



Communicating health information to the public: Pictures of Health in Wales

Why do some areas get better treatment than where I live?

How does my community compare with the rest of Wales?

How do we know our health is getting better?

But I don't know what that means?

- ◆ Around £6 billion is invested for health in Wales across all sectors
- ◆ Most people get their information around health from personal experience or from the Media
- ◆ There is not much knowledge in the community about the health challenges Wales faces now, and in the future
- ◆ Not everyone involved in health understands traditional approaches and methodologies of public health data
- ◆ What do we need to help contribute to the dialogue of health in the community?
- ◆ How can we change our health services and make community supported initiatives without engaging with the public?

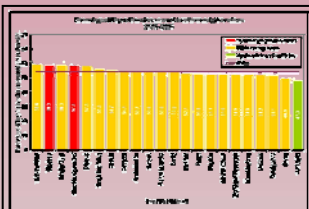
The Wales Centre for Health is tasked with providing information around health for the people of Wales. One way of doing this is through developing health profiles for the communities of Wales. The problem in developing this work is deciding what are the most appropriate data and the best form of presentation to inform a non-technical audience

Data issues

One key issue is credibility of data in establishing the reliability of the product. In addition, it is important to pick indicators that have relevance outside of the Public Health community. There were three factors around data that we had to consider, terminologies, sources and timeliness.

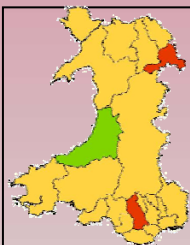
Presentation issues

Not everyone understands some of the traditional ways of presenting data. Some people are more likely to question confidence intervals or not understand relative differences of variation. Our challenge is to present data that has robust statistical information in a way that can be understood.



Confidence intervals can be substituted for shaded depending upon relative position

Colours and other shading can be changed for different purposes



Maps are often a better way of presenting data. Administrative regions may change, but people are likely to be able to locate their own place on a map

There is not one right way to show data, we consulted other health profiles, local and national media, commercial advertisers. The next challenge is interactive.

DSR, SMR, LE, CI, EASR, AOK?

Finding the source

To get a balanced picture of health in Wales we required a number of different providers of data.

We took the decision of using official data rather than produce new calculations. This provided a greater level of assurance. In addition the use of data from Census and official statistics allows a degree of scalability that enables local interests to look in more depth.

Another issue is that Public health data often from some previous years. There is a need to balance timeliness with practicality. We took the approach to find the latest data.

What's the story?

There are many different indicators that can represent health in an area. They can range from lifestyle indicators, such as alcohol and obesity, to service indicators such as attendance, to mortality and morbidity. We established an indicator set that would enable the ongoing monitoring and trend analysis. This means the profiles can be sustained and assessed over time.

The alphabet soup

Rates, ratios, percentages, standardisation are not commonly known terms. If these are to be used, then they require explanation.

Our purpose was to assess comparability of an area. As we used different data items with different measurements, we believed it was not important to show the numbers, so we did not have to explain what they meant

The approach we took for the profiles was to represent the data in relation to the best, worst and average for Wales. In our evaluation, the only people who wanted the metadata were public health professionals

The results

The profile was realised in April 2006...and people seemed to like it

The Wales Centre for Health conducted bilingual meetings across Wales, talking to local health staff, councillors, the voluntary sector. This took us the length and breadth of Wales and spread the message about the profiles and our organisations.

What we learned

There is an appetite for information around health that is greater than the traditional audiences the public health audience has reached out to.

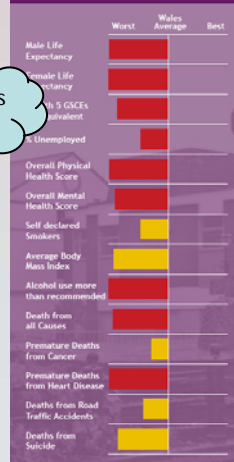
Aftercare is important. Even though the document was self contained, there were plenty of enquires that need to be followed up. This was important in building relationships and developing future work.

There is no right answer. There are many different approaches to health profiles and different ways of selecting indicators and representing data. The key factor we learned was that it was important to clearly identify the purpose of the work and that this should clearly influence the direction of presentation.

Public Health data is important...it shouldn't be a secret.

Ah...that's better

A Picture of Health in Merthyr Tydfil



References

Wales Centre for Health,
Pictures of Health in Wales
www.wch.wales.nhs.uk

Authors

Neil Riley and Rhys Gibbon