

**Public Health Observatories:  
An introduction to the London Health  
Observatory in England and recent  
developments in Alberta**

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WORKS Speaker Series

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**Learning objectives**

- To understand the role and functions of a Public Health Observatory (PHO).
- To be aware of some of the work of the UK PHOs.
- To understand how the development of a PHO in your region could help you in your work.

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**Structure of the presentation**

- What is a Public Health Observatory (PHO)?
- The role and functions of UK PHOs
- An example: The London Health Observatory
- What do PHOs make possible?
- Recent developments in Alberta
- Advantages of having a PHO in your region

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## What is a Public Health Observatory?

- Provide evidence and information on
  - Health of the population
  - Health determinants
  - Health inequalities
- For
  - Public health practitioners
  - Policy makers
  - Community representatives
- To use to
  - Prevent disease
  - Promote health
  - Prolong life

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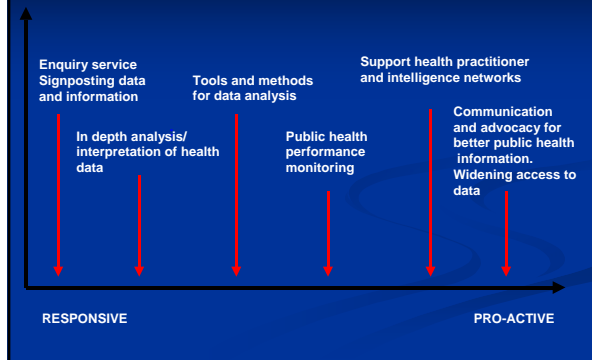
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## What is evidence and information?



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## History of PHOs in the UK

- English PHOs were established in 2000 following a Government White Paper.
- They were:
  - Established by the Government using national money.
  - Established in each of the 9 regions of England.
  - Required to work in collaboration and formed the Association of Public Health Observatories (APHO).
- PHOs were later established in Scotland, Wales and Ireland. These PHOs are now part of APHO.
- The APHO Executive Board contains representatives from all PHOs in the UK.

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## The UK Public Health Observatories

There is one PHO in each region of England, and one in each of Scotland, Wales and Ireland



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## The core functions of PHOs in England

To work in partnership with researchers, regional and local health policy makers and practitioners to:

- Monitor trends in health and its determinants, highlighting areas for action
- Highlight future health problems
- Assess the health impact of potential and past policies
- Draw together information from different sources and to identify gaps in information
- Provide standard sets of community health information at local government and regional level
- To support the development of skills in public health practitioners and NHS staff, for example in equity audits and health impact assessments, and build capacity in public health intelligence.

Adapted from "Saving Lives - Our Healthier Nation" a "Choosing Health - Making Healthier Choices Easier"

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## Advantages of the APHO Network

- **A large concentration of expertise:** over 150 public health intelligence professionals.
- **A wide range of partners:** ensures relevance of outputs and range of inputs.
- **Quality assurance:** a mechanism for quality control and peer review.
- **Increased outputs:** one PHO can undertake work on behalf of all others.
- **Specialized knowledge:** Each PHO has a number of 'lead areas' and therefore develops specialized skills.

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## What is a 'Lead Area'?

- PHOs generally undertake regional analysis, with comparisons to the national average.
- For lead areas they undertake national analysis on behalf of all other PHOs in England (and sometimes the UK).
- PHOs link and liaise with the national Department of Health and other national organizations on their lead areas.
- Topics were chosen because they are:
  - 1) a national priority area
  - 2) a significant health burden.
- Topics were allocated to individual PHOs on the basis of:
  - 1) specific skills and interests in the PHO or
  - 2) specific health issues in the regions.

