

What is a public health observatory?

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WHY DEVELOP A WORKING DEFINITION OF AN OBSERVATORY?

The dictionary definition of an observatory is¹:

- An institution or building term specifically designed or equipped for observing meteorological and astronomical phenomena;
- Any building or structure providing an extensive view of its surroundings.

The word “observatory” is well understood. However, there is no clear consensus and little discussion about what constitutes an “observatory” in the many new contexts in which the term is applied. The adoption of this description for a public health function warrants a clear definition and explanation for the following reasons:

Firstly, clarity about the nature of an institution, especially a new institution, is necessary to inform others’ expectations. The functions of, for example, a cancer registry, are well understood, and the services and information that can be expected from them are clear. Developing an established identity for observatories is essential, both to ensure that potential users and partners may effectively access their services, and that they adhere to their remit rather than becoming umbrella organisations for disparate functions. Experiences at the Northern and Yorkshire Public Health Observatory confirm that many health professionals and colleagues in other agencies are still unclear about what a public health observatory is.

Secondly, some joint understanding of what constitutes an observatory may facilitate negotiation and collaboration between public health observatories, other observatories, and potential international partners. Regional health observatories can already be found in many parts of Europe (France, Italy, Belgium, Switzerland), and superficially these organisations seem to have much in common.

Thirdly, if the trend of labelling an increasing number of institutions “observatories” continues, then there is a danger of the title becoming clichéd and lacking in substance, which could detract from the value that the label “observatory” may lend to an institution. There has been a change in the language used for defining institutions: an old word has come to have a new application, and it is necessary to critically analyse the application and utility of this term.

Lastly, although “observing” is an important component in the work of observatories, this article seeks to dispel any notion that observatories are purely passive. The argument is made that observatories are proactive investigators, providing strong political messages that inform policy making.

This article focuses on observatories working with health issues. Other observatories that relate to fields such as regional economic development or environmental hazards could also be considered, as these still use the title “observatory” in a new way.

THE “NEW PUBLIC HEALTH” AND THE BIRTH OF HEALTH OBSERVATORIES

In 1974, the Minister for Health in Canada, Marc Lalonde, published *A new perspective on the health of Canadians*.² This

speech has been seen as a turning point, marking the beginning of the “New public health” agenda that has developed in many Western countries. This agenda is concerned with the social, psychological, and physical environment of populations, and it recognises the problems caused by lifestyles.³ Public health has become increasingly oriented towards preventing premature death and disability, and with the development of evidence based “healthy public policies”.

The *Independent inquiry into inequalities in health*,⁴ chaired by Sir Donald Acheson, reported wide inequalities in health between different groups in society. The report emphasised the multifactorial, multisectoral influences on health.

Health observatories must be seen in the context of such developments. They represent the decision to allocate resources to a type of organisation that has different characteristics from other types of public health institution: information gathering bodies (for example, registries); academic public health departments, and state employed public health practitioners. To tackle the new public health agenda, a wide range of issues need to be taken into account, various partners need to be involved, and a strong evidence base is essential. The first regional health observatories, set up in France in the mid-1970s, illustrate the way in which these challenges were first tackled.

THE BEGINNINGS OF HEALTH OBSERVATORIES IN FRANCE

The French established their first health observatory in the Ile de France in 1974.⁵ It was charged with aiding decision making in the field of health and social care, by supplying useful information to inform regional health policy. Regional government officials and those who work in the health field may ask them to identify topics and carry out projects. This observatory, like others in France, locates, assembles, analyses, criticises, and synthesises data on the state of health in the region, and establishes partnerships and contacts with other bodies concerned with health.

This regional health observatory demonstrates many of the key characteristics of public health observatories. Every region of France now has its own health observatory, as do some regions of Belgium and Italy. Similar observatory functions can be identified in other parts of Europe.

ENGLISH PUBLIC HEALTH OBSERVATORIES

The first public health observatory in England was set up in Liverpool in 1990.⁶ It broke new ground in the provision of health intelligence in the UK by not only providing information but also by providing context and perspective. Like the French observatories, the mission of the Liverpool Public Health Observatory is to help develop sound health policies by providing relevant and accurate intelligence to those who make or influence these policies.

