Performance

How we compare

The health of the people of NSW compares favorably with the rest of the world. Further, the sustained momentum of system redesign is leading to improvements in the quality and efficiency of the public health system.

Comparisons with other states and territories and other countries with similar health systems is an effective way to benchmark the NSW public health system. National and international results in key health indicators provide the signs we need to make sure we are still providing a public health service that is one of the best in the world.

This section provides an overview of results in common health indicators recognised internationally as reliable objective methods for measuring health and health services. International data has been sourced from the Organisation for Economic Co-operation and Development (OECD) and the World Health Organisation (WHO). Nationally, the Australian Institute of Health and Welfare (AIHW) produces robust state and territory health data and along with the Australian Bureau of Statistics (ABS) is the source of state and territory data produced here.

Information on a variety of indicators is included:

- Life expectancy at birth – international and state/territory comparisons
- Infant mortality – international and state/territory comparisons
- Death rates – state/territory comparisons
- Health expenditure – international and state/territory comparisons
- Public health expenditure by activity – state/territory comparisons
- Selected hospital activity data – state/territory comparisons.

Even though the OECD and WHO endeavor to standardise published health measures and results as robustly as possible, information users must always exhibit caution in drawing comparisons between countries. When considering the information provided in this section keep in mind that even though it may appear that countries are using the same health indicators, there may be hidden variations in their construction. For example, countries may be using different inputs, have different definitions of the indicator or have varying degrees of coverage of what they are measuring. It should also be remembered that countries make choices about how they will fund their health systems, the mix of public and private funding, the level of health insurance available and the availability of health professionals to provide health services. These choices impact on the range of services provided and the financial resources allocated to health. Although in this section we only compare Australia with OECD countries, where social and economic structures are similar, there will always be differences in some of the social determinants of health, such as living and working conditions that are beyond the ability of health service providers to directly influence.

Like international information, care should also be taken when comparing states and territories. Because each state and territory governs its own public health system and each has a unique geographic and demographic make up there is inevitably differences between systems. For example, the proportion of Indigenous people in the population will have an effect on the overall health outcomes of that population. Indigenous people have a lower life expectancy, experience disability at a higher rate and have a reduced quality of life due to ill health than non-Indigenous Australians. Some states and territories also have a larger proportion of people living in rural and remote areas than NSW. This means health services are designed differently to account for a smaller but more geographically spread population. Finally, it is important to note when comparing state and territory health data that the degree of coverage of the data may differ. Problems with data capture often mean that not all activity can be reported in official statistics.

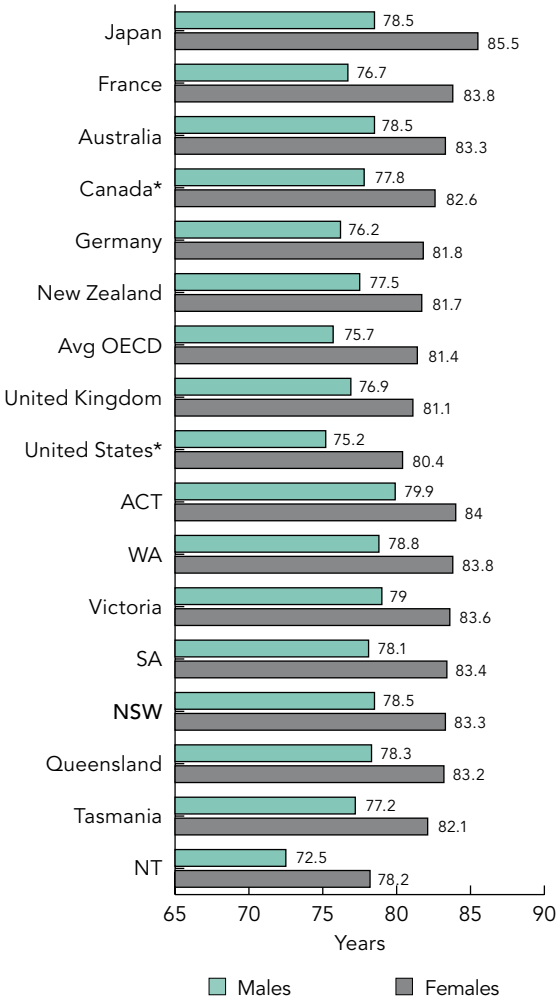
Life expectancy at birth

Life expectancy at birth measures the average number of years a newborn can expect to live if the existing mortality patterns remain during the individual's lifetime. Life expectancy has long been used as an indicator to reflect the level of mortality experienced by a population and is often used as an objective summary measure of a population's health. There are many

influences upon the life expectancy of a population, for example, socio-economic factors such as level of income or education, environmental issues such as pollution and water supply, as well as health-related behaviours such as smoking and alcohol consumption.

The graph below shows the NSW and Australian rates of life expectancy compared with other states and territories and selected OECD countries.

Graph 1. Life expectancy at birth (years) for selected OECD countries and Australian states and territories (2005)



Source: OECD Health Data, 2007 and ABS Death Statistics, 2005
*The US and Canada = 2004 data

Australia's life expectancy at birth for those born in 2005 was 83.3 years for females and 78.5 for males. Australia has enjoyed a continual increase since the early twentieth century in life expectancy and in the last ten years alone, female life expectancy has increased by 2.5 years and males by 3.5 years. Today, Australians have one of the best life expectancy rates amongst OECD countries and in fact, the world.

Life expectancy at birth in 2005 in NSW was on par with the Australian average at 83.3 years for females and 78.5 years for males. NSW life expectancy is longer than a number of countries including New Zealand, Canada, Germany, the US and the UK along with being longer than the OECD average. Like the national rate, NSW continues to improve year-on-year. Since 1995, female life expectancy has improved by 2.5 years and male life expectancy by 3.7 years, slightly more than the national improvement. Compared to the OECD average, NSW has been improving at a much quicker rate.