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## English PHO lead areas

<b>North East</b>	Mental health Offender health Europe and International	<b>East Midlands</b>	Food and nutrition Renal disease Teenage pregnancy
<b>North West</b>	Drug misuse Alcohol Crime and violence Dental health	<b>London</b>	Ethnic minorities Health inequalities Tobacco
<b>West Midlands</b>	Cancer Older people	<b>Eastern</b>	Primary care Rural health
<b>South West</b>	Sexual health Injuries	<b>South East</b>	Physical activity and obesity Transport Coronary heart disease Stroke
<b>Yorkshire and Humber</b>	Children and young people Diabetes Health economics		

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## Income generation

- Core funding is provided by the national Department of Health on an annual basis.
- PHOs negotiate funding for more specific local work from local health areas.
- PHOs bid for funds from other organizations for specific areas of work.
- PHOs generate income through charging for specific pieces of work.

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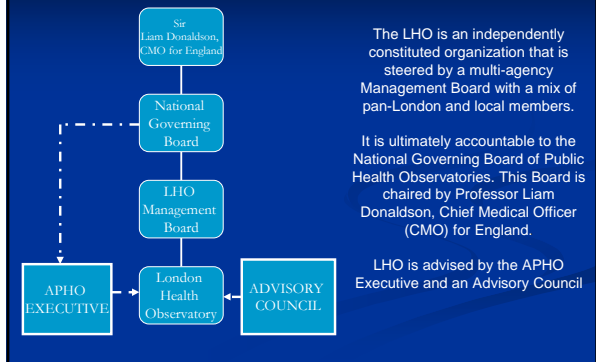
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## Who is in charge of the London Health Observatory (LHO)?




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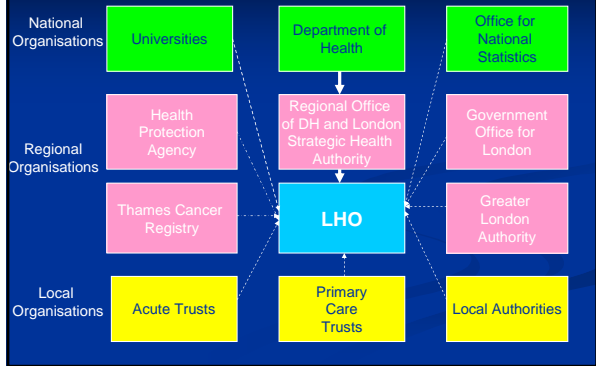
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## London Health Observatory key partners




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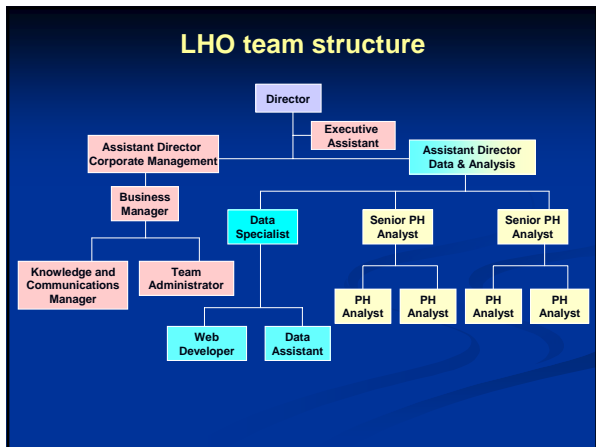
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## LHO team structure




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## What do PHOs make possible?

- Easier, timelier **access to data** through an enquiry service and a public access website.
- **Sharing of methodology, data and information** between local health areas, local government and academia.
- Help to **fill existing knowledge gaps** by the development of new methodologies.
- More informed **comparative and inequality analysis** by small areas and other population groups e.g. ethnic groups.
- **Impact assessments** of local and regional government policy and of interventions.
- **In depth analysis** of the population as a whole, drawing on data from many different sources.
- Public health **capacity building**.
- **Network development** and facilitation.
- **Innovative communication** of information to a large wide ranging audience.

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## Information sharing

Sharing data and information leading to joint reports between local government and health. Joint reports are more effective at addressing the determinants of health.

