below when you're ready to submit your survey.**

Prev

DONE

Release of the consultation draft of the

# State of Our Health

by the Health Performance Council

[hpcsa.com.au/state\\_of\\_our\\_health](http://hpcsa.com.au/state_of_our_health)

February 2016

**HPC Secretariat**  
Nicholas Cugley, Principal Health Analyst  
[nicholas.cugley@sa.gov.au](mailto:nicholas.cugley@sa.gov.au) 8226 3694

Health Performance Council



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## Acknowledgement

We would like to acknowledge this land that we meet on today is the traditional lands for the Kaurna people and that we respect their spiritual journey with their country. We also acknowledge the Kaurna people as the custodians of the greater Adelaide region and that their heritage beliefs are still as important to the living Kaurna people today.

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## The intention of this consultation

The HPC has released a refreshed, new-look *State of Our Health* as a consultation draft. We want to know:

- > what you think this new version does well
- > where it needs to improve
- > how easy the new format is to use and understand
- > how valuable it is as an information source for *your* planning, policy making and decision making.

Feedback provided will assist us in finalising the report for a public release.

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### Why was *State of Our Health* created?

*State of our Health*, first produced in 2013, fulfils the HPC's requirement to independently advise the Minister for Health on the performance of the SA health system's response to:

- > the health of South Australians
- > significant health status trends in the community
- > future priorities for the health system in regard to these trends – including particular illnesses and population groups.

It sits alongside SA Health's performance reporting about its own health services and Commonwealth/national reporting.

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### What's changed with the new *State of Our Health*?

In 2015, underwent complete refresh:

- > Reports 166 measures against 43 top-level indicators across 5 'life cycle' domains – all updated
- > Moved to a new layout as a searchable online resource that better suits mobile devices and is easier to keep up to date
- > Retains reporting of Aboriginal population health data as a priority focus.

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### Statistical measures

We want to know, does *State of Our Health* capture the issues most important to you and your work?

- > What statistical measures are missing? What indicators should be added to cover gaps in policy priorities?
- > Can you signpost other datasets for new measures in possible future versions?
- > What statistical measures no longer reflect a population health priority, and could be removed?
- > Are there indicators you would argue are not sufficiently robust, and how could that be improved?

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### Format

*State of our Health* is presented in a new layout as an online resource. We want to know, do you find it:

- > easy to navigate and search the website to quickly find topics of interest?
- > easy to understand the tables of figures, graphed data and text summaries?
- > easy to use on mobile browsers?
- > What additional data visualisation techniques would you recommend for future editions?

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### In closing...

- > What do you think *State of Our Health* does well?
- > What do you think *State of Our Health* could do better?
- > How likely is it that you would recommend *State of Our Health* to your professional network?

**Feedback is being sought until the end of February:**  
Nicholas Cugley, Principal Health Analyst  
HPC Secretariat  
nicholas.cugley@sa.gov.au 8226 3694

Health Performance Council



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**Government  
of South Australia**

Health Performance Council

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<b>TO : HPC Team SA via Email</b>	<b>FROM : Heather Allanson</b> <b>DATE : 04/02/16</b>
<b>RE: State of Our Health ,</b>  Draft report provided on Email requesting feedback	<b>ORGANISATION: TUA.</b>  Previous roles RAH 84-88 RAH, 88-94 FMC, 98-01 SDGP, 01- further detail not provided to ensure brevity of this response!)
<b>FEEDBACK :</b> Not provided by via Survey online. 2 pager attached	<b>CONTACT DETAILS:</b> <a href="mailto:E-Heather.allanson@student.tua.edu.au">E-Heather.allanson@student.tua.edu.au</a> M- 0409 694 134

*Thank you for providing the opportunity to comment on the draft. This is a great way to get feedback and show customers and the community that you want to provide a product report that is meaningful and useful.*

Your Key words stated within the introductory paragraph

- Intelligence on health status / health outcomes in the South Australian population. (Clear, terrific).
- Presented it in a more accessible, online format that we hope is easier to use. (see comments)
- Avail to a wider audience, including on mobile devices. (Fantastic, needed with technology changes)
- What stakeholders think? (Opportunistic engagement with customers to ensure the report is useful)
- Version – what the version does well, improvements needed, ease of use, ability to understand, value for planning, policy making and decision making. (see comments)

**Feedback- Chapter 1 only**

Reference	Current version text/diagram	Comment for your consideration
1.1.1	Women's and Children's Health Network (WCHN is <i>statewide</i> )	There is no link or explanation of the meaning of Statewide
1.1.1	Table. Reference above the table <u>Estimated Resident Population</u> , 2014( <i>with 2004 comparison</i> )	The next table 1.1.2 does not provide any year reference. Unsure if this is deliberate. Consistency issue
1.1.2	<u>Text sentence</u> The age-sex structure of the Aboriginal population in South Australia is dramatically different compared to the overall state	The age-sex structure of Aboriginal people in South Australia is dramatically different compared to the overall state population.
1.1.2	<u>Text sentence</u> There are proportionally more females in the 65 years and over age cohort in South Australia as a whole, nationally, and the state's Aboriginal population	Review

1-2-2.	<p>Language spoken at home</p> <p>Around one in seven (15.0%) South Australians did not speak English as a main language at home as at the 2011 Census. Of those mainly speaking a language other than English at home, Italian is the most common at 14.5% of the non-English languages spoken at home, followed by Greek and Mandarin at 11.0% and 7.2%, respectively. At the time of the 2011 Census, 2.5% of the South Australian population spoke a language other than English at home <i>and</i> could not speak English well, or could not speak English at all -- predominantly in the 75 years and over age cohorts.</p>	<p>Review.</p> <p>There is a lot of text and data in this draft. Reading this section at present may result in the need to re-read ( 3 colleagues here just tested it for me)</p> <p>Suggestion</p> <p>Consider using tables as per previous sections. Again, that way readers can “use the Data” in meaningful ways in presentations etc. Using tables provides some consistency also.</p> <p>There are also extra dashes, easy to miss amongst the important data.</p>
1-3-2	<p>Socio-economic status- Introductory paragraph (SEIFA), Index of Relative Socio-economic Disadvantage (IRSD)...</p>	<p>There are extra dots...</p> <p>Again, easy to miss when it is the data and text that is important.</p>
Table	<p>Current</p> <p>Great table, clear, good use of colour.</p>	<p>Question</p> <p>Can a reader cut and paste the table and in their planning work e.g. a slide presentation. E.g. the whole section including Heading, 2 graphs and appropriate ref to HPC data as the source. (This also ensure awareness of the HPC increases and assists in and efficiency for those in planning etc.)</p>
Editing	<p>Editing tools such as GRAMMARLY may assist to read and review sentences with fresh eyes.</p>	<p>When you work on a document for months and are experts at contents, small issues are not seen. I’m in the middle of 30,000 Masters. My comments related to chapter 1 may assist to review the remainder for small typos and consistency etc.</p>

Providing the opportunity to comment on the draft is a great idea. It engages with people and also provides fresh eyes on the document. It is incredibly important that the data can be cut and pasted or extracted in non-editable format by readers/ users. This ensures your final product adds value to the planners in the health system. This may not be possible, but should be considered as appropriate. I haven’t read any further due to time constraints. This short response is to meet you timeline request. I plan to read section 5 in full later tonight as it relates directly to my research in SA .Best wishes to the team behind this enormous task. Feel free to email me if I can assist in any way.

Heather Allanson

## Cugley, Nicholas (Health)

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**From:** Mary Brooksbank <marybrooksbank@gmail.com>  
**Sent:** Tuesday, 9 February 2016 08:52  
**To:** Health:Health Performance Council  
**Subject:** Re: The HPC is seeking your feedback on the new State of Our Health

To HPC Secretariat,

My apologies for being unable to complete your survey before it closed, but I do want to thank you for a very comprehensive and useful report.

One additional useful piece of information in the End of Life section would be the location of the person at the time of death.

I know this is a fairly blunt measure of end of life care meeting people's needs but if this could be included, it would help monitor trends, hopefully looking for a shift in site of death from hospital to home, or place of usual residence.

Yours sincerely,

Mary Brooksbank

*Dr Mary Brooksbank AM, MB BS, FRACS, FChPM*

*Chair, Palliative Care SA*





Physical Id: A747756  
File No. 2016/000041

12 February 2016

Jane Austin  
Director  
Health Performance Council (HPC) Secretariat  
PO Box 3246  
Rundle Mall  
ADELAIDE SA 5000



Dear Ms Austin

**Re: Health Performance Council – State of Our Health Report, 2016**

Thank you for your email dated 29 January 2016 inviting me to comment on the draft *Health Performance Council's – State of Our Health Report, 2016* (the HPC 2016 Report).

Please note my comments are general in nature and do not necessarily reflect the views of my Co-Commissioner for Aboriginal Engagement. Furthermore, my comments are specific to Aboriginal health and ageing.

Please find enclosed my comments for your consideration:

1. The online survey – a member of my staff participated in this survey and found it to be a very useful 'snap shot' resource for planning purposes.
2. The online HPC 2016 Report – the report itself is presented in five (5) separate chapters that captures and connects the different life cycles, from pre-birth to end of life. This style of presentation was informative and very useful, permitting the reader to discretely look at each chapter in isolation from the remainder of the report.

However, for printing purposes it was a time consuming process trying to access the whole of the report and its data by having to go chapter by chapter. It may be prudent to additionally enable the reader to download / save / print the whole of the report (as an alternative user friendly option).



3. The contents of the HPC 2016 Report – the tactful use of statistics comparing the circumstances of Aboriginal and non-Aboriginal people, and identifying the key messages stemming from demographic and profile characteristics are collectively an extremely useful resource to measure, analyse, plan and ‘target’ investment in both the health and ageing portfolios (e.g. growth in preventative health initiatives and the importance of healthy lifestyle practices at an early age).

Health is everybody’s business. This was especially evident by identifying emerging trends in Aboriginal health. The identification of the evidence base increases our understanding of the facts and acts as a catalyst to determine health priorities and remedial measures needed to improve health outcomes (for both acute and preventative health).

4. I do acknowledge that not all factors could be presented in this report (such as learned behaviours and economic characteristics), it is important however to recognise and reinforce the connectedness and/or causal affect between cultural and socio-economic determinants (e.g. housing and access to working showers / toilets) and their day-to-day impacts upon Aboriginal health outcomes (especially poor nutrition and hygiene etc.).

A cursory analysis of this kind would depict a ‘holistic’ approach and understanding about the many faces of Aboriginal health.

For many Aboriginal people, the symptoms of ill health is/are largely understood, and much interest centres on the solutions. Whatever the co-design of health and ageing solutions, it would fundamentally require Aboriginal buy-in, collaborative stakeholder partnerships, and leveraged investment.

To that extent, I refer you to the New South Wales (NSW) Report on Closing the Gap: 10 Years of Housing for Health in NSW – *An evaluation of a healthy housing intervention*, dated 2010, located at

<http://www.health.nsw.gov.au/environment/Publications/housing-health.pdf>.

This NSW Report is a very good example that looked at overcoming and mitigating social determinants associated with housing, and directly measured improvements in Aboriginal (preventative) health outcomes.

5. It may be prudent if the HPC 2016 Report included some case studies as a valuable resource tool that pictorially depicts and demonstrates successful ‘best practice’ examples and outcomes (e.g. cultural competencies across





health service providers, access to timely and relevant information, and increased participation in preventative health measures through changed lifestyles and behaviours – such as immunisation and aged based periodic health status checks etc.).

I wish you every success with your report. I hope you find these comments worthwhile. Once again, thank you for the opportunity to comment.

You may contact me on 8226 5676 (W) or 0466 418 260 (M) to discuss this matter further.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Frank H Lampard', with a stylized flourish at the end.

Frank H Lampard OAM  
**Co-Commissioner for Aboriginal Engagement**

Attachment(s): Nil.

