

---

# Healthy People 2005

**New Directions for Public Health**

in New South Wales

Better Health Good Health Care

**NSW  HEALTH**

Suggested Citation

Public Health Division, Healthy People 2005 - New Directions for Public Health in NSW. NSW Health Department: Sydney, 2000.

NSW HEALTH DEPARTMENT

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusion of an acknowledgement of the source and no commercial usage or sale.

Copyright NSW Health Department 2000

State Health Publication No: (HP) 000099  
ISBN: 0 7347 3191 4

For further copies please contact:

Better Health Centre – Publications Warehouse  
Locked Mail Bag 5003  
Gladesville, NSW 2111  
Ph: (02) 9816 0452  
Fax: (02) 9816 0492

A full copy of this report and others in this series can be downloaded from the NSW HealthWeb site:  
<http://www.health.nsw.gov.au>

August 2000

# FOREWORD

*Strategic Directions for Health 1998-2003*, published by NSW Health in August 1998, sets out the key medium term directions for the New South Wales health system.

Mostly when people think about the health system, they think of hospital services or their local family doctor, or the child health centre in their community. In fact, over 90% of the funds spent on health in our society are invested in these services, which meet the health needs of individuals. However, a very important function of the health system is to work with communities and organisations in our society to create circumstances that promote and protect health, and prevent injury, ill health, and disease. These activities, which are collectively referred to as **public health**, generally target the whole population or groups within the population, rather than individuals.

Public health is not just the responsibility of the health system. A wide range of interconnected personal, social and cultural factors influences the health of each person. The personal factors include genetic makeup, behaviours and lifestyle, self-esteem and sense of control over one's life and circumstances. The societal factors include income, education, the physical environment, the working environment, the family environment, social supports and networks, and access to services. Many of the factors that influence the health of the individual are partly or wholly outside the control of the individual.

Public health aims to:

- make it possible for individuals to make decisions and to choose actions which support their health
- create social and physical environments which promote health and support those individual choices

Promoting and sustaining the health of the public is one of the most important functions of Government.

## Healthy People 2005 - New Directions for Public Health in NSW

*Strategic Directions for Health 1998-2003* defines the purpose of the health system as **Better Health, Good Health Care**. The document identifies six attributes as the building blocks and foundations of a strong health system, and four broad goals for the health system. These attributes and goals apply also to the public health activities carried out by the health system.

### Attributes

Sharing a clear direction	Skilled, valued workforce
Working in partnership	Engaging the community
Informed decision-making	
Embracing innovation	

### Overall goals

Healthier people
Fairer access to health
Quality public health services
Better value

There are good reasons for developing a complementary New Directions Statement for the public health system in New South Wales. Public health embraces a wide-range of activities, carried out by many different agencies and by people with a variety of different backgrounds and skills. Many public health activities take place outside the health system, such as campaigns to reduce the road toll or education of school students about healthy nutrition and the effects on health of drugs and alcohol. Public health activities differ in focus and approach from most of the activities carried out in the remainder of the health system.

The timeframes within which public health goals are achieved are often substantially longer than the timeframes for achieving change in the health care system. Action we take today to create lifelong habits of good nutrition and moderate physical activity in our children, and to limit their exposure to tobacco, will pay dividends in thirty or forty years time in the form of a lower incidence of heart disease in our population.

## ***New Directions for Public Health in New South Wales identifies how public health contributes to our goal, Healthier People.***

The health of the people of New South Wales is very good overall and continues to improve. Public health has been a major contributor to this. Over the past ten years, the public health system in New South Wales has been significantly strengthened, with the establishment of Area Health Services, and regional Public Health and Health Promotion Units.

*New Directions for Public Health in New South Wales* sets out what public health is, what public health does and why, and who contributes to public health in New South Wales.

*New Directions for Public Health in New South Wales* is intended to provide a framework within which the organisations that make up the public health system in New South Wales can plan their activities over the next five years. The Statement sets out a vision for public health, underlying principles, key goals, priority areas for 2000-2005 across eight domains of public health, and a set of broad strategies towards realising the vision over the next five years.

*New Directions for Public Health in New South Wales* is intended primarily for public health practitioners and managers who work in NSW Health. The Statement should, however, also be of value and interest to the other government agencies and many non-government organisations whose work contributes significantly to public health, and to communities and individuals who are interested in promoting or maintaining health.

The development of this Statement is consistent with the first attribute established in *Strategic Directions for Health 1998-2003*, that is "sharing a clear direction". The Statement will be reviewed and revised during the second half of 2004.



Michael Reid  
**Director General**  
NSW Department of Health  
August 2000

# Contents

Foreword	i
New Directions for Public Health in New South Wales	1
Who contributes to Public Health in New South Wales?	5
Vision for Public Health in New South Wales	14
Principles	15
Key Goals for Public Health	17
Public Health Priority Areas for 2000-2005	18
Making the Vision a Reality	22

# NEW DIRECTIONS FOR PUBLIC HEALTH IN NEW SOUTH WALES

## The State of the Public's Health in New South Wales

The Report of the NSW Chief Health Officer, 2000<sup>1</sup> provides detailed public health information about the NSW population. With over six million people, New South Wales is the most populous state in Australia, and has the largest and most densely populated urban conglomerates. Almost one quarter of the population was born overseas and about half was over 35 years of age. The state of the public's health has improved significantly over the past decade:

- Perinatal deaths from Sudden Infant Death Syndrome (SIDS) have decreased markedly
- Life expectancy at birth and at age 65 years has increased steadily
- Deaths from all causes have declined, and specifically deaths from cardiovascular disease, road injury, asthma, lung cancer (men), breast cancer and cervical cancer have declined
- Notifications of measles, pertussis (whooping cough), haemophilus influenzae type b (Hib – a serious disease in small children) have declined sharply
- Notifications of AIDS and of new HIV infections in men have declined

New South Wales's robust public health system has contributed significantly to these improvements. However, many challenges remain and a strong, continuing public health effort is required to maintain and build on these improvements. Of particular concern now are differences in health status related to differences in social and economic circumstances. The evidence is clear that people who experience greater levels of social disadvantage experience poorer health, are heavier users of health services and are less likely to take advantage of preventive health services.

## What is public health?

Public health activities are those activities organised by our society that focus on health at a population level. They aim to protect and promote health and to prevent illness, injury and disability.

Public health *measures* the occurrence of, and the factors that contribute to health and illness in society.

Public health seeks to *understand* the causes of health and illness, the personal and social circumstances in which health and illness occur and are experienced, and the personal and social consequences of health and illness.