“The term ‘Observatory’ was chosen to convey the fact that the Liverpool Public Health Observatory’s role was to stand back from phenomena and events, providing objective description and analysis, and forecasting of patterns, interrelationships, processes and outcomes.”⁶

Table 1 The roles of public health observatories in England and examples of the Northern and Yorkshire Public Health Observatory carrying out these functions:

Role	Examples
Monitoring health and disease trends and highlighting areas for action	<i>Working together on coronary heart disease in Northern and Yorkshire</i> ⁸ —a focus on the inequalities existing in coronary heart disease, together with recommendations for action.
Identifying gaps in health information	<i>Perinatal and infant health: a scoping study</i> ⁹ —this study identifies current information sources and the gaps that exist.
Advising on methods for health and health inequality impact assessment; Drawing together information from different sources in new ways to improve health	<i>Occasional paper no 1: An overview of health impact assessment</i> ¹⁰ <i>Towards a healthier north east</i> —this health profile uses housing and employment data alongside health data. ¹¹ <i>Occasional paper no 3: Inequalities in child health</i> ¹² —this paper proposes using educational attainment as a proxy for health indicators. <i>The dental health of five-year-olds in the Northern and Yorkshire Region.</i> ¹³
Carrying out projects to highlight particular health issues Evaluating progress by local agencies in improving health and cutting inequality Looking ahead to give early warning of future public health problems.	Baselines have now been established in the above projects/reports and others on key issues. Trend data will be published in future. Futures conference—a forum for partners to address likely future public health issues such as the ageing population and genetics.

Further details and downloadable versions of all of the above are available at the Northern and Yorkshire Public Health Observatory web site: www.nypho.org.uk

A national network of public health observatories was created in England in 1999 following the publication of *Saving lives—our healthier nation*,⁷ in which the Liverpool Public Health Observatory was singled out as the role model upon which they were to be based. The defined remit and examples of how it is being tackled by the Northern and Yorkshire Public Health Observatory are shown in table 1.

The part that public health observatories play in the wider regional public health networks is set out in *Shifting the balance of power: the next steps*¹⁴:

- Information functions, including information on infectious diseases. This role is emphasised in *Getting ahead of the curve*,¹⁵ which mandates public health observatories to provide tailored information on infectious diseases to match the needs of local public health services.
- Forging links across government departments.
- The establishment of hospital episode statistics safe havens.
- Widening access to drug misuse databases.

Although all eight regional public health observatories have a similar remit, they each have their own priorities and have developed their own particular ways of working. The first national summary of the work undertaken by public health observatories *Progress and prospects*,¹⁶ illustrates this diversity of outputs and foci.

Box 1 shows the broad types of existing observatories, from web based observatories, to observatories made up of networks of participants that are not physically located together, to the regional health observatories and the observatories that focus on specific problems.

DISCUSSION

It is difficult to define observatories strictly according to their functions and structures, as they are often a product of the particular historical circumstances of their creation. There are, however, certain aspects of public health observatories that distinguish them from other, related institutions (for example, disease registries, academic public health departments). Public health observatories serve to combine the qualities of academic and state based public health by providing high quality, relevant regional health intelligence for those who need it. They provide reliable intelligence on a shorter timescale, enabling rapid responses to regional foci. Although not necessarily repositories for large amounts of data, public health observatories synthesise existing data and target specific areas for data collection, and have strong networks for accessing data. They tend to be comparatively autonomous and are therefore able to be intuitive and develop their own locally sensitive agenda. In terms of the

Box 1 Examples of other observatories

ANTADIR Observatory: Association Nationale pour le traitement a Domicile de l'insuffisance Respiratoire Chronique. Paris, FRANCE. This observatory has collected medical data since 1981 on chronic respiratory diseases. It is part of the ANTADIR Federation, a forum for meeting and networking with the national and international scientific community. (www.antadir.com/internet/medecin/observatoire.html). Address: ANTADIR, 66 Bd Saint-Michel, 75006 Paris, France.

Health Observatory, Hospitaux Universitaire de Geneve, Switzerland. Newly established. An example of its work includes monitoring social differences in the health of Swiss children. Part of its work takes the form of a roaming bus, visiting different areas to collect information from local populations. (www.bus-sante.ch/intro.htm).

General Medicine Observatory of the French Society of General Practitioners. This observatory is a network of general practitioners. Its work has included monitoring the incidence of and behaviour relating to herpes in general practice. Address: Société Française de Médecine Générale, 27, boulevard Gambetta, 92130 Issy-les-Moulineaux.