This report draws associations between the determinants of health and health, examines trends over time, and determines what more needs to be done.

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## Filling gaps - Disease prevalence modeling

Disease prevalence models to support 2007-8 RCT Local Delivery Plans (LDPs)

As part of the 2007/8 Local Delivery Plan (LDP) process the Association of Public Health Organisations (APHO) was commissioned by the Department of Health to produce RCT local prevalence estimates for respiratory and common heart disease. These estimates are based on two separate models derived from the health survey for England (HSE). These estimates have been produced for APHO by a collaboration between the Institute of Health and Social Research (IHSR) and the Institute of Health and Social Research (IHSR).

It should be noted that these models are only intended to give indication of expected prevalence and are not a substitute for local data.

Comparisons of national prevalence data from the health survey for England (HSE) and reported prevalence from the Quality and Outcomes Framework (QOF) suggest that there is considerable under-reporting of rates of all common respiratory and heart disease. This is probably due to under-reporting of cases already known to the primary care team, and lack of identification in a proportion of cases, where patients have never been diagnosed with their condition or hospital consultant.

**Required data for LDPs**

Data in the spreadsheet, which can be downloaded below, can be used to complete lines 1 and 5 of the Letter for Superhead (LSP) in the LDP template to be completed as soon as possible. These data can also be used as a basis for validation of the 2007/8. The spreadsheet contains RCT local estimates of respiratory and heart disease prevalence using 2005 RCT-registered prevalence data obtained from the Information Centre. These figures have been derived from separate QOF and hospitalisation prevalence models which are available in the Tools section below.

Please note, the spreadsheet containing data for the LDP form has been replaced with an updated version following an error in the modelling of 1,140 prevalence which led to the expected estimates being underestimated. Although this has been fixed in the spreadsheet for most RCTs it particularly affects RCTs with high prevalence of respiratory and heart disease. The spreadsheet can be downloaded below.

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## Newspaper coverage

'Tube stop' lottery of Londoners' life span

London reveals a widening gap in the fight against health inequalities

**Rags or riches on the life line**

**Dying younger down the line**

Postcode lottery link to London life expectancy

**Capital's health divide widens**

**Health equality targets 'will be hard to achieve'**

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## PHOs in Canada

- A PHO has been established in Vancouver Island Health Authority.
- PHOs are under development in other health regions, particularly in Alberta and Saskatchewan.
- Other organisations in other parts of the country have similar functions to PHOs, but operate under a different name.
- A network of PHOs is being pursued, building on the work of the Urban Public Health Network.

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## Capital Health PHO, Edmonton

- The business case for the PHO has been developed within the Public Health Division of Capital Health and is being discussed with the Medical Officers of Health.
- The strategic direction is to begin working with databases operated by the Public Health Division and those to be used in the new syndromic surveillance repository.
- Detailed examples of how a PHO can benefit Capital Health are being developed.
- An example of an in depth analytical report is being prepared on tuberculosis which draws on data from many different sources including the determinants of health.

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## Calgary PHO

- Calgary **Population Health Observatory** exists in the Calgary Health Region (CHR) organisational chart.
- It is part of the Health Outcomes portfolio.
- 'Soft' launch of the PHO is planned for June.
- CHR are working towards a formal partnership with the City of Calgary, the United Way, the Calgary Board of Education, the Calgary Catholic School District and the Calgary and Area Child and Family Services Authority.
- This PHO will have similar functions to UK PHOs.
- A substantial linked data haven based around the Manitoba model is planned.

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**Further information**

Further information on the London Health  
Observatory [www.lho.org.uk](http://www.lho.org.uk)

Further information on PHOs in the UK  
[www.apho.org.uk](http://www.apho.org.uk)

[justine.fitzpatrick@capitalhealth.ca](mailto:justine.fitzpatrick@capitalhealth.ca)  
[justine.fitzpatrick@calgaryhealthregion.ca](mailto:justine.fitzpatrick@calgaryhealthregion.ca)

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