Public health *acts*, primarily at a community or societal level, to create circumstances which promote health, to reduce risks to health in the social and physical environment, to inform people about behaviours which support health, and to provide services which prevent injury and disease or detect disease at an early stage in order to reduce its consequences.

---

<sup>1</sup> Public Health Division, The health of the people of New South Wales — Report of the Chief Health Officer, 2000. NSW Health Department: Sydney 2000.

## Public health activities carried out by the health sector

### Health protection

Measures, usually mandated by legislation, to reduce risks to health arising from environments and activities over which the individual has no control.

Examples include:

- childhood immunisation
- identifying and reducing or eliminating health risks arising from the built or natural environment
- ensuring the provision of safe food, clean air and clean water, and the safe disposal of human waste
- preventing, identifying and managing outbreaks of communicable disease

### Health promotion

A range of approaches aiming to create environments to support health, reduce differences in health status between groups within the population, and enable individuals and communities to make healthy choices.

For example:

- statewide information campaigns to inform people about the health risks associated with certain behaviours or lifestyles, such as smoking, drinking and driving, excessive sun exposure, or the health benefits of positive actions such as exercise and healthy eating
- working with specific population groups to identify their health needs and develop solutions, such as projects to encourage safe sex among young people, reduce falls among older people, or assist people from other cultures obtain information about ways to stay healthy
- working with local communities to identify their health needs or health risks, and develop responses to these
- working in particular settings to reduce risks to health and create supports for health, such as in schools (healthy food in canteens; drug education; peer support programs)

### Disease prevention and early detection

Programs which target groups in the population who have a higher than average risk of developing disease, and which provide information about the nature of the health risk and how it can be reduced, as well as services to assess and reduce the level of risk.

Examples include:

- infant and child health screening programs
- breast and cervical cancer screening programs
- immunisation for high risk groups (hepatitis B, influenza)
- health screening for special groups such as migrants

### Ensuring an effective public health infrastructure

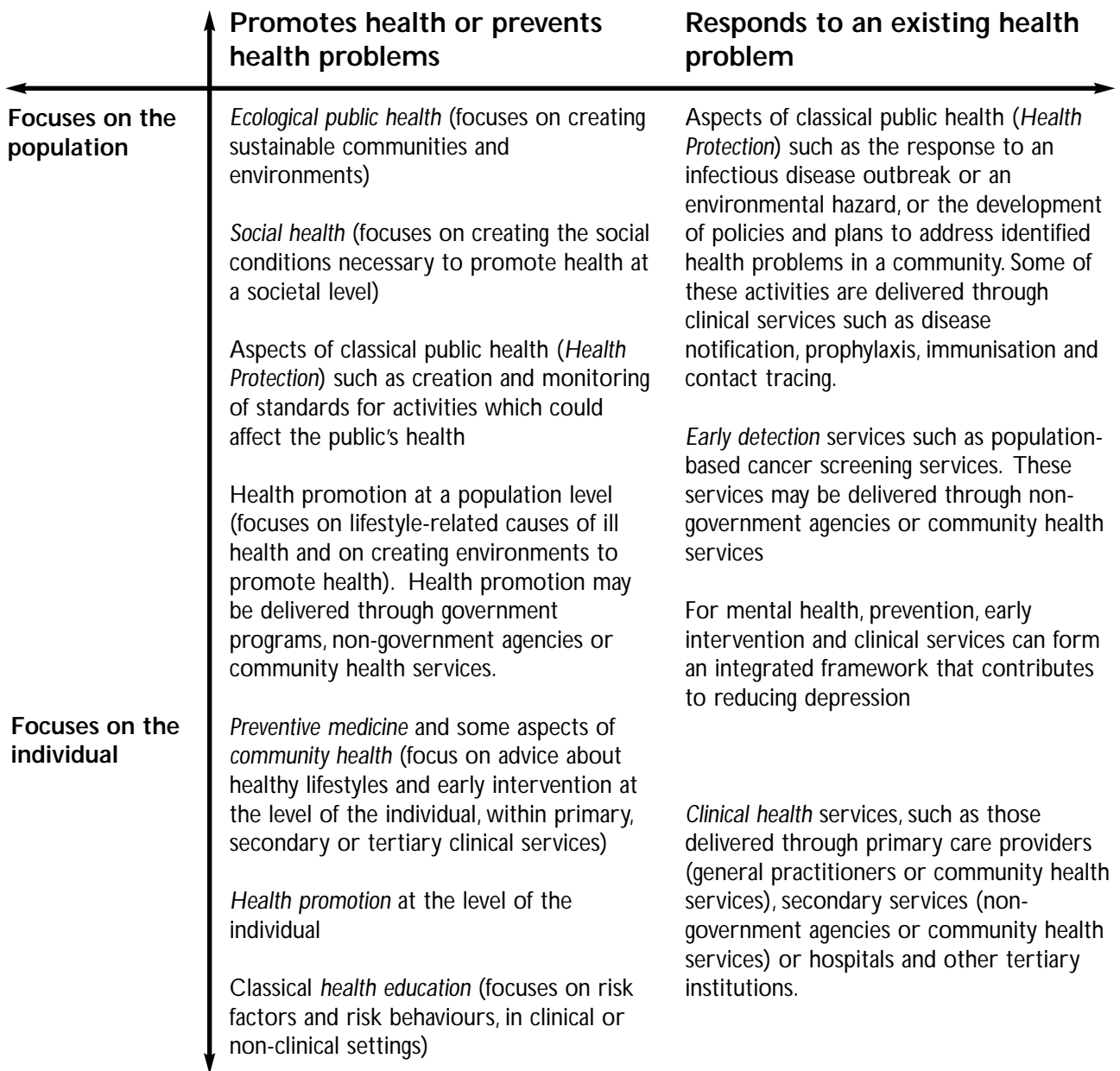
- policy, planning, program implementation and evaluation
- leadership, collaboration and partnerships
- research and development
- surveillance, monitoring and reporting of health status and health risks
- workforce development
- legislation

## How does public health relate to other activities of the health system?

The term “public health” is often interpreted by non-public health practitioners to refer the public provision of health (clinical) services. Indeed, the boundaries between public health and other activities of the health system are blurred. Some activities undertaken in health services have a public health benefit. Examples include notification, by general practitioners, clinicians or pathology laboratories, of diseases that require public health action, and tracing of the contacts of an individual who has been exposed to or has developed a transmissible disease. Drug and alcohol treatment services primarily improve the health of individuals but also reduce the societal impacts of drug and alcohol addictions. Public health contributes to the planning and effectiveness of health services by providing information about the health status of a population and, through epidemiological (population-based) research, about the effectiveness of health interventions.

