

Issue 9 September 1999

Index

- 1 Improving Resource Allocation in Public Health
- 2 Message from the Chair
- 3 Partnership Group Meeting August 1999 Adelaide
- The National Public Health Partnership Group Members
- 4-5 National Public Health Partnership Reports, Updates and Other News
- World Health Organisation: Western Pacific Regional Meeting on Health Promotion and Health Protection
- Environmental Health: The Cornerstone of Public Health and the Strategy to take it Forward
- Integrated Local Service Delivery Project
- 6-7 Active Australia - A Collaborative Approach to the Promotion of Physical Activity
- 8-9 Public Health in New South Wales
- 10-11 Conversations with Advisory Group Members: Consumers' Health Forum
- 12 Happenings/Grapevine Resources/ Contact Details

Improving Resource Allocation in Public Health

'How do you get the best population health outcomes from limited resources? And how can health economics help to tackle this question?'

These were the basic questions which occupied about 40 participants at a recent one day workshop in Sydney, convened by the National Public Health Partnership. The workshop, *Resource Allocation in Public Health – Moving Forward*, attended by representatives from all jurisdictions and by a number of outside experts, provided an opportunity to discuss the current 'technology' of resource allocation, hear the experiences of several States and Territories with different decision-making approaches and tools and consider what, if anything, could be done collaboratively to develop these tools and move to making more strategic, informed choices on how to invest in public health.

In opening proceedings on behalf of the National Public Health Partnership Group, Mr Brian Corcoran highlighted that resource allocation decision-making involved many considerations, including scientific evidence, community expectations, competing interests, political context, resource constraints, and economics. Although only one aspect of the process, a benefit of applying economic methods, said Mr Corcoran, was that it would help to communicate the value of public health to decision-makers and the community.

One of the recurring issues of the day was whether the priority focus should be on ensuring that existing outlays in public health were being spent in the best possible way; or on making an economic case for increasing public health expenditure as a proportion of total health and government expenditure.



From left to right. Animated members of the discussion panel, Dr Peter Sainsbury (Director, Division of Population Health, Central Sydney Area Health Service), Mr Brian Corcoran (National Public Health Partnership Representative, First Assistant Secretary, Population Health Division, Commonwealth Department of Health and Aged Care), Dr Doris Zonta (Public Health Physician, New South Wales Health) and Mr Joseph O'Reilly (Chair, National Public Health Partnership Advisory Group)

Dr John Deeble, from the National Centre for Epidemiology and Population Health, who presented his report *Resource Allocation in Public Health: An Economic Approach*, commissioned by the Partnership, pointed out that since the early sixties public health expenditure, while growing in real terms, had remained a relatively stable proportion – 2–3 per cent - of total health expenditure. The distribution of health outlays between the acute and preventive sectors has been very rigid over time. He concluded that changes to improve investment of health resources needed to be tackled one step at a time.

Message from the Chair



Dr Andrew Wilson, Chair of the National Public Health Partnership Group, and Chief Health Officer/Deputy Director General of Public Health, New South Wales Health Department.

The Partnership Group has been keen to ensure that effective public health policy and planning recognises the importance of accounting for community needs and perspectives. There has been opportunity to recommend the broadening of membership of national strategic bodies

to more adequately capture consumer views, and to support wider consultation on priority action plans.

At our August meeting in Adelaide, the Partnership Group was provided with an opportunity to share some of the views of the South Australian Minister for Health about the role of community perception in public health. The Hon. Mr Dean Brown MP had first-hand experience of the value of the computer-assisted telephone interview system in assisting his State respond in a timely manner to the public health crisis caused by contaminated orange juice. This tool had also been used effectively in providing omnibus information about issues of concern to the public, such as provision of information about food containing genetically modified organisms and contributing to the evidence for policy direction.

The Minister spoke of the change in community perceptions and the challenges inherent in the need to balance public expectations with the capacity for governments to respond. Drawing on overseas examples of governments paying the ultimate price for underestimating the community's right to know about public health issues, and the capacity for poor communication to undermine the credibility of the scientific community, the Minister emphasised the

need for transparency and constructive engagement with the media.

In recent developments in the NPHP work program, consumer representation on the Joint Advisory Group to the national General Practice Partnership Advisory Council (GPPAC) was recommended by the NPHP Advisory Group, supported by the NPHP National Strategies Coordination Working Group and endorsed by the Partnership Group for GPPAC consideration. The recently endorsed ENHealth Council to oversee implementation of the National Environmental Health Strategy includes consumer representation, and the Guidelines for use in the development of new national public health strategies seeks early assessment of the views of affected communities on the value and relevance of any proposed new strategy.

The Partnership Group has the significant benefit of consumer representation on its Advisory Group and will continue to promote the importance of public information and public participation to improve public health outcomes.