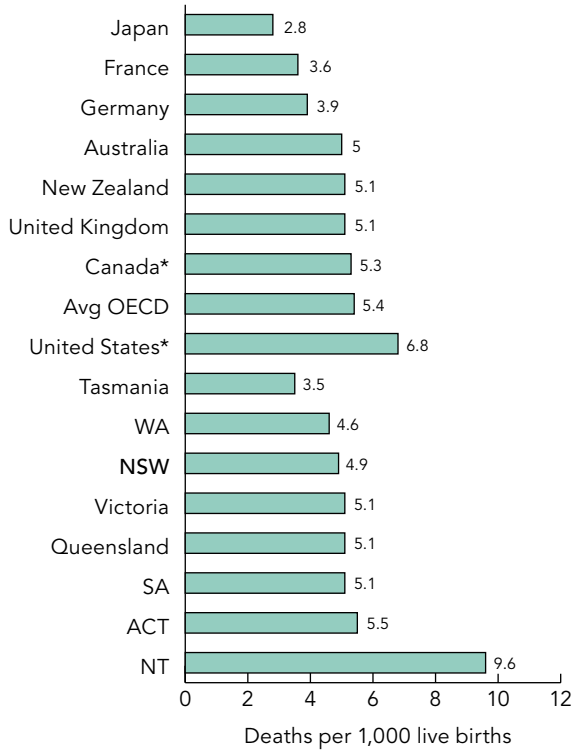
Infant mortality

Infant mortality is used to compare the health and wellbeing of populations across and within countries. The infant mortality rate refers to the number of deaths of infants (children less than one year old) per 1,000 live births in any given year. Like life expectancy at birth, it is internationally recognised as an indicator of population health and is often used in understanding an area's state of health development. In the past, infant mortality claimed a large percentage of children born, but the rates have significantly declined in modern times, mainly due to improvements in basic health care and advances in medical technology.

Today, infant mortality is a good indicator of the quality of antenatal care, the effectiveness of obstetric services and the quality of infant care in the hospital and in the community as well as being an indicator of maternal health.

Graph 2 (over page) shows the latest OECD data on infant mortality alongside state and territory rates from the ABS.

Graph 2. Infant mortality rates for selected OECD countries and Australian states and territories, 2005



Source: OECD Health Data, 2007 and ABS Death Statistics, 2005
*The US and Canada = 2004 data

Australia has seen a slight increase in the infant mortality rate in 2005 (5.0) compared to 2004 (4.7). However, slight fluctuations in the year-on-year rate are not uncommon and overall, the rate continues to steadily decline. In the last ten years the infant mortality rate has decreased by 13 per cent. Like life expectancy at birth, Australia has a better infant mortality rate than New Zealand, Canada, the UK and the US.

At 4.9, the infant mortality rate in 2005 in NSW was slightly better than the Australian rate. Compared to the other states and territories, NSW had the third lowest rate behind Tasmania and Western Australia. Although the NSW rate was up slightly on 2004, like the overall Australian rate, it has been steadily declining through time.

Health expenditure

The common aim between all OECD countries is to improve health outcomes while containing costs. Unfortunately, a robust method to benchmark countries on cost-effectiveness within health systems has yet to be defined. One problem, for example, is the difficulty of attributing improvements in health outcomes to spending levels. Without being able to easily measure cost-effectiveness, examining health expenditure as a proportion of Gross Domestic Product (GDP) between countries is a commonly used economic measure in health. Health expenditure as a proportion of GDP measures a nation's or state's spending on health goods, services and capital investment as a proportion of overall economic activity. However, this measure is susceptible to movements in GDP or health expenditure causing instability in the health–GDP ratio. Health expenditure per capita is an alternative measure that allows comparisons without the misleading effect of GDP movements and population size changes.

Although a comparison of Australia's health expenditure with other OECD countries gives us an indication of the relative efforts being made to meet the need for health goods and services in countries with similar economic and social structures, caution is recommended in the interpretation of results, given that differences may exist between countries in terms of what is included as health expenditure. The following table shows the latest available data (2004) from the WHO for both the per capita and GDP percentage of both total health expenditure and government health expenditure between selected OECD countries.

The total expenditure on health in Australia as a percentage of GDP was 9.6 per cent in 2004. Like past years, this was higher than the OECD median health to GDP ratio at 8.9 per cent. Australia's health to GDP ratio has been steadily increasing during the past ten years. Over the last decade, GDP has grown by 6.3 per cent per year. However, health has had a higher expenditure growth of 8.3 per cent over the same period resulting in a 1.7 percentage point increase in the health to GDP ratio during the period.

Table 1. Health expenditure for selected OECD countries, 2004

	Total expenditure on health as a proportion of GDP	Government expenditure on health as a proportion of total health expenditure	Per capita total health expenditure at avg exchange rate (US$)	Per capita government health expenditure at avg exchange rate (US$)
Australia	9.6	67.5	3123.3	2106.8
Canada	9.8	69.8	3037.6	2120.9
France	10.5	78.4	3464.0	2714.6
Germany	10.6	76.9	3521.4	2709.1
Japan	7.8	81.3	2823.2	2295.2
New Zealand	8.4	77.4	2039.6	1577.8
UK	8.1	86.3	2899.7	2501.8
US	15.4	44.7	6096.2	2724.7

Source: WHO, World health statistics 2007

Table 2. Average health expenditure per capita current prices, 2000/01 to 2004/05 (A$)

State/Territory	2000/01	2001/02	2002/03	2003/04	2004/05	Avg annual growth rate between 1996/97 and 2004/05 (%)
NSW	3,189	3,397	3,677	3,988	4,320	3.6
Vic	3,214	3,566	3,878	4,022	4,382	4.1
Qld	3,260	3,369	3,498	3,806	4,084	3.4
WA	3,004	3,249	3,543	3,849	4,313	5.5
SA	3,210	3,481	3,844	4,139	4,617	5.5
Tas	3,139	3,636	3,555	3,684	4,047	2.0
ACT	–	–	–	–	–	–
NT	3,519	3,693	4,314	4,043	4,834	5.0
Australia	3,195	3,437	3,700	3,958	4,319	4.0

'Expenditure' includes government funded (including the Australian Government), health insurance, injury compensation and 'out-of-pocket' expenditure.

ACT per capita figures are not calculated since these numbers include a substantial number of expenditures for NSW residents (ie the ACT population is not an appropriate denominator)

Source: AIHW, Health expenditure Australia 2004/05

Of the selected countries, Australia has the second lowest government proportion of total health expenditure (67.5 per cent). This was five percentage points below the OECD median of 72.5 per cent. A possible reason for this is Australia's growing private health sector compared with other countries. The US, well known for its large private health sector, has only a 45 per cent government contribution to health spending. Per capita, Australia spends US$3,123 on health at the average exchange rate. This is more than Canada, Japan, New Zealand and the UK.

Table 2 (above) considers health expenditure within Australia's states and territories.

Health expenditure in states and territories is influenced by the different health priorities of their governments. Priorities, and hence policies, will be influenced by the population. The socio-economic makeup of a population, the proportion of Indigenous people and remoteness issues will all influence health expenditure levels and distribution decisions.

During 2004/05, the AIHW estimates that NSW alone incurred 33 per cent ($29.2 billion) of Australia's total national health expenditure ($51.0 billion). This aligns to the proportion of Australia's population that resides in NSW. Per person, an average of $4,320 was spent on health in NSW in 2004/05. While this is on par with the Australian average, the average annual growth rate in per capita spending since 1996/97 (3.6 per cent) was slightly less than the Australian average (4.0 per cent).

While broad comparisons can be made between states and territories, caution must be exercised when comparing results. Although the AIHW applies consistent methods to their calculations, there may be data quality differences from one jurisdiction to another. It is also important to bear in mind when considering per capita figures that the costs of interstate patients are often included whereas the population (the denominator) is the resident population of the state or territory.

Another way to compare state and territory health expenditure is by examining public health spending. Public health activities generally can be viewed as a form of investment in the overall health status of a population. It is characterised by planning and intervening for better health in populations rather than focusing on individuals. Planning is aimed towards addressing the determinants of health and illness, rather than the consequences, with emphasis on illness prevention and protecting and promoting health. The National Public Health Expenditure Project (NPHEP) has built a framework of nine public health activity categories. Table 3 on the following page outlines state and territory funding in these areas.

In 2004/05, NSW spent $450.7 million on activity to promote and protect the future health of the population. As expected, this was the highest of all states and territories and was an increase of 18 per cent on 2003/04 expenditure. Like most of the other states and territories, except Victoria and the Northern Territory, the biggest share (29 per cent) was allocated to organised immunisation. At $66.78 million, NSW had one of the lowest average expenditures per person on public health with only Victoria and Queensland slightly lower. This result is to be expected given that the states and territories with smaller population have associated diseconomies of scale when delivering a range of public health services to small populations.

Demographic factors also affect the per capita rate. The Northern Territory for example, has a higher Indigenous population who have associated poorer average health status. They also have large proportions of their populations in isolated areas for which the delivery of public health activity costs more.

Table 3. Total government expenditure on public health activities (current prices) by state/territory, 2004/05 (A$ million)

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Communicable disease control	84.8	50.0	30.3	19.6	18.2	4.1	6.5	18.6	232.0
Selected health promotion	57.6	76.8	37.0	28.1	17.1	5.1	7.2	3.9	232.8
Organised immunisation	128.9	66.3	61.0	29.9	23.5	8.5	7.6	12.5	338.3
Environmental health	20.5	9.1	17.4	13.2	7.4	5.3	3.1	7.5	83.3
Food standards & hygiene	10.0	6.0	6.3	3.6	2.5	0.6	2.7	1.2	32.6
Breast cancer screening	43.9	25.8	23.6	10.1	7.9	4.1	1.7	1.3	118.3
Cervical screening	32.4	22.1	20.1	10.6	9.4	2.8	1.9	3.6	102.6
Prevention of hazardous & harmful drug use	39.2	39.0	44.2	25.8	22.6	6.4	5.1	11.8	194.2
Public Health research	33.3	26.7	14.2	11.4	9.7	2.4	1.6	2.4	101.8
Total	450.7	321.9	254.0	152.2	118.2	39.4	37.4	62.7	1,436.3
Total per capita	66.78	64.45	64.69	76.36	76.89	81.48	115.30	311.79	71.08

Source: AIHW, National Public Health Expenditure Report 2004/05

Death rates

In Australia, the standardised death rate in 2005 was 593.3 deaths per 100,000 population. This represents a significant improvement from 1995 when the death rate was 778 deaths per 100,000.

Overall, NSW has the third lowest standardised death rate in Australia. As expected, it is not dissimilar to that of Victoria and Queensland. NSW has seen excellent improvements in the 10 years to 2005 in the three leading causes of death. In fact, the state has the greatest improvement in deaths from Ischaemic heart disease in Australia over this period.

Trachea, bronchus and lung cancer, Ischaemic heart disease and Cerebrovascular disease continue to be Australia's leading causes of death in 2005. The table below outlines the standardised death rates by each state and territory for the leading causes of death along with the overall death rate for all causes.

Hospital activity

This section provides a selection of AIHW data related to public hospital activity by state and territory. When making comparisons in activity between states and territories, keep in mind that public hospitals vary considerably in size, services available and the degree of specialisation. Generally, public hospitals provide an array of health services from urgent and life-threatening care in emergency departments to elective surgery aimed at improving quality of life. However, a large city hospital provides different functions and operates differently to a small rural hospital that may serve a much smaller but more geographically spread population. The geographical and demographic make-up of a state or territory will be reflected in its hospital types and activity.

Table 4. Standardised death rates per 100,000 people by major cause of death, 2005

Cause of death	NSW	Vic	Qld	WA	SA	Tas	Act	NT
All causes	593.3	586.0	598.3	578.9	621.3	683.2	562.5	855.2
Trachea, bronchus and lung cancer	33.6	32.9	35.5	37.1	33.7	44.0	23.2	50.4
– Change on 1995 rate	17%	22%	4%	11%	3%	-3%	13%	41%
Ischaemic heart disease	104.5	102.0	115.1	101.8	112.4	114.5	79.8	106.3
– Change on 1995 rate	46%	43%	40%	44%	38%	41%	45%	31%
Cerebrovascular diseases	53.7	49.4	55.2	43.4	52.3	43.5	51.6	43.3
– Change on 1995 rate	40%	34%	31%	43%	38%	50%	18%	50%

Source: ABS Causes of death 2005 (3303.0)

Table 5. Public Acute Hospital activity by state or territory, 2005/06*

Activity	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of Hospitals	221	142	173	90	78	24	3	5	736
Available or licensed beds	18,595	12,158	9,629	4,787	4,561	1,223	714	569	52,236
Emergency Department occasions of service (000s)	2,137	1,408	1,303	628	495	134	99	119	6,327
All admissions to hospitals (000s)	1,409	1,272	749	393	375	94	72	83	4,450
All admissions per 1,000 population	199.8	243.7	187.9	195.7	228.4	185.8	238.4	483.0	212.8
Surgical admissions from the elective waiting list (000s)	201	134	106	48	35	15	9	5	556
Surgical admissions from the elective waiting list per 1,000 population	29.6	26.6	26.6	24.1	23.2	30.9	27.8	27.9	27.2
Non-admitted occasions of service (000s)**	17,939	5,693	7,850	3,735	1,717	793	401	291	38,421

*Caution is needed in comparing activity data due to the differences between states and territories in the coverage of data captured, particularly in the case of emergency department numbers.

**Non-admitted occasions of service include: dialysis, pathology, radiology and organ imaging, endoscopy and related procedures, other medical/surgical/obstetric, mental health, alcohol and drug, dental, pharmacy, Allied Health, community health, district nursing and other outreach.

Source: AIHW, Australian Hospital Statistics 2005/06

NSW has the largest number of hospitals of any state or territory and also has the greatest number of hospital beds. Bed availability indicates a hospital's capacity to provide inpatient care. NSW has 36 per cent of Australia's inpatient beds reflecting the State's large population compared to the other states and territories. NSW Health's aim to provide the right care to people in the right place means many clinical services previously requiring admission to hospital are now being provided in alternative settings. This is not only better for the patient, but a more appropriate use of health resources.

NSW continues to provide more elective surgery than any other state or territory and at 29.6 per 1,000 has the second highest elective surgical admission rate. The 2005/06 year saw an extra 4,000 elective surgical admissions on the previous year. As a result, the waiting times for patients on the surgical waiting list continue to decline.

NSW has experienced an increase in emergency department occasions of service, a trend that has been seen throughout Australia in recent years. There were over two million presentations to emergency departments in 2005/06. Despite this increase, NSW performance in key indicators such as triage waiting time and emergency access performance continues to improve.

Summary

Information from the most recent OECD and WHO publications confirms that Australia can claim one of the best performing health systems in the world. In some of the major indicators of health status including life expectancy and infant mortality, Australia compares favourably with other countries with similar health systems within the developed world. The country's health outcome achievements are possible through continued increases to health spending, including spending focused on health promotion and illness prevention.

NSW boasts the country's largest population and hence the largest health system. The state continues to perform on par, and often above average, compared with overall Australian performance and thereby can also claim international recognition for its health system.

Excellent results have been achieved through the success of a multitude of different initiatives in recent years. Resources continue to be directed towards enhancing the health of the community in strategies around illness prevention, mental health and Aboriginal health to name just a few. The state's achievements compared with international results are particularly significant in light of the growing demand for health services and continual population pressures experienced in the state. However, NSW, with its excellent track record in health planning and service delivery, will no doubt continue to perform well on the world stage despite the complexities encountered in the health system.

NSW State Health Plan

The State Health Plan has been prepared to guide the development of the NSW public health system towards 2010 and beyond.

It sets out the strategic directions for NSW Health over the next five years, which reflect the priorities in the NSW Government's State Plan and the priorities in the Council of Australian Governments' national health reform agenda.

The Plan draws on extensive research and consultation with consumers, health professionals and other stakeholders that was undertaken to develop the longer-term strategic directions for NSW Health in the Future Directions for Health in NSW – Towards 2025.

It also draws on input from the Health Care Advisory Council – the peak community and clinical advisory body advising the Government on health care issues – and the Health Priority Taskforces, which advise on policy and service improvements in 12 high priority areas.

Why do we need a State Health Plan?

There have been major health gains for people in NSW over the last 20 years. These gains include a decline in rates of preventable death and a major reduction in deaths from cancer. Immunisation rates for children and adults are rising. Most people have ready access to the high quality health care they need.

However like health systems in other states and developed nations, the NSW Health system faces significant challenges in the years ahead. These include:

- Increasing numbers of people with chronic health conditions.
- The ageing of the NSW population is driving up demand for health services.
- Community expectations of health services continue to rise.
- There is a worldwide shortage of skilled health workers.
- The incidence of people with mental health problems is increasing.
- Advances in medical technologies are expensive.

These challenges are placing increasing pressure on the public health system and are driving up health costs at a faster rate than general economic growth.

The State Health Plan addresses the challenges that lie ahead using the seven Strategic Directions identified during the consultation for the Future Directions for Health in NSW – Towards 2025.

Seven Strategic Directions

The Strategic Directions featured in the State Health Plan identify our health priorities over the next five years. These priorities will be reflected in planning processes at both State and Area Health Service levels. The seven Strategic Directions are:

1. Make prevention everybody's business

This will require new strategies for health promotion and illness prevention, which are supported by structural changes such as legislation, regulation and environmental changes. The principle of prevention will be embedded into NSW Health's service delivery.

2. Create better experiences for people using health services

Providing patients of NSW Health with ready access to satisfactory journeys through health services will involve making sure health services continue to be high quality, appropriate, safe, available when and where needed and coordinated to meet each individual's needs.

3. Strengthen primary health and continuing care in the community

This will help people to access most of the healthcare they need through an integrated network of primary and community health services, which will lead to improved health outcomes. Early intervention principles will be embedded into NSW Health's service delivery.

4. Build regional and other partnerships for health

By engaging more effectively with other government and non-government agencies, clinicians and the broader community, we will provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions.

5. Make smart choices about the costs and benefits of health services

As health costs continue to rise we need to make the most effective use of the finite resources available. Costs must be managed efficiently based on evidence of what works and health impact. Resources will be shifted to support early intervention and prevention programs.

6. Build a sustainable health workforce

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State is one of our key priorities for the future.

7. Be ready for new risks and opportunities

The NSW health system is a large, complex system that must continually adapt in a dynamic environment to meet the community's changing health needs. The system must be quick to respond to new issues and capable of sustaining itself in the face of external pressures.

The following pages reflect work undertaken over the 2006/07 financial year to address these Strategic Directions.

Make prevention everybody's business

Strategic direction one

The familiar saying that 'prevention is better than cure' is supported by clinical evidence. Reducing risk factors such as smoking, obesity, risky alcohol use and stress requires strong will and sustained action by individuals, families, communities and governments. Similar effort is needed to promote good nutrition, physical activity, healthy environments and supportive relationships.

We strive for a health system that puts greater effort and investment into improving health and preventing illness while continuing to treat chronic illness effectively. This requires new strategies for health promotion and illness prevention.

The average life expectancy in NSW is among the highest in the world, yet many people still die prematurely. A large number of these deaths can be linked to diseases and conditions that result from unhealthy lifestyles.

Improved health through reduced obesity

Childhood overweight and obesity is a serious health problem. There has been an alarming increase in the rate of children who are overweight or obese in Australia.

NSW Health aims to stop the growth in childhood obesity by holding it at the 2004 level of 25 per cent by 2010 and then reduce it to 22 per cent by 2016.

The Good for Kids, Good for Life initiative

The Good for Kids, Good for Life initiative is Australia's largest ever obesity prevention trial and is primarily concerned with prevention of childhood obesity in the Hunter New England area. Program objectives are to:

- Reduce consumption of sweetened drinks and increase consumption of water.
- Reduce consumption of energy-dense and nutrient poor foods.
- Increase consumption of vegetables and fruit.
- Increase time spent in organised and non-organised physical activities
- Reduce time spent in small screen recreation activities.

This initiative focuses on six key areas; schools, childcare, community organisations, health services, Aboriginal communities and media/marketing providers.

A key achievement for 2006/07 was the launch of the social marketing campaign for the Good for Kids, Good for Life program. This used TV, radio and print media and a website which will span the life of the program. Rigorous evaluation is expected to make a significant contribution to the evidence base for childhood obesity prevention.

Go for 2&5® Fruit and Vegetable campaign

NSW Health joined forces with the Cancer Institute NSW and Horticulture Australia to implement the Go for 2&5® Fruit and Vegetable campaign to promote increased fruit and vegetable consumption.

The main campaign audience was adults from 20 to 50 years of age, particularly parents, grocery buyers and those preparing family meals.

Tracking data indicated that almost three quarters of the target audience had seen the campaign advertisements and that there were behavioural and attitudinal shifts in line with campaign objectives.

Improved health through reduced smoking

NSW Health aims to continue reducing smoking rates by one per cent per annum to 2010, then by 0.5 per cent per annum to 2016. Although the target for reduced smoking rates applies to the whole population, we want to beat this target for the Aboriginal population where smoking rates are higher (43.2 per cent estimated for 2002–2005) than within the general population (17.7 per cent).

Smoke-free environments

Phase 2 of the staged removal exemptions under the Smoke-free Environment Act 2000 for licensed premises commenced on 3 July 2006, in the lead up to the total ban on smoking in the enclosed parts of licensed premises from 2 July 2007.

Professional development in smoking cessation

In 2006/07, NSW Health's Tobacco and Health Branch delivered training in the two nationally accredited units of competency in smoking cessation best practice. Videoconferencing facilities were used to train more than 300 health professionals at 27 sites across the state.

Training participants included nurses, allied health professionals, Aboriginal health workers and others. NSW Health plans to introduce an accreditation scheme for health workers trained in smoking cessation best practice who have achieved competency in the two units.

Improved health through reduced illicit drug use

NSW Health aims to keep illicit drug use in NSW to below 15 per cent of the population.

Strategies included establishing new specialist treatment centres including two new centres for psychostimulant users in Sydney and Newcastle, four new cannabis clinics in Western Sydney, Central Coast, Orange and Southern Sydney and the Nepean Drug and Alcohol Service in Western Sydney for young people with drug problems.

Club Drugs Campaign

In September 2006, NSW Health launched the Club Drugs Campaign in response to increasing concern about the effects of illicit drug use in nightclubs and dance parties. The campaign consisted of a series of poster advertisements communicating drug prevention and education messages across NSW.

The campaign was additionally supported by a drug information resource Drug Safety – a guide to a better night. Over 250,000 copies of the resource were distributed through music retail outlets, drug and alcohol treatment services and through the statewide network of community drug action teams.

Cannabis Information Campaign

In April 2007, NSW Health re-launched the highly successful statewide Cannabis Information Campaign designed to appeal to young people 13 to 19 years of age. It featured stories encouraging discussion about cannabis use and helping teenagers to become more aware of the drug's negative health and social effects.

Community Drug Action Team Grants Programs

The annual Community Drug Action Team Grants program provided more than $154,000 for 68 community drug action teams drug prevention projects across NSW in 2006/07. The program also established two capacity building projects aimed at promoting the work of the teams and enhancing their project management skills. In addition to the grants programs, an additional $183,830 in other government grants, resources and in-kind donations were sourced.

Improved health through reduced risk drinking

In 2006, 32.8 per cent of the adult population in NSW engaged in any risk drinking behaviour, down from 42.3 per cent in 1997. NSW Health seeks to reduce total risk drinking to below 25 per cent by 2012.

Initiatives for 2006/07 included the statewide expansion of the successful Alcohol Linking Program to target licensed premises that have irresponsible drinking practices; the expansion of the Supply Means Supply program to tackle underage drinking through education of young people, adults and the liquor industry.

Responsible drinking campaign

In early 2007, NSW Health piloted a responsible drinking education campaign – Be Part Of It, Not Out Of It – targeting young males between the ages of 14 and 29. The aim of the campaign was to reduce the impact of public drunkenness by communicating that getting drunk could result in serious illness or injury.

Improved survival rates and quality of life for people with potentially fatal or chronic illness

While Australians are living longer and, in many cases, healthier lives, the numbers of people with chronic disease is growing and pose a challenge to all of us. Chronic diseases include cardiovascular disease, asthma, diabetes, cancer, arthritis, stroke, chronic obstructive pulmonary disease, depression and chronic kidney disease.

Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and early intervention, as well as medical treatment.

NSW Health aims to reduce the number of potentially avoidable deaths for people under 75 years of age to 150 per 100,000 population by 2016.

During 2006/07, NSW Health allocated an additional $40 million in recurrent funding to improve services in the community including augmenting the delivery of rehabilitation for patients with chronic disease.

Partnerships with non-government organisations

The Department also continued to work with several non-government organisations and research institutes that support chronic disease management on a range of projects. Examples include:

- Research undertaken through the Asthma Foundation (in conjunction with Macquarie Bank) on the mechanisms of airway inflammation and development of vaccination to prevent bacterial infections that may lead to asthma.
- The National Heart Foundation of Australia's initiatives including clinical guidelines for conditions such as acute coronary syndrome and heart failure and coordination of training for clinicians in psychological assessment and interventions.

Community-based diabetes prevention program

Under the auspices of the Australian Better Health Initiative, a community based diabetes prevention program was initiated. After a competitive selection process, Sydney South West Area Health Service was appointed to implement the program at a cost of $5 million over five years.

Project participants will be set an individualised and/or group supported lifestyle modification program including advice on goal setting, physical activity and nutrition advice.

Improved dental health

NSW Health aims to increase the proportion of five-year-old children without dental decay to 77 per cent in 2010. In 2000 the rate was 70 per cent.

This community-based, Early Childhood Oral Health Program, is an early intervention program to improve access to oral health care for children assessed as being at high risk.

An advisory committee will further develop and evaluate this program.

Clean Teeth, Wicked Smiles

The Clean Teeth, Wicked Smiles program aims to improve oral health in non-fluoridated communities in far west NSW by giving primary school aged children an understanding of the importance of looking after their teeth while providing the knowledge, equipment and opportunity to do so.

The program was developed in consultation with teachers, public health dentists, dental staff, local health workers, specialists in health promotion and social marketing. It has so far resulted in a marked improvement in children's awareness of the importance of caring for their own teeth and a marked increase in children brushing regularly.

Messages for a Healthy Mouth

The publication NSW Messages for a Healthy Mouth provides evidence-based, consistent oral health messages, which will help to improve the health of the NSW population. The document includes clear and simple key messages to improve oral health – eat well, drink well, clean well, play well and stay well. It also reinforces the notion that oral health is an integral and essential part of a person's overall health.

New models of dental care

The Centre for Oral Health Strategy has been working with the National Dental Foundation NSW Committee and other dental organisations to support the growing number of volunteer dental programs that have been operating across Australia. An innovative dental volunteer group was established by the National Dental Foundation – a network of private practice dentists working with their own teams giving two days a year in their own surgery to provide pro bono care.

The National Dental Foundation program operates on weekends twice per year with a goal of increasing to four times per year. It extends the reach of oral health care through charitable agencies and non-government organisations to those most challenged by access such as the homeless, youth in crisis, women, men and families in protective care or transition to the community and independent living.

Reduced vaccine preventable conditions through increased immunisation

Adult immunisation

NSW Health aims to reduce illness and death from vaccine-preventable diseases in adults.

During 2006/07, an occupational assessment, screening and vaccination against infectious diseases policy directive was issued to assist Health Services to meet their occupational health and safety obligations and duty of care to staff, clients and other users of the health service premises.

Childhood immunisation

In 2006/07, NSW maintained high immunisation coverage rates of children fully immunised at 12 months (93 per cent) and two years of age (92 per cent). We continued to increase the immunisation coverage rate for Aboriginal children at 12 months (91.2 per cent) and at two years of age (91.4 per cent).

There was continued implementation of routine adolescent school-based immunisation services to protect against Hepatitis B and chickenpox.

NSW Health also implemented the mass national Cervical Cancer (HPV) program in high schools targeting girls aged 12 to 18 years of age.

Improved health through reduced fall injuries among older people

Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Twenty-five per cent of people aged 65 years and older living in the community report falling at least once in a year.

Falls prevention strategies

Each Area Health Service now has a falls prevention plan with strategies to reduce falls injury in the community, acute care and residential aged care settings.

NSW Falls Prevention Network

The NSW Falls Prevention Network is funded to provide health professionals with a forum for discussion of falls related issues, the dissemination of research findings, information on falls prevention initiatives, the sharing of resources and opportunities for collaboration.

Other Highlights

Communicable Diseases

A range of initiatives was undertaken in 2006/07 to assist in the prevention of communicable diseases. These included training workshops and seminars for NSW public health officers, development of the Gastro Pack to assist in outbreak control in health care settings and updating of a range of fact sheets and protocols for pubic health follow-up of influenza, pertussis and cryptosporidiosis.

In 2007/06 public health units, investigated and controlled the risks associated with:

- Hepatitis A in a food handler who worked at a sushi bar
- Hepatitis C transmission in a private medical clinic
- Salmonella infection linked to consumption of rockmelons.

Swimming pools and spas

NSW Health worked with the Aquatic Recreational Institute to begin a review of public swimming pools and spa pool guidelines. This work included a series of seminars and consultations. A series of posters and pamphlets were developed for use by public swimming pool operators to reduce the incidence of Cryptospoidiosis outbreaks.

Legionella

A local government Legionella implementation program was developed which included guidelines to assist local councils to develop Legionella management plans.

HIV/AIDS, Hepatitis and Sexually Transmissible Infections

In 2006/07, there was a continuing stability in numbers of new HIV diagnoses that were notified to NSW Health.

A review was undertaken of the health and economic impact of the NSW Government investment in HIV/AIDS prevention in the period 1985–2005. The review concluded that, to 2005, the NSW Government's investment in prevention has averted 44,500 infections and has saved $995 million in direct care costs. The findings of this review will be used to inform the ongoing development of the NSW HIV prevention program and inform strategic re-investment.

The NSW HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies Implementation Plan for Aboriginal People 2006–2009 was released to establish directions and priorities for the response to blood-borne viruses in Aboriginal communities across NSW.

A new Sexually Transmissible Infections Programs Unit was established to initiate and coordinate statewide activities that support the implementation of the NSW Sexually Transmissible Infections Strategy 2006–2009. The unit will play a key role in supporting the reorientation of services to meet community need and in strengthening relationships between the network of specialist sexual health services and general practice.

Aboriginal health promotions

The Aboriginal Health Promotion Community Grants Scheme was administered in 2006/07, providing short-term funding for a range of innovative health promotion projects targeting Aboriginal communities. Projects addressed health priorities such as nutrition, physical activity and smoking cessation.

Recently funded projects include the healthy lifestyle program at Griffith Aboriginal Medical Service targeting chronic disease prevention and the Better teeth for the Bellbrook mob project at Durri Medical Corporation.

PERFORMANCE INDICATOR

Obesity

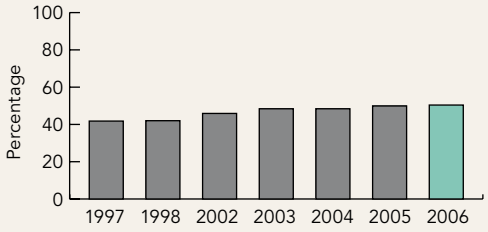
Desired outcome

Prevent further increases in levels of adult obesity.

Context

Being overweight or obese increases the risk of a wide range of health problems, including cardio-vascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Overweight or obese, persons aged 16 years and over (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation

Consistent with national and international trends, the prevalence of overweight or obesity has risen from 41.8 per cent in 1997 to 50.4 per cent in 2006. This increase has occurred in both males and females. In 2006, more males (57.4 per cent) than females (43.3 per cent) were overweight or obese. More rural residents (52.5 per cent) than urban residents (49.5 per cent) were overweight or obese.

Related policies and programs

In early 2007, the Go for 2&5® Fruit and Vegetable campaign was run in partnership with the Cancer Institute NSW and Horticulture Australia.

NSW Health also continues to fund world-class research centres to guide best practice in obesity prevention including the NSW Centre for Overweight and Obesity; the NSW Centre for Public Health Nutrition and the NSW Centre for Physical Activity and Health.

PERFORMANCE INDICATOR

Childhood obesity

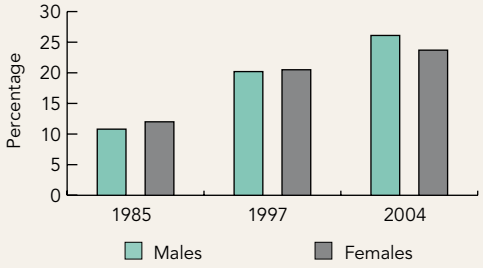
Desired outcome

No further increases until 2010, then reduce levels by 2016.

Context

Childhood overweight and obesity is a serious health problem. There has been an alarming increase in the rate of children who are overweight or obese in Australia. One in five children in NSW between the ages of seven and fifteen are either overweight or obese. Children and young people who are obese have a greater chance of being obese adults. Overweight and obese people are at greater risk of weight related ill-health.

Children overweight or obese – children aged 7–16 yrs (%)



Source: NSW Schools Physical Activity and Nutrition Survey 2004

Interpretation

The prevalence is rising rapidly. In boys, the prevalence of overweight and obesity increased from 10.8 per cent to 26.1 per cent between 1985 and 2004 across all school years and from 12.0 per cent to 23.7 per cent in girls in the same period.

Related policies and programs

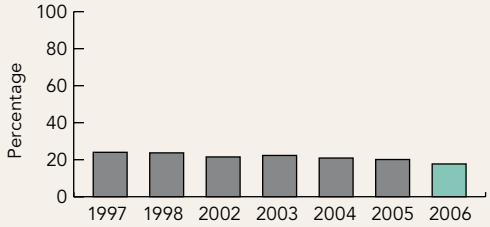
Ongoing implementation of the NSW Government Action Plan 2003–2007: Prevention of Obesity in Children and Young People included such initiatives as implementation of the NSW Health breastfeeding policy; launch of the Good for Kids, Good for Life initiative; The Go for 2&5® Fruit and Vegetable campaign in partnership with the Cancer Institute NSW and Horticulture Australia and the NSW Healthy School Canteen strategy.

PERFORMANCE INDICATOR
Smoking

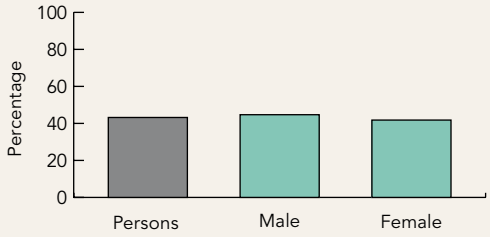
Desired outcome
Reduced proportion of the population who smoke in NSW.

Context
Smoking is responsible for many diseases including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than the general population.

Smoking – daily or occasionally, persons aged 16 years and over



Smoking – daily or occasionally, Aboriginal persons, 2002–2005



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation
Since 1997, the prevalence of current smoking among NSW adults has decreased from 24.0 per cent to 17.7 per cent in 2006. For both males and females, rates of current smoking were highest in young adults. A higher proportion of Aboriginal adults are current smokers, compared with adults in the general population. The percentage of smoke-free households has increased significantly, from 69.7 per cent in 1997 to 87.7 per cent in 2006.

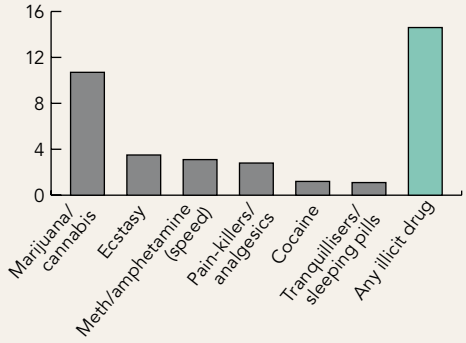
Related policies or programs
The NSW Tobacco Action Plan 2005–2009 sets out the NSW Government's commitment to the prevention and reduction of tobacco-related harm in NSW. The six focus areas are smoking cessation, exposure to environmental tobacco smoke, marketing and promotion of tobacco products, availability and supply of tobacco products, capacity building and research, monitoring and evaluation.

PERFORMANCE INDICATOR
Illicit drug use

Desired outcome
Maintain and improve the health of the population by holding illicit drug use in NSW to below 15 per cent of the population.

Context
Illicit drug use carries with it serious health risks. The provision of evidence based treatment services by Area Health Services and non-government organisations enables individuals to address those health risks and cease or reduce illicit drug use. As important as effective treatment, is the delivery of strong prevention, promotion and community development programs at a local level to improve health outcomes in relation to the effects of illicit drug use.

Recent (in the past 12 months) illicit drug use summary – proportion of the population aged 14 years and over



Source: Australian Institute of Health and Welfare 2005, 2004 National Drug Strategy Household

Interpretation
The figures for use of illicit drugs over the twelve months of 2005 shows that cannabis is the most frequently used illicit drug among people over the age of 14 years. Other illicit drugs were used by less than 4 per cent of the population. The use of illicit drugs is less than 15 per cent across the whole population.

Related policies and programs
Since the 1999 Drug Summit, NSW has set a new direction in drug policy, which recognises the complexity of drug abuse and tackles the problem on all levels, as a whole of Government, whole of community issue.

Under the State Plan the Government has renewed this commitment with a target to hold illicit drug use below 15 per cent. In order to meet this target the Government is implementing an evidence-based strategy focusing on prevention, education, treatment and law enforcement. NSW Health is the lead agency in coordinating this work across government.

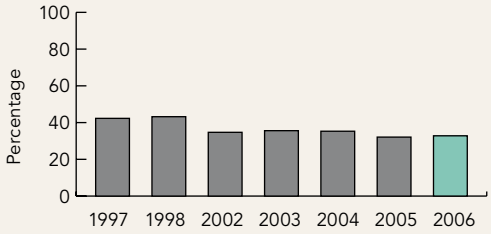
In addition to the provision of treatment, NSW Health has set in place prevention strategies aimed at reducing the uptake, use and harms of illicit drugs. These include community based information campaigns targeting cannabis and methamphetamine use, overdose prevention, Community Drug Action Teams to develop local solutions and diversionary programs to rehabilitate drug offenders. The Department also works in partnership with other agencies such as the NSW Police Force and Departments of Education and Training, and Community Services who implement complementary initiatives in law enforcement, school based education and early intervention.

PERFORMANCE INDICATOR
Risk drinking

Desired outcome
Reduced total risk drinking.

Context
Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health and wellbeing of others through alcohol-related violence and road trauma, increased crime and social problems.

Alcohol – risk drinking behaviour, persons aged 16 years and over (%)



Source NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation
Since 1997, there has been a decrease in the percentage of adults reporting any risk drinking behaviour, from 42.3 per cent to 32.8 per cent in 2006. This decrease was greater in males (from 50.6 per cent to 37.3 per cent) than in females (from 34.3 per cent to 28.4 per cent). In 2006, as in previous years, more rural adults (37.2 per cent) than urban adults (30.9 per cent) reported any risk drinking behaviour. Alcohol risk drinking behaviour includes consuming on average, more than four (if male) or two (if female) standard drinks per day.

Related policies and programs
Under the State Plan, the Government renewed its commitment to tackling risk drinking – building on the progress made since the 2003 NSW Summit on Alcohol Abuse.

The Government's State Plan commitment to reduce risk drinking to below 25 per cent by 2012 demonstrates that promoting a responsible drinking culture is a key priority for NSW. NSW Health is the lead agency for coordinating this work across government and works in partnership with a range of other agencies to implement programs encompassing prevention, education, treatment and law enforcement.

Key programs and policy implemented by NSW Health which target risk drinking include:

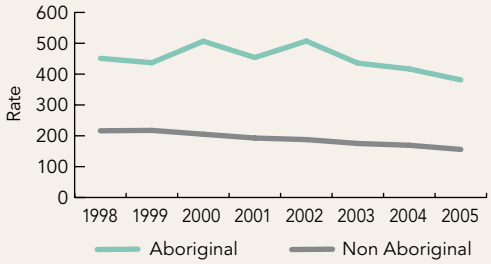
- Be Part Of It, Not Out Of It which aims to reduce the impact of public drunkenness in key locations among males aged 14–29 years of age.
- The Play Now, Act Now alcohol and other drugs creative arts festival which is a peer-based health education initiative that raises awareness of responsible use of alcohol.
- The Controlled Drinking by Correspondence program which targets high-risk drinkers and the Nepean Youth Drug and Alcohol Service which targets young people aged 12 to 20 who have a substance abuse problem.
- These programs are supported by the NSW Health Drug and Alcohol Plan 2006–2010 which outlines the strategic direction for NSW Health's drug and alcohol services across NSW.

PERFORMANCE INDICATOR
Potentially avoidable deaths

Desired outcome
Increased life expectancy.

Context
Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and early intervention, as well as medical treatment. Potentially avoidable deaths (before age 75 years) provides a measure that is more sensitive to the direct impacts of health system interventions than all premature deaths.

Potentially avoidable deaths – persons aged <75 yrs (age adjusted rate per 100,000 population)



Source: ABS Mortality data and population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health

Interpretation
The rate of potentially avoidable premature deaths has declined by almost one-third over the ten-year period 1995 to 2004. The causes of avoidable deaths can be further divided into those that may be prevented through 'primary', 'secondary', and 'tertiary' interventions. Primary interventions are aimed at preventing a condition developing, eg through risk factor modification such as reducing smoking rates. Secondary interventions detect or respond to a condition early in its progression, such as screening programs for breast or cervical cancer. Tertiary level interventions treat an active condition to reduce its severity and prolong life eg heart revascularisation procedures.

Related policies and programs
Strategies for interventions are included in the State Plan. These include improved access to rehabilitation for chronic disease (includes self-management support and/or case management), advanced care planning, enhanced carer support, essential information technology support for community based services, focused health research and delivery of the NSW Cancer Plan 2007–10.

Policies that underpin these strategies are:

- NSW Chronic Disease Prevention Strategy 2003–07
- NSW Chronic Disease Strategy 2006–2009
- NSW Health Rehabilitation for Chronic Disease PD 2006_107
- NSW Cancer Plan 2007–10 developed by the NSW Cancer Institute
- NSW Health Aboriginal Chronic Conditions Area Health Service Standards PD 2005_588

PERFORMANCE INDICATOR

Adult immunisation

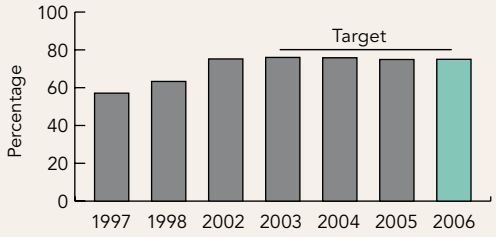
Desired outcome

Reduced illness and death from vaccine-preventable diseases in adults.

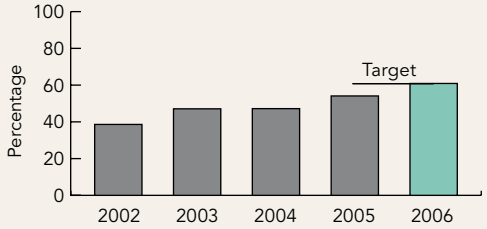
Context

Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and provided free for people aged 65 years and over, Aboriginal people aged 50 and over and those aged 15–49 years with chronic ill health.

Influenza – People aged 65 years and over vaccinated in the last 12 months (%)



Pneumococcal disease – People aged 65 years and over vaccinated in the last 5 years (%)



Source NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation

Among adults aged 65 years and over, there has been a significant increase in influenza vaccination in the last 12 months, from 57.1 per cent in 1997 to 75 per cent in 2006. Among adults aged 65 years and over, there has been a significant increase in pneumococcal vaccination in the last five years, from 38.6 per cent in 2002 to 60.9 per cent in 2006.

Related policies and programs

- NSW Immunisation Strategy 2007–2010 highlights improving adult vaccination as a Key Result Area.
- National Influenza and Pneumococcal Vaccination program.
- Recurrent funding is provided to Area Health Services to implement adult vaccination initiatives that improve coverage to achieve national target levels.

PERFORMANCE INDICATOR

Children fully immunised at one year

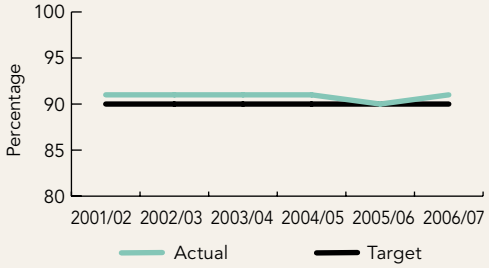
Desired outcome

Reduced illness and death from vaccine preventable diseases in children.

Context

Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Children fully immunised at one year



Source: Australian Childhood Immunisation Register

Note: The data may underestimate actual vaccination rates by around three percentage points due to children being vaccinated late or to delays by service providers forwarding information to the Register. Therefore although the Commonwealth target is 94 per cent, the NSW target has been set at >90 per cent to account for this discrepancy.

Interpretation

The Australian Childhood Immunisation Register was established in 1996. Data from the Register provide information on the immunisation status of all children less than seven years of age. Data for NSW indicate that at the end of June 2007, 91 per cent of children aged 12 to less than 15 months were fully immunised. It is acknowledged that this data may be underestimated by approximately three per cent due to children being vaccinated late.

Related policies and programs

Recurrent funding is provided to Area Health Services to implement the NSW Immunisation Strategy 2007–2010.

PERFORMANCE INDICATOR

Fall injury separations – people aged 65 years and over

Desired outcome

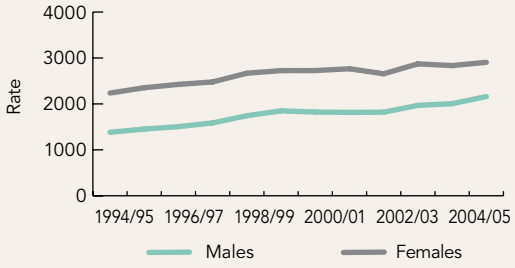
Reduce injuries and hospitalisations from fall-related injury in people aged 65 years and over.

Context

Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. One quarter of people aged 65 years and older living in the community reports falling at least once in a year. Effective strategies to prevent fall-related injuries include:

- Preventing the development of falls risk factors amongst older people, such as through promotion of appropriate physical activity and nutrition throughout life
- Promoting the identification and management of falls risk factors amongst those older people at immediate risk of falls
- Promoting environments that reduce the risk of falls and fall injury

Fall injuries – hospitalisations for people aged 65 years and over (age adjusted hospital separation rate per 100,000 population)



Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health

Interpretation

Over the last ten years the rate of hospitalisation for fall injury in older people has been increasing for both men and women. These rates may be affected by both the actual rate of fall injury and other factors such as hospital admission practices.

Related policies and programs

Ongoing implementation of the Management Policy to Reduce Fall Injury Among Older People 2003–2007.