In general, activities can be distinguished by whether the focus is on the individual or on the population, and whether the intention is to promote health and prevent injury or ill health, or to respond to an existing health problem. Figure 1 (over page) shows broadly how public health and other activities of the health system map against these two parameters.

**Figure 1: Relationship between public health and other activities of the health system <sup>2</sup>**



<sup>2</sup> Adapted from Nossar, V. Integrated model of Children's Health, September 1998

# Who contributes to public health in New South Wales?

Legislated responsibility for public health in New South Wales rests with the NSW Health Department, with Area Health Services and with local councils.

However, the public health system in New South Wales extends beyond the sphere of activity of NSW Health and local government. For the purposes of this statement, the public health system is taken to include all organisations and groups in New South Wales whose mission contributes in a significant way to the achievement of the goals of public health.

The main elements of the NSW public health system are depicted opposite. The public health roles and responsibilities of the NSW Department of Health, the Area Health Services and Local Government are detailed below.

## NSW Health Department

The Department's primary responsibilities in public health are to:

- Provide timely information about health status and health risks in New South Wales
- Establish public health priorities and develop policies to address these
- Allocate resources for public health
- Develop and administer public health legislation
- Develop and disseminate information about the evidence base for public health action, including funding research into public health problems as appropriate
- Provide guidance to Area Health Services about the implementation of public health programs
- Monitor the performance of public health programs and services against agreed indicators
- Ensure that the public health workforce is adequately trained and has opportunities for continuous learning
- Integrate and co-ordinate the public health effort across government and non-government agencies

## Area Health Services

Under the Health Services ACT 1997, Area Health Services have a general responsibility "to promote, protect and maintain the health of the community". More specifically, Area Health Services are required to:

- Investigate and assess health needs in the area
- Plan the future development of health services in the area
- Establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services
- Provide training and education relevant to the provision of health services
- Undertake research and development relevant to the provision of health services
- Make available to the public, information and advice concerning public health and the health services available within the area.

## MINISTER FOR HEALTH

## NEW SOUTH WALES HEALTH

### OTHER GOVERNMENT DEPARTMENTS

- Aboriginal Affairs
- Ageing and Disability
- Agriculture NSW
- Community Services
- Corrective Services
- Education and Training
- Environment Protection Authority
- Housing
- Local Government
- Roads and Traffic Authority
- Sport and Recreation
- Urban Affairs and Planning
- Women

### DEPARTMENT OF HEALTH

- Chief Health Officer
- Statewide public health policies and planning
- Public health information systems
- Development of standards and guidelines
- Development of the public health knowledge base
- Public health legislation
- Workforce development
- Statewide integration and co-ordination
- Performance monitoring

### AREA HEALTH SERVICES

- Divisions of Population Health
- Public Health Units
- Health Promotion Units
- Local needs assessment and planning
- Implementation of local public health programs and services
- Local surveillance and monitoring
- Implementation of standards, guidelines and legislation
- Program evaluation

### LOCAL COUNCILS

- Environment protection
- Sustainable development
- Food safety
- Children's services, including immunisation
- Noise control
- Swimming pools
- Mosquito control
- Sanitation and waste management

### OTHER KEY PARTNERS

- Communities and individuals
- Commonwealth Government
- Non-government organisations
- Community health services
- General practitioners, and Divisions of General Practice
- Other health professionals
- Universities and Professional Associations
- Industry and business
- Media

Most Area Health Services have established Divisions of Population Health to draw together a range of activities that reflect a comprehensive approach to the protection and promotion of health and to the planning and delivery of health services. Divisions of Population Health are variously structured, but all include Public Health Units and Health Promotion Units, and most have a health services planning and development role.

Public Health Units generally have the following roles:

- Monitoring and investigating health status trends in the population, and the factors influencing these
- Investigating and responding to identified public health risks and potential health hazards
- Developing and implementing strategies to maximise population health gains and reduce health inequities
- Developing the capacity of health services, other sectors and the community to implement strategies to address priority public health issues

Health Promotion Units generally have the following roles:

- Assessing the health needs of their local populations
- Establishing and maintaining partnerships with other sectors to design and deliver health promotion
- Providing incentives and training for all health professionals (including those in general practice and community health) to promote the health of their clients, patients and the wider community
- Providing incentives and training for community members and personnel from sectors other than health to engage in activities which promote health

## Local councils

Local government plays an important role in protecting and promoting health in New South Wales. The Local Government Act 1993 sets out clear and comprehensive responsibilities for Councils in relation to environment protection and sustainable development, and states that Councils are “to promote and to provide a plan for the needs of children”. Councils have public health responsibilities under various other Acts such as:

- the Food Act 1989 (inspection of food; inspection and closure of food premises);
- the Public Health Act 1991 (inspection of systems for the purposes of microbial control such as the maintenance and use of air- conditioning systems);
- the Noise Control Act 1975 (noise control);
- the Swimming Pools Act 1992 (restriction of access to swimming pools)

Councils also have a general power to require someone to cease an activity if the activity constitutes a threat to public health.

The Department and Area Health Services aim to work with local councils to:

- provide information about health status in the area under the Council's jurisdiction
- co-ordinate the public health effort in the area
- provide the evidence base for and advice on approaches to public health problems
- contribute a timely public health perspective to Council planning activities
- recognise and support the efforts of Councils to promote and protect health

Specific areas of partnership with local councils include immunisation, food safety, and control of arboviruses and Legionnaire's disease.

## Acting on the public's health: Simply active everyday

Physical inactivity is recognised as an important risk factor for coronary heart disease, stroke, falls, colorectal cancer, breast cancer and depression. Of the total disease and injury burden in Australia, measured as disability adjusted life years (DALYs), 6% and 7.5% is attributed to physical inactivity for men and women respectively (AIHW 1999).

The NSW Chief Health Officer's Report 1997 showed that in 1996 only half of NSW adults expended enough energy on leisure-time physical activity to achieve a health benefit. The NSW Chief Health Officer has recommended that every adult in NSW should accumulate 30 minutes or more of moderate physical activity on most, preferably all, days of the week. If this were achieved, up to 3000 deaths a year might be prevented. To increase awareness of and opportunities for health enhancing physical activity, NSW Health facilitated the development of a co-ordinated whole of government strategy. The effects of the first year of the five year plan, Simply Active Everyday, have recently been evaluated and endorsed as highly successful.