Dr Andrew Wilson, Chair of the National Public Health Partnership Group.

continued from page 1

Participants heard four presentations on innovative experiences with resource allocation methods. Dr Theo Vos from Victoria talked about Burden of Disease analysis for priority setting, particularly at the state and regional levels. Dr Frida Cheek (South Australia) and Ms Meryl Edwards (New South Wales) recounted their States' experience with Program Budgeting Marginal Analysis. Ms Carol Beaver described the Health Benefits Group approach being developed in the Northern Territory.

Discussion on these approaches was spurred by the views of a panel comprising Dr Peter Sainsbury (Director, Division of Population Health, Central Sydney Area Health Service), Mr Brian Corcoran (National Public Health Partnership Representative, First Assistant Secretary, Population Health Division, Commonwealth Department of Health and Aged Care), Dr Doris Zonta (Public Health Physician, New South Wales Health) and Mr Joseph O'Reilly (Chair, National Public Health Partnership Advisory Group). Overall, participants felt these methods had merit even though in

some cases it was not clear at what point in the decision-making process a particular method was most indicated, and that there were large information and process costs involved in implementing some methods. Time to properly develop the various methods and clarify their best use, as well as implementing them in a sustained and comprehensive way, were seen to be the key ingredients to successfully turn the economic theory into practice.

The workshop was an exploratory process to begin the consideration of a shared agenda. Despite the fact that the issues tackled require more considered thought and discussion than could be fitted into one day, participants were able to map out the main elements to be pursued in order to move resource allocation in public health forward. A key element was the development of a national framework to integrate epidemiological and economic analysis and to associate the various tools with their most appropriate use. Creating a toolkit for economic evaluation was seen as a useful national resource to assist States and Territories.



Continuing to share the learnings of current projects was another high priority.

For more information on the workshop contact Gianfranco Spinoso:
Telephone: (03) 9637 5449
Email: gianfranco.spinoso@dhs.vic.gov.au

Copies of papers, including the report *Resource Allocation in Public Health: An Economic Approach* by John Deeble, are available by contacting the Secretariat on (03) 9637 5512

Partnership Group Meeting

August 1999 - Adelaide

The tone of the National Public Health Partnership Group meeting was set by stimulating presentations from the Public and Environmental Health Branch of the South Australian Department of Human Services, on the topics of managing orange juice contamination, Port Pirie lead containment, and population health and hospital utilisation. A further highlight was a wide-ranging and invaluable dialogue with the South Australian Minister of Health, the Hon. Dean Brown.

The Partnership Group welcomed Mr Brian Corcoran as the new Commonwealth representative, in his capacity as the new First Assistant Secretary for the Population Health Division. Dr Shirley Bowen of the ACT was also welcomed to her first meeting, while Joseph O'Reilly attended in an observer capacity as the new chair of the Partnership Advisory Group.

Endorsement by the Australian Health Ministers' Advisory Council (AHMAC) of the NPHPG proposal to establish the National Environmental Health Council (ENHealth Council) was progressed with

the formal confirmation of Dr Mark Jacobs of Tasmania as its NPHPG-nominated deputy chair.

Public Health Research and Development, and Workforce Development were considered jointly as the Partnership Group was briefed by Prof. Terry Nolan on the outcomes and implementation status of the Public Health Education and Research Program (PHERP) review and by Prof. Warwick Anderson on research directions for the National Health and Medical Research Council (NHMRC). The Partnership agreed to nominate Dr Andrew Wilson and Dr Mark Jacobs as representatives for the PHERP implementation steering committee. Members also agreed that the research priority-setting process proposed by the Strategic Research Development Committee was a significant development that required strong participation from the public health field.

Additional decisions on the public health workforce development front included the commitment to explore the development

of a public health leadership scheme with the Australian New Zealand Health Management Network and to examine the feasibility of developing an internet-based brokerage model for public health staff exchange.

Noting significant progress in the revision of the public health planning and practice framework paper, the Partnership Group agreed to convene an agenda-setting workshop on quality management and practice improvement, using as starting points the framework paper and commissioned papers on quality in public health.

The NPHP commitment to food safety reform issues was reaffirmed, with agreement that the matter be a standing item at future meetings.

The next NPHPG meeting will be held in Melbourne on 16–17 November 1999. A joint meeting with the National Health Priorities Committee will be held on 15 November 1999.

The National Public Health Partnership Group Members

New South Wales

Dr Andrew Wilson (Chair)
Chief Health Officer/Deputy Director
General
Public Health, NSW Health Department

Australian Capital Territory

Dr Shirley Bowen
Chief Health Officer/Executive Director
Population Health Group, Department
of Health and Community Care

Victoria

Prof John Catford
Director, Public Health
and Development Division
Department of Human Services

Western Australia

Dr Rowan Davidson
Acting General Manager
Public Health Services,
Health Department of WA

South Australia

Prof Brendon Kearney
Executive Director, Statewide Division
Department of Human Services SA

Tasmania

Dr Mark Jacobs
Director, Public and Environmental
Health Service
Department of Health and Human Services

Northern Territory

Dr Shirley Hendy
Chief Health Officer
Territory Health Services

Queensland

Dr John Scott
State Manager, