

# Tools to support health policy development in South Australia

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## ABSTRACT

In the late 1980s, at national level in Australia (and in some States) there was growing recognition that people's chances for life or death, and health or illness are linked to their socioeconomic circumstances, the access they have to goods and services which impinge on their health such as adequate diets, housing, education, income maintenance, transport and a hazard-free environment etc.

The response to this recognition in South Australia was the development of a Social Health Strategy. This strategy called for responses at a number of levels:

- at the policy level, emphasizing the need for a multi-sectoral, public policy approach to health;
- at the services level, to strengthen community-based primary health care services and activities;
- at the community level, with involvement of the local community, along with health professionals and managers;
- at the health system level, through improved policy formulation and planning processes, health goals and targets; with
- information, regarding the socioeconomic and health status profile of the population, to underpin these approaches.

A number of products were subsequently developed to support the Social Health Strategy. These included the Social Health Atlas of South Australia (from 1990), C-Smart (from 1992) and HealthMAP (from 1996). At the national level, similar moves under the National Better Health Program saw the development of the Social Health Atlas of Australia (from 1992) and HealthWIZ (from 1988 in Victoria, and nationally from 1992).

The Social Health Atlas describes the socioeconomic, health status and health service use profile of the population at a small area level; C-Smart provides simple and easy access to tables and maps of Census data; HealthMAP allows maps from the health atlases to be reproduced and pasted into the user's own documents; and HealthWIZ, a statistical database product, which comprises comprehensive health statistics accompanied by high level data management and analysis capability for policy related work such as the facility to calculate age-adjusted rates.

The use of these product is described and selected responses of users (policy developers, planners, clinicians) are provided. The paper concludes with a comment on the limitations of the products and a discussion of a possible way forward in their development.