## Key partnerships for public health in New South Wales

The health and well-being of a society is influenced by a wide range of factors, including its socioeconomic structures, the health impacts of the settings in which people live and work, and people's capacity to make healthy choices. Most of the avoidable challenges to health, whether they have their origins in socio-economic conditions, culture and traditions, the social or physical environment, or in human behaviours, are multifaceted and complex. The health system or even the wider public health system alone cannot tackle them.

The public health goals of promoting healthy lifestyles and creating healthy environments can only be achieved by reaching beyond the public health system and mobilising a large number of different sectors in society. Sectors other than health need to recognise the benefits of protecting and promoting health and be accountable for the health impact of their policies and practices.

The organisations and groups that constitute the public health system in New South Wales are partners working together towards a common set of goals. Each partner has a unique and valuable role to play. Achievement of the public health goals for New South Wales depends on the effectiveness of the alliances between these partners. The challenge is to develop optimal arrangements between the partners, so that each organisation or group can fulfil its specific roles and contribute effectively to the overall goals.

Partnerships can be defined in many ways and may take many forms, but essentially the term "partnership" implies that:

- a balance of power and influence is maintained between the partners
- the partners retain their core values and identity
- there is mutual respect, trust, and transparency
- there is mutual benefit

Establishing effective partnerships involves clarifying roles and expectations, establishing boundaries and defining the added value that will result.

Partnerships may be based on issues, settings, products or the need to work closely with a particular organisation or group across a number of areas.

The fundamental partnerships for public health in New South Wales involve the Department of Health, Area Health Services and local councils.

A number of other key partnerships need to be developed, supported or enhanced.

## **Communities and individuals**

Public health action focuses at the level of populations, and communities within those populations. Ultimately, however, the health status of a population or a community is determined by the health status of its individual members. Having a sense of control over one's circumstances and being able to participate in decisions that affect those circumstances are important pre-conditions for health. Public health agencies, services and practitioners need the capacity, that is the knowledge, skills and resources, to effectively engage community groups and individuals in ways that facilitate information exchange and promote joint decision-making.

At the agency level, this engagement is usually with community representatives and other agencies. These representatives and agencies need the capacity to effectively involve the individuals they represent or serve. At the local level, it becomes increasingly important that public health services and practitioners engage directly with individuals within the communities they support. Public health services and public health practitioners need the skills and resources to effectively engage individuals and communities in their decision-making processes. Individuals, like organisations, need the capacity to participate in the processes of identifying challenges to health and developing actions to address these challenges. Developing the capacity of individuals, communities, and their representatives to participate in these processes is an important public health function.

### **Acting on the public's health: Reducing lead exposure of children in Broken Hill**

High blood lead levels have been associated with impaired intellectual development in young children. In 1991, tests conducted in Broken Hill, home to one of the largest silver, lead and zinc ore bodies in the world, suggested that 85% of resident children under 5 years of age had blood lead concentrations higher than the recommended level of 10ug/dL.

In 1994, the NSW Government committed \$11.5m over seven years to establish and operate the Broken Hill Environmental Lead Centre (BHELC). The Centre, which is a collaborative program between the NSW Health Department, the Environmental Protection Authority and the Broken Hill community, has as its primary purpose to reduce the blood lead levels of children living in Broken Hill.

The BHELC screens all children to identify those with high lead levels, and then works with those children and their parents to reduce exposure to lead in the home and through everyday activities. Eighty-six percent (86%) of the target group are participating in the program, and the mean blood lead level of children under five had fallen to 8.1ug/dL by 1998. Attention has now shifted to primary prevention to minimise lead exposure through public land remediation, community education and awareness programs and environmental monitoring to identify sources of lead exposure. The effectiveness of remediation and education in lowering blood lead levels in children in Broken Hill has been demonstrated through a randomised controlled trial.

## **Commonwealth Government**

The Commonwealth Government has long played a critical role in public health in Australia, starting with human quarantine, which was a major function of the first Department of Health. Under the National Public Health Partnership which was established by the Australian Health Ministers Advisory Council in 1997, the Commonwealth's role is to:

- Develop national public health policy, in collaboration with other government, non-government, professional and community organisations
- Advocate for public health at the national level
- Negotiate with other governments on national policy, planning, monitoring, reporting, programs, research, training and evaluation
- Facilitate the development of national consistency in areas such as legislation, standards, and workforce competencies
- Support innovation in public health programs
- Conduct national programs in co-ordination with the States and Territories
- Monitor, evaluate and report on the performance of national public health strategies and programs, in collaboration with the States and Territories
- Conduct, in consultation with other partners, Australia's international responsibilities and obligations in public health

New South Wales works with the Commonwealth Government, through the National Public Health Partnership Group and other forums, in areas such as national policy development and the implementation of national public health programs.

### **Non-government organisations**

Non-government organisations are crucial partners for public health. They provide significant services to people affected by or at risk from specific health problems, and are therefore key players in strategies addressing such specific health issues. Examples include:

- cancer - the NSW Cancer Council
- diabetes - the NSW branches of Diabetes Australia and of the Australia Diabetes Society
- blood-borne viruses - the AIDS Council of NSW, the Hepatitis C Council of New South Wales, and the New South Wales Users and AIDS Association
- sexual and reproductive health - Family Planning NSW
- heart disease - the NSW branch of the National Heart Foundation
- asthma - the NSW Branch of the Asthma Foundation
- mental health - the Mental Health Coordinating Council

Other non-government agencies, such as the Aboriginal Health and Medical Research Council and the Migrant Resource Centres in New South Wales, work to improve the health and wellbeing of specific population groups, across a range of health and social issues.

Non-government organisations play an important community development role that contributes significantly to developing social networks and community capacity to address local health issues.

### **Community health services**

Community health services are publicly funded primary and secondary prevention and care services that particularly focus on preventing or interrupting the effects of health and social inequalities. In New South Wales, all Area Health Services provide a range of community based health services for individuals of all ages, for families and for communities. There are many different types of services, including individual and community health promotion programs, illness diagnosis and treatment programs, screening programs, psychological support services, community development and palliative care. Services are provided for children and families, for women, for older people, for people with a mental illness, for people needing domiciliary care and for people with problems caused by alcohol or drug use.

Community health services are an important vehicle for many public health initiatives, particularly health promotion programs for individuals, families or communities, and early detection and intervention programs for people at higher than average risk of developing a health problem or complications from an existing problem.