European Health Telematics Observatory: This web site collects and disseminates information worldwide. (www.ehto.org)

East of England Observatory. This web site was established by the East of England Regional Development Agency. It seeks to collect, analyse, and disseminate key regional information in order to present an accurate and continuously updated picture of the socioeconomic and environmental structure of the region. (www.eastofenglandobservatory.org.uk)

size of their directly employed staff, public health observatories teams tend to be small, though highly qualified. However, their networks allow them to extend across a wide area, creating more than the sum of their parts in the networks they engage in, the information they disseminate, and the influence that they can have on policy. The demands for health intelligence are extensive, so public health observatories have to be able to establish priorities for their work. In determining the focus and nature of this intelligence, public health observatories help to highlight health issues and promote the public health agenda as being central to the overall economic and social policies of their regions.

Key points

- Eight public health observatories were created in England in 1999 “to strengthen the availability and use of information about health at local level”.⁷
- The definition of an observatory in this context is unclear, yet this usage seem to be proliferating. Observatories mark a new development in the provision of intelligence and hence a new working definition for observatories is proposed.
- Observatories with similar remits and methods can be found across Europe, working both in health and other related areas such as regional development.
- The primary characteristic of these observatories is that they produce and disseminate intelligence for their host area in order to inform policy.
- Public health observatories reflect the increasing importance placed on cross agency work, health inequalities, and the importance of evidence based policy making.

These characteristics of public health observatories seem to be common to health observatories in Europe and to other observatories that are not explicitly health orientated. Calling the types of institutions or networks discussed “observatories” can have many advantages, for it is a “new” name for institutions outside of astronomy or meteorology. Not only are they perhaps freed from some of the preconceptions of what public health bodies should be and should do, they are able to forge forwards in the arena of health creating new ways of working and pushing forward the position of public health. The challenge is for observatories to live up this ambitious model, and to take advantage of the common sense of identity and purpose that may exist between them, both internationally and between different agencies.

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REFERENCES

- 1 **Harper Collins**. *Collins English dictionary*. Glasgow: Harper Collins, 2000.
- 2 **Lalonde M**. *A new perspective on the health of Canadians*. (<http://www.hc-sc.gc.ca/hppb/healthpromotiondevelopment/pdf/perspective.pdf>)
- 3 **Ashton J, Seymour H**. *The new public health*. Buckingham: Open University Press, 1988.
- 4 **Acheson D**. *Independent inquiry into inequalities in health*. London: The Stationery Office, 1998.
- 5 **Observatoire régional de santé d'Ile-de-France**. *Qui sommes nous?* (<http://www.ors-idf.org/presentation.asp>) (accessed 24 February 2003).
- 6 **Liverpool Public Health Observatory**. *Welcome to the Liverpool Public Health Observatory Home Page*. (<http://www.liv.ac.uk/PublicHealth/obs/LPHO.htm>) (accessed 24 February 2003).
- 7 **Department of Health**. *Saving lives—our healthier nation*. London: The Stationery Office, 1999.
- 8 **Robinson M, Baxter H, Wilkinson J**. *Working together on coronary heart disease in Northern and Yorkshire*. Stockton on Tees: Northern and Yorkshire Public Health Observatory, 2001.
- 9 **Bell R, Rankin J, Glinianaia S, et al**. *Perinatal and infant health: a scoping study*. Stockton on Tees: Northern and Yorkshire Public Health Observatory, 2001.
- 10 **Grant S, Wilkinson J, Learmonth A**. *Occasional paper no 1. An overview of health impact assessment*. Stockton on Tees: Northern and Yorkshire Public Health Observatory, 2001.
- 11 **Bailey K, Grant S, Wilkinson J, et al**. *Towards a healthier north east*. Stockton on Tees: Northern and Yorkshire Public Health Observatory, 2001.
- 12 **Cresswell T, Bailey K**. *Occasional paper no 3. Inequalities in the health of children and young people*. Stockton on Tees: Northern and Yorkshire Public Health Observatory, 2001.
- 13 **Beal J, Pepper L**. *The dental health of five-year-olds in the Northern and Yorkshire Region*. Stockton on Tees: Northern and Yorkshire Public Health Observatory, 2002.
- 14 **Department of Health**. *Shifting the balance of power: the next steps*. London: Department of Health Publications, 2002.
- 15 **A Report by the Chief Medical Officer**. *Getting ahead of the curve*. London: Department of Health Publications, 2002.
- 16 **Association of Public Health Observatories**. *Progress and Prospects 2000/01: a report to the national governing body*. London: Association of Public Health Observatories, 2001.