

HEAL Indicator Proposals

GUIDANCE

This is the template for proposals of all indicators to be considered for inclusion in the HEAL indicators set. Please include as much technical detail as possible. Using this template, proposals should be submitted by the HEAL Theme representative. All proposals will undergo review by the HEAL Observatory Steering Committee, with feedback (and guidance where requested/needed) shared in a timely fashion. For guidance, an example using the proposal form is provided [here](#) (desflurane indicator proposal form). For further information or any questions, please contact us at heal@canberra.edu.au.

HEAL VISION

The vision of the Healthy Environments and Lives (HEAL) Network is to catalyse research, knowledge exchange and translation into policy and practice that will bring measurable improvements to our health, the Australian health system, and the environment.

WHAT IS AN INDICATOR?

“A key statistical measure selected to help describe (indicate) a situation concisely so as to track change, progress and performance; and to act as a guide for decision making. It may have an indirect meaning as well as a direct one; for example, Australia’s overall death rate is a direct measure of mortality but is often used as a major indicator of population health. Taking this point further, time spent watching television may be used as one indicator of physical inactivity.”(Australian Institute of Health and Welfare, 2016)

CRITERIA

These criteria have been specifically designed for HEAL but are based on a number of key resources (Lancet Countdown: Health and Climate Change in Europe, 2023; Pencheon, 2017; Treasury & Ministry of Finance, 2022).

1. Importance – Does this indicator address a relevant issue?

HEAL indicators are relevant.

The indicator should focus on, and measure, key issues that are central to the HEAL vision. Indicators should be chosen and used in a way that specifically relates to the objectives of the proposing Theme. The indicator should appeal to stakeholders’ perceptions of the importance and the possibility of improvement.

2. Meaning - What is this indicator telling us?

HEAL indicators are impactful.

The results of the proposed indicator need to be unambiguous, understandable and easily interpreted to be useful. Consider:

- Will the indicator be able to detect and display variation that is important? The indicator should flag issues that need attention, not random variations that can be ignored.
- What does a high or low indicator actually tell us? It needs to provide enough information for us to be able to investigate further and take necessary action. For this we need to be able to judge the acceptable limits of the value of the indicator.



- Can the indicator be disaggregated by group of interest? Ideally, the indicator should cover all of Australia but be able to be broken down by area/ population of interest to increase meaningfulness of results to different stakeholder groups.
- Can the implications of the indicator results be effectively communicated to, and appreciated by the target audience? This is key to subsequent action and any improvement.

3. Validity – Does this indicator measure what it is claiming to measure?

HEAL indicators are scientifically sound.

The indicator should be valid, reliable and robust, using scientific methods to track change in the relevant aspect over time. Many indicators claim to measure important parts of a system but fail to do so. Thus, methods should be clearly laid out to avoid ill understood relationships.

4. Possibility - Is it feasible to develop this indicator?

HEAL indicators are reliable, possible and feasible.

It needs to be possible to construct, populate and update the indicator with meaningful data.

- Are sufficiently reliable data available? Indicators should be underpinned by objective and accurate data from a reliable source, which is not subject to different interpretations.
- Are the data freely and openly available? Publicly available datasets are ideal. If not available, is the extra effort and cost justifiable? Are there alternatives?
- Are the data regularly updated? Data sources should allow for indicators to be updated annually.

5. Implications - What are we going to do about this?

HEAL Indicators are actionable.

We need to understand the potential implications from the results of this indicator.

- What actions might be possible (and by whom)?
- Is there good evidence on how to act (or sufficient investment and research to find this out)? Otherwise, we will not know how to address identified issues effectively.
- Are the results likely to induce perverse incentives and unintentional consequences? We need to be able to drive change by addressing the root of the issue, not by gaming or by manipulating the data.



TEMPLATE

1. DESCRIPTION & IMPORTANCE

1.1 Name of the indicator

<add>

1.2 Short description of indicator, including its units.

<add>

1.3 Provide a list of team members and short description of their relevant expertise and (lived) experience (if applicable).

<add>

1.4 Which HEAL Theme(s) is the indicator suggested for?

Please find an overview of all HEAL Themes here: <https://healnetwork.org.au/research-themes>.

<add>

1.5 How does this indicator relate to the objectives of the HEAL Theme(s)?

<add>

1.6 What is the relevance of this indicator for HEAL stakeholders?

Describe the rationale for this indicator. How is the evidence provided with this indicator relevant to stakeholders? Could it be used to guide or assess public policy, change clinical practice, etc?

<add>

1.7 How did you/ will you engage with relevant stakeholders in the design and development process of this indicator?

Please specify main stakeholder groups (to be) involved as well as practical methods used. Please indicate the level of participation that defines your stakeholder's role in the process, using the [IAP2 Spectrum of Public Participation](#).