## General practitioners

General practitioners play a crucial role in public health. The health status of a population is equivalent to the health status of all its individual members. General practitioners have access to a majority of individuals, both well and unwell, in any population during any given year. These encounters provide opportunities for sharing information about health promoting or health protective behaviours. General practitioners also play an invaluable role in implementing public health strategies, such as childhood immunisation, and in working with public health practitioners to respond to public health issues such as community-based outbreaks of infectious diseases.

The Department, Area Health Services and local councils need to work in partnership with individual general practitioners, with Divisions of General Practice in each region and with their state-based organisation, and with the NSW branch of the Royal Australian College of General Practitioners.

Specific issues for partnerships with general practitioners include immunisation, especially of children and older people; screening, particularly for cancer of the cervix; smoking cessation; falls prevention in older people; prescriptions for healthy lifestyles involving adequate exercise and good nutrition; healthy ageing; and early intervention to prevent complications of diabetes.

### **Acting on the public's health: A culturally appropriate, shared care approach to asthma management**

In response to community concern and increased numbers of people with asthma presenting to several facilities, Macquarie Area Health Service developed a model for a culturally appropriate, shared care approach to asthma management. The program involved the establishment of an asthma service and implementation of the six steps of the National Asthma Plan in collaboration with stakeholders. At the pilot site, these include the local general practitioner, the local health service, the Aboriginal Community Development Employment Programme and Aboriginal Health Education Officers.

Preliminary data from the evaluation of the pilot site is promising. Presentations to the local Emergency Department have declined. Knowledge about asthma has increased, self-reported breathlessness declined and quality of life improved. There has been a reduction in mood disturbances and social disruption amongst participants (Unpublished data).

The model has received an award at a national conference and was recently nominated for the NSW Better Health Awards. It has recently been implemented in two further towns and interest is growing across the region.

## Other health professionals

Other health professionals, whether they are medical specialists, nurses or allied health professionals, in hospital, community or private practice also play an important role in promoting the health of individuals and communities. Important public health roles for health professionals in clinical services include:

- notifying diseases that require public health action, tracing contacts and administering prophylaxis or immunisations
- educating individuals and community groups about healthy lifestyles and about ways to identify the early warning signs of disease
- secondary prevention, that is reducing the consequences of disease once it has manifested itself
- evaluating their own practice against the evidence provided by clinical practice guidelines or epidemiological and health services research
- participating in the planning of health services, combining clinical knowledge and experience with a system perspective
- advocating for measures which will prevent illness and promote the health of individuals and communities

Public health professionals support the work of health professionals in clinical services by providing information about important health problems in the community, by providing guidance about ways to promote health and prevent illness or injury, and by adding to the knowledge base which underpins clinical practice through public health research.

### **Universities and Professional organisations**

The Department of Health and Area Health Services need to engage in partnerships with universities and professional organisations to:

- achieve a skilled and flexible public health workforce which has access to and participates in continuous training and is able to respond to the special needs of rural and disadvantaged communities, the potential of new technologies and the intersectoral nature of public health in flexible and innovative ways
- further develop the evidence-base for public health through targeted research, and strengthen the application of evidence to public health and health care practice
- ensure that the health workforce understands broader population health issues, practices according to principles of quality of care and actively encourages patient decision-making and self care

### **Other government departments**

The work of many government agencies outside the health portfolio impacts on the health of the population. The role of the Department of Health and of Area Health Services in relation to other agencies is to:

- provide evidence about health concerns or health benefits within the control of other agencies, make these concerns and benefits known, and highlight the likely benefits of action for health by other sectors
- lead the way in formulating integrated policies for protecting and promoting health, with clearly defined priorities, objectives and targets, reliable indicators to monitor progress and transparent processes to search for common objectives with other agencies
- recognise and support initiatives by other agencies which have a positive health impact
- find ways of resolving potentially conflicting objectives between agencies

Examples of key partners include:

- the Environment Protection Authority, to reduce population exposure to physical, microbial and chemical contaminants in water, air, waste and soil that are hazardous to health
- the Roads and Traffic Authority, to prevent drinking and driving
- the Department of Corrective Services, to reduce the transmission of infectious diseases in prisons and improve the health of prisoners

- the Department of Urban Affairs and Planning, to create healthy living conditions for people who live in urban communities, particularly, environments which encourage moderate exercise, facilitate social interaction and enhance quality of life.
- the Department of Sport and Recreation, to increase the level of safe participation in physical activity by all age groups
- the Department of Education and individual schools, to improve health literacy among students of all ages and to engage in activities which promote health in the local community
- the Police and law enforcement agencies, to assist in educating the public about public health laws, and to enforce those laws when no other alternative exists to prevent serious harm to individuals or communities

### **Acting on the public's health: The NSW Vessel Inspection Program**

Following concerns regarding increased incidence of respiratory and enteric illness among passengers on some pacific cruises, NSW Health has collaborated with other government agencies and the Australian Chamber of Shipping to develop a NSW vessel inspection program. The Program is timely as it will also ensure high standards of hygiene on board cruise ships berthed in the Port of Sydney during the Olympics.

The program draws in particular on the expertise of staff of South Eastern Sydney Public Health Unit who have conducted inspections of Sydney-based cruise ships since 1992. The program will ensure vessel hygiene is maintained at international best practice standards prior to the Olympics and has served to codify disease reporting by vessels currently based in Sydney.

### **Industry and business**

Key partnerships might include:

- Promoting the concept of "healthy" enterprises, that is businesses or industries which adhere to practices which promote safe working environments and healthy work practices, which assess the health impacts of their products or services, and which contribute to health and social development in the local community.
- Working with the tourist industry to support leisure and recreational programs that promote physical activity, personal development, coping skills and relaxation
- Working with the hospitality industry to reduce or eliminate exposure to tobacco smoke and promote responsible use of alcohol

### **Media**

The electronic and print media have an enormous impact on public perceptions about health issues and attitudes to health-related behaviours. Partnerships are needed to provide rapid and accurate information about health issues.

# Vision for Public Health in NSW

**Better health for all people in New South Wales through effective public health action to maintain, protect and promote health.**

**To achieve this vision we need to:**

- Monitor and act on differences in health status and in exposure to health risks and hazards
- Collaboratively develop and deliver public health services to all communities in ways that address current and emerging needs.
- Engage other sectors and agencies in an integrated and coordinated approach to public health
- Develop capacity to monitor and evaluate public health issues and to implement actions based on best practice and accountability for resources

NSW Health will lead and co-ordinate the overall strategy, working in partnership with other agencies, some of which will lead the development and implementation of elements of the strategy.

**We will know that the vision has been achieved when:**

- Each Area Health Service, in partnership with its community, other government and non-government organisations, local councils and general practitioners, has developed a three-year plan for public health that identifies regional public health issues and prioritises responses to those issues.
- Communities throughout NSW are involved in creating health-enhancing living conditions.
- Specific targets have been met for improvements in the health status of disadvantaged groups, for the reduction of significant risks to health, and for participation in health enhancing activities.
- Program funds for public health are distributed equitably based on population distribution and specific needs.
- A state public health training strategy has been implemented which identifies and addresses specific training needs for the public health workforce.
- A revised Public Health Act has been enacted that supports a co-ordinated approach to public health regulation.
- Area Health Services and other funded bodies report accurately and consistently every year against a common expenditure framework.
- Area Health Services report annually against a core set of strategic public health indicators.
- The Department and the Area Health Services have strengthened role clarification for their different public health responsibilities.
- Area Health Services and local government (or regional organisations where this is more appropriate) have strengthened the co-ordination of public health activities.
- NSW Health has implemented state level agreements with major other government departments and non-government partners about shared responsibilities in public health, and public health is recognised as an issue in those agencies' medium term strategies.
- A public health research plan has been implemented to provide the ongoing knowledge-base for innovative, effective, value-for-investment public health in New South Wales.

# Principles

Principles act as guidelines for making decisions. The foundations for an effective and sustainable public health system in New South Wales are the six attributes identified in *Strategic Directions for Health 1998-2003*.

The following five principles universally underpin public health practice.

## Population focus

Public health:

- aims to improve the overall health status of the population
- concentrates on the circumstances and conditions that influence the health of all members of a population, or of subgroups within that population
- takes a societal benefit perspective within decision making processes, whilst respecting the rights, dignity and autonomy of the individual

## Focus on prevention, promotion and early intervention

Public health:

- gives priority to preventing ill health, promoting good health or wellness, and enhancing healthy years of life
- identifies and aims to address the underlying conditions that affect health

## Reduce health inequalities

Public health:

- aims to reduce differences in health status between groups within the population
- responds to the special needs of groups whose health is worse than the State average on key indicators
- gives priority to ensuring equitable access to public health services for all individuals and communities

## Work in partnership

Public health:

- works in partnership with the community, sharing information, acknowledging community priorities, and building community capacity to address local health issues
- advocates for collective action, focuses on shared directions and works in partnership with other agencies

## Effective and sustainable public health action

Public health:

- aims to use the best available evidence for decision-making and to continually improve the knowledge base underpinning public health practice
- anticipates the future and invests for long-term health outcomes
- uses the best mix of approaches to address identified health problems, aiming to achieve maximum health gain for the resources invested
- works towards sustainable communities supported by sustainable services

## **Acting on the public's health: Promoting health through schools**

Connect Redfern is part of the "Schools as Community Centres" Program, a jointly funded initiative of the NSW Departments of Education and Training, Health, Community Services and Housing. The aim of the program is to influence the planning and integration of service delivery to better meet the needs of families with children from birth to 5 years.

Connect Redfern has used an intersectoral approach to develop numerous community initiatives. One of these, a preschool transition program called "Kids for Kindy" is having positive effects on health and education outcomes for children from a community where indicators of disadvantage and family stress are high. By increasing attendance rates in the first year at school, the program has allowed early identification of potential problems with nutrition, hygiene and child development. Appropriate support has been provided.

## **Acting on the public's health: Healthy houses**

The evaluation of the National Aboriginal Health Strategy highlighted the contribution of poor housing and an inadequate rural health infrastructure to high rates of infection, injury and infestation in Aboriginal communities.

NSW Health is a partner in a whole of government approach aiming to improve environmental health in Aboriginal communities in NSW. The Housing for Health Program is modelled on successful work carried out in recent years in the Pitjanjatjara lands in South Australia. This Program has shown that it is possible, at moderate cost, to provide a sustainable environmental health infrastructure in Aboriginal communities in remote areas.

The Program is being carried out by Environmental Health Officers and Aboriginal Health Coordinators employed within NSW Public Health Units. Communities at risk are identified through reports, from various sources, of adverse conditions such as sewerage leaks, electrical fires within houses and other similar events. Six projects have been or are in the process of being completed. The Program involves assessing the public health utility of a house against criteria that relate to nine healthy living practices.

There are plans to expand the Program to all communities in NSW. Other elements of the whole of government approach include projects around:

- the quality of initial design and construction of housing
- training people within communities in infrastructure maintenance skills
- schemes to manage water quality, dust control and roads
- other environmental health issues in communities.

# Key Goals for Public Health

The key goals (below) encompass the range of aims of the public health system. Agencies within the public health system will identify specific goals and targets in their strategic plans.

- Monitor and report on health status, including differences in health status between population subgroups
- Monitor and report on the distribution of health risk factors across the population
- Reduce preventable morbidity and mortality
- Reduce inequalities in health status between population groups or subgroups
- Reduce risks to health
- Support social and environmental conditions which promote health
- Advocate for health in all forums and promote healthy public policy
- Increase individual and community capacity to support health
- Promote healthy lifestyles
- Create healthy environments
- Increase access to healthy choices
- Promote equitable access to services which support health
- Contribute to the effectiveness of health care services
- Provide quality, accessible public health services
- Contribute to the maintenance of an effective public health system which shares a clear direction, has a skilled and valued workforce, engages the community, works in partnerships, makes informed decisions and embraces innovation

# PUBLIC HEALTH PRIORITY AREAS FOR 2000-2005

The purpose of priority setting is to assist the fair, efficient and effective distribution of resources. The diversity of public health issues that need to be addressed at any time creates particular challenges for priority setting. Consequently, priorities have been established for eight domains of public health. Details of the methodology and data supporting the selection of these priority areas are contained in the background paper **Setting priorities for public health** (see **NSW HealthWeb site: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)**).

## Domain 1: Social determinants of health

Priority areas:

- Identifying or developing the evidence base for effective interventions to reduce health inequalities.
- Improving the statewide information base on health inequalities in New South Wales and the impact of social factors on health, particularly with respect to the most vulnerable groups, mental health, social networks and social connectedness
- Developing effective partnerships with other government agencies to identify ways to influence the social determinants of health, especially income, literacy and housing.
- Reducing the impact of adverse socio-economic circumstances early in life
- Greater emphasis, particularly at local levels but facilitated centrally, on addressing specific determinants of health among people with higher levels of social disadvantage, including greater emphasis on overcoming the social barriers to healthy lifestyles, particularly with respect to cardiovascular risk factors, mental health, hazardous drinking and teenage pregnancy

## Domain 2: Environmental determinants of health

Priority areas:

- Strengthen communicable disease control, with particular emphasis on vaccine preventable, foodborne and waterborne diseases.
- Seek improvement to health through monitoring and reporting the air quality of urban and indoor environments and their relationship to respiratory disease, especially asthma in young people.
- Reduce exposure, especially of young children, to environmental tobacco smoke.
- Maintain or increase effective strategies to reduce exposure to UV radiation.
- Reduce lead exposure of young children in industrial environments
- Forge effective partnerships with agencies such as the Department of Urban Affairs and Planning, the NSW Environment Protection Agency and local councils.

### **Domain 3: Individuals or behavioural determinants of health**

Priority areas:

- Development of a chronic diseases prevention strategy that focuses on reducing tobacco consumption, fat consumption and overweight/obesity, increasing levels of physical activity and the consumption of fruits and vegetables, and early identification and secondary prevention for people with, or at risk of, high blood pressure, high cholesterol or diabetes.
- Greater emphasis on integrated strategies to reduce the incidence of blood borne and sexually transmitted diseases.

### **Domain 4: Major health problems**

Priority areas:

- The prevention and early intervention for mental health problems and disorders (depression, suicide, anxiety and substance abuse disorders) and the promotion of mental health
- Injury, especially falls in older people and road injury in young people
- Asthma
- Preventable cancer

### **Domain 5: Population groups with special needs**

Priority areas:

- The health of Aboriginal people and Torres Strait Islanders, with particular emphasis on mental health, overweight/obesity, alcohol use, smoking, and injury. These issues cannot be tackled effectively without addressing the social factors which influence the health of Aboriginals and Torres Strait Islanders, and must be addressed in partnership with Aboriginal and Torres Strait Islander people.
- The health of young people, particularly promoting mental health, preventing road injury, and minimising the use of and harm from alcohol and drugs,
- The health of infants and children, with particular emphasis on reducing adverse exposures during pregnancy, preventing injuries, vaccine preventable diseases and asthma.
- Falls prevention in people over 65 years of age.

Note: drawing on Australian data, 46% of the disease burden in men over 65 and 43% of the disease burden in women of that age can be attributed to ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, diabetes and osteoarthritis. Thus many of the health issues that most affect older people in New South Wales will be addressed under the chronic diseases prevention strategy.

### **Domain 6: Settings**

Priority areas:

- Making best use of the settings approach across public health practice in New South Wales.
- Settings relevant to the implementation of strategies to address priorities in other domains.
- Promoting and protecting health at home, in schools, in communities, through the media, and through industry or business.

## Domain 7: Partnerships

Priority areas:

- A systematic and systemic approach to building and maintaining partnerships for public health with appropriate staff development, resources, structures and accountabilities.
- Partnerships relevant to the implementation of strategies to address priorities in other domains, particularly with government and non-government agencies which influence the social and environmental determinants of health, with Aboriginal and Torres Strait Islander peoples, and with non-government agencies and health professionals in areas relevant to chronic diseases.

## Domain 8: Infrastructure

Priority areas:

- Workforce development, particularly leadership, intersectoral communication and partnering skills, and strengthening professional knowledge and skills across all sectors of the public health workforce.
- Resource acquisition and allocation, particularly a fairer, more adequate system for determining the level of resources for public health and improved accountability for expenditure on public health.
- Public health research, particularly the development of a public health research plan for New South Wales and more effective means of disseminating the results of research.

### Acting on the public's health: Preventing serious burns and scalds in children

Hot water burns sensitive young skin ten times more quickly at 55°C than at 50°C. At 70°C a full thickness burn occurs almost instantaneously. Most homes have hot water systems that deliver water at temperatures between 60°C and 70°C, ensuring that any exposure of young children will result in third degree burns.

The NSW Scalds Prevention Campaign (1992-1994) was the first statewide campaign in Australia to address scalds in children. The campaign was based on evidence of the success of population-based strategies undertaken elsewhere. Statewide data show that for the two years following the campaign there was a 25% reduction in the number of children admitted to hospital for five days or more. That means that 65 fewer children were severely scalded each year. The annual savings on medical costs alone are estimated at \$3.8 to \$6.5 million.

In September 1999, the NSW Code of Practice Plumbing and Drainage was gazetted, ensuring that all new buildings and those requiring substantial plumbing work will be required to deliver hot water to bathrooms at temperatures of no more than 50°C.

## **Acting on the public's health: Developing new definitions of health system performance**

The first performance agreements between the Department and Area Health Services were established in 1996 in conjunction with economic reforms that separated funder and provider responsibilities. Performance agreements needed to capture the whole health system, not only hospital activity, and demanded explicit identification about outcomes, as well as outputs.

Public health played a major role in establishing the new accountability for health improvement and outcomes by providing the essential evidence-based strategies and quantifiable health outcomes indicators. Health Improvement Planning Guidelines (1997) were developed collaboratively to facilitate systematic health improvement-based planning, decision-making and resource allocation. Health Outcomes Performance Indicators and a Health Outcomes Framework (1998) were developed for planning and service agreements. Data from the biennial Chief Health Officer's Report and NSW Health Survey are now used as performance baselines. The implementation of clinical guidelines, developed in national health priority areas by Expert Advisory Groups (1996-1999), is used as a proxy performance measure. Health improvement is now established as a specific accountability within the health system, to balance the emphasis on budgets and activity.

# Making the Vision a Reality

Healthy People 2005 - New Directions for Public Health in NSW is a framework document which is intended to guide the development of specific plans by the Area Health Services. To achieve the vision, two inter-linked elements will be followed — firstly, the development of three specific health improvement initiatives and secondly, the enhancement of leadership and capacity building initiatives for public health.

## THREE HEALTH IMPROVEMENT INITIATIVES

To focus health improvement efforts in NSW there will be three streams of activity bringing together a coordinated approach to the priority areas identified earlier across the eight domains of public health. These streams are Healthier People, Healthier Places, and Reducing Health Inequalities.