<add>

1.8 Has this indicator been published previously or is it similar to or adapted from an indicator used elsewhere?

If applicable, describe the similarities and differences (i.e., in methodology, data sources used) between your proposed indicator, and the indicator already published.

<add>



2. MEANING

2.1 What will the indicator be able to detect?

Interpretation of the meaning of the indicator.

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2.2 What does a higher or lower value of the indicator tell us?

<add>

2.3 Which Australian jurisdictions or populations will be included in this indicator?

Ideally, the indicator should cover all of Australia, please elaborate if not.

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2.4 Can the indicator be disaggregated/stratified by group/area of interest?

Please specify which ones.

<add>

2.5 Can the implications of the indicator results be effectively communicated to, and appreciated by the target audience? How?

<add>

3. VALIDITY

3.1 Provide a description of the methods used to generate the indicator.

Please include any formulas used, numerator and denominator.

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3.2 Please specify and strengths and limitations of the proposed indicator.

<add>

3.3 Is the indicator based on a specific framework (e.g. the DPSEEA framework)?

If so, please specify.

<add>

3.4 What does the proposed indicator measure?

Driving force

Pressure

State

Exposure

Effect

Action

Other

Please specify, if other:

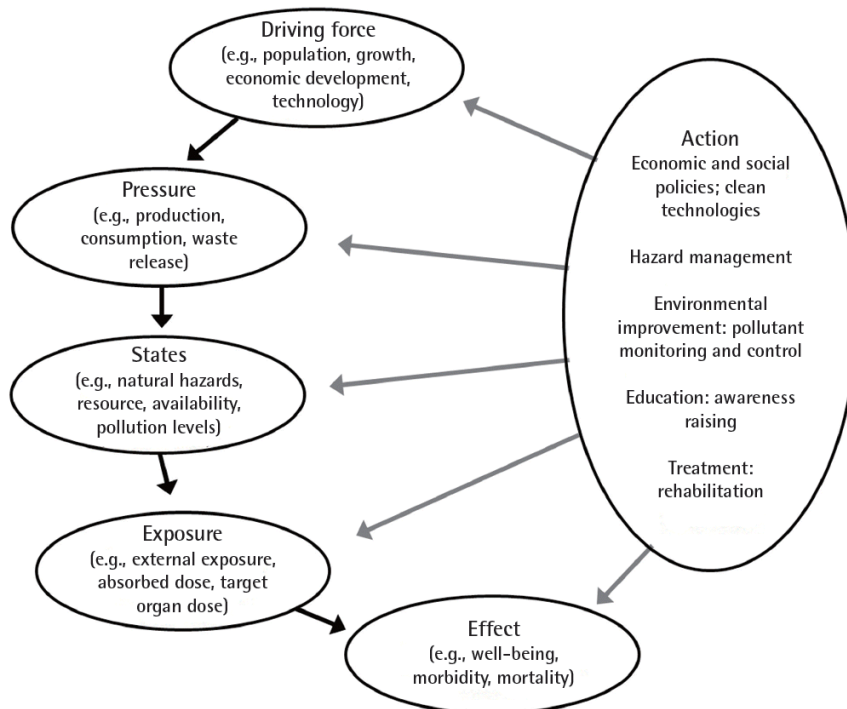


Figure 1: The DPSEEA Framework

(from Briggs D (1999) [Environmental Health Indicators: Framework and Methodologies](#), WHO, Geneva)



4. POSSIBILITY

4.1 Please provide the name, short description and link of the data source(s) used for this indicator.

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4.2 Are the data freely and openly available?

Please specify any restrictions and costs associated with accessing the proposed dataset.

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4.3 Are the data updated annually or at other regular intervals?

Please specify the frequency with which the dataset is updated.

<add>



5. IMPLICATIONS

5.1 What actions might be possible as a result of the indicator?

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5.2 Which groups/ stakeholders will be best place to act on this indicator?

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5.3 Is there good evidence on how to act?

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5.4 Are the results likely to induce perverse incentives and unintentional consequences or will action be able/likely to address the root of the issue?

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6. REFERENCES

6.1 Please add supporting references here.

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REFERENCES

- Australian Institute of Health and Welfare. (2016). *Glossary*.
<https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/glossary>
- Lancet Countdown: Health and Climate Change in Europe. (2023). *Indicator White Paper LCDE 2024 Report - Guidance and Template*.
- Pencheon, D. (2017). *The Good Indicators Guide: Understanding how to use and choose indicators*. Coventry, UK Retrieved from <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/The-Good-Indicators-Guide.pdf>
- Treasury, & Ministry of Finance. (2022). *Budget Paper No. 1, Budget Strategy and Outlook October 2022-23*. Canberra, Australia