### HEALTHIER PEOPLE

- **Chronic Diseases Prevention.** This will focus on reducing tobacco use, promoting physical activity, reducing overweight/obesity and promoting healthier diet in the general population, and on early detection and secondary prevention for hypertension, high blood cholesterol and diabetes. This will complement the NSW Government Action Plan for Health aimed at a more coordinated and integrated approach to the management of chronic disease.
- **Healthier Childhood.** Building on the NSW Health Child Health Strategy and Families First, the focus here will be on enabling healthy development through good antenatal and perinatal care (including encouraging folate intake and discouraging smoking), breast feeding, immunisation, healthy diet, and healthy environments (avoiding exposure to environmental tobacco smoke, reducing injury at home and in the neighbourhood).

A cornerstone of this, in accord with the NSW Government Action Plan for Health reforms, will be the development of integrated and seamless health services for mothers and children across Area Health Services.

- **Promotion and Prevention in Mental Health.** Mental illness particularly depression is a growing health problem. Action to date has focussed on the improvement of services for those with mental illness. However, much can be done to improve the mental health of groups in our community and to reduce the risk of serious mental illness and to improve the health of those with mental illness. This was reflected in the recent National Mental Health Strategy where promotion of mental health and prevention of mental disorders are central objectives. This program will focus on the prevention of depression, suicide and substance abuse particularly among children and young people.
- **Oral Health Promotion.** Oral health is often forgotten in consideration of overall health. The Government has committed additional funds to enhance public dental services in NSW and is undertaking a major restructure of the way those services are provided to improve targeting to those most in need. As part of this, a review of effective approaches to oral health promotion will be undertaken.

## HEALTHIER PLACES

- **Indigenous Environmental Health.** An integral part of the NSW Aboriginal Health Strategy, this program will focus on the development of a sustainable approach to environmental health in aboriginal communities and promoting healthier communities.
- **Falls Prevention in Older People.** Epidemiological predictions indicate that falls and accompanying injuries will be an increasingly major cause of hospitalisation and mortality in older people. There is extensive research demonstrating that injuries arising from such falls are substantially preventable. Population prevention of falls requires a multi-faceted strategy addressing both the environmental hazards that cause falls and individual health promotion, and engaging a wide range of health services. This program in conjunction with the Chronic Disease Prevention Program will ensure that the success of pilot projects in NSW are replicated across Area Health Services.
- **Health Promoting Schools.** It has long been recognised that schools present a special opportunity for promoting healthier individuals and healthier environments. It is now well understood that the promotion of health goes beyond health education. NSW Health and the Department of Education and Training have developed a shared framework for health promotion in schools that will be a key program in this strategy.
- **Regional Public Health Plans.** Planning and acting to control public health problems like mosquito-borne illnesses (such as Ross River Fever) is frequently more appropriately undertaken on a regional or geographically defined basis rather than the administrative boundaries such as those of Area Health Services. Moreover, it requires the involvement of local government and other agencies. This program will facilitate the development of a limited number of joint regional action plans to address specific public health priorities.
- **Smoke-Free Public Places.** The Government will further enhance its strategy to reduce exposure to tobacco smoke through the introduction of legislation banning smoking in public shared places. NSW Health will also progressively introduce smoke-free health campuses.
- **Controlling communicable disease.** A basic expectation of public health services is to minimise the risk and impact of infectious diseases such as influenza, hepatitis C, and HIV. A priority plan for communicable disease control has been developed and will be implemented over the period of this plan. This will include enhanced disease surveillance.

Within the themes of Healthier People and Healthier Places, specific plans will be developed for each of the priority areas. These plans will identify:

- **Early Wins** - where achievable benefits can be demonstrable within 12 months
- **Maturing Investments** - benefits gained through the second and third years of the plan
- **Longer Term Gains** - accumulated benefits both in terms of the capacity to promote a healthier future and health status improvements.

These plans will be based on the best evidence available for what works, tailored to the different socio-cultural environments across NSW.

## REDUCING HEALTH INEQUALITIES

The Chief Health Officers Report on the Health of the people of NSW identified a growing socioeconomic disadvantage in health. While there are many studies that confirm this, evidence on the effectiveness of strategies to reduce social inequalities is limited.

There are many activities that NSW Health and the Area Health Services already undertake that address the needs of specific health disadvantaged groups. Some focus more broadly on specific disadvantaged communities. However there is currently no policy or framework that guides the choice of approach or coordinates these activities. A review will be undertaken of the research on approaches to addressing health inequities. This will be combined with a review of current health policies and practices relevant to health inequity in NSW to produce a framework for "best-buys" in attempting to address health inequities. It is anticipated that this framework will address issues including:

- the benefits of early childhood interventions to improving health equity
- the extent to which access (or lack of) to health care services impacts on health inequity and whether different approaches to service delivery can improve health inequities
- the role of health settings such as schools and community as a focus for interventions to reduce health inequity
- the role of regional planning and intersectoral action - the need for organisational development and capacity building in the health sector to address health equity issues.

This framework will guide the development of area health service health improvement plans. Mechanisms for sustaining local interventions for the time frames necessary for improvements in health inequity will also be developed and implemented.

## LEADERSHIP AND CAPACITY BUILDING INITIATIVES

For the time span of New Directions for Public Health, implementation will be guided by a **NSW Public Health Leadership Forum**. This high level, representative Forum, reporting to the Director-General, will provide statewide leadership, strategic direction and a focus for the partnerships that are essential to the achievement of the vision for public health.

In the first instance, the Public Health Leadership Forum will advise on:

- The development of **statewide implementation plans** and, where appropriate, complementary Area level implementation plans for the major public health initiatives set out below:
- The development of **three-year public health plans** in each Area Health Service
- The identification and selection of appropriate issues and localities for the development of **regional public health plans in partnership with local councils**
- The development of a **public health research plan** to further strengthen the knowledge base which underpins public health, better co-ordinate the public health research effort, and improve the dissemination of the results of research

- The development and implementation of a state **public health workforce development and training strategy** in collaboration with the Commonwealth Department of Health and Aged Care. The strategy will identify development needs of public health workers and emerging workforce needs and existing resources will then be targeted to meet those needs. It will include a program for developing leadership and management skills among middle level managers in public health
- The implementation of **fairer resource allocation for public health**
- **Improved monitoring of public health activity and health outcomes** through the collection of relevant public health indicators and measures to improve the accountability for public health expenditure

The Forum will also provide a vehicle for examining emerging public health issues, such as the impacts of developments in human genetics and information technology.

The Public Health Leadership Forum will work with Area Health Services including an expanded Public Health Network and non government organisations on the practical aspects of developing and implementing key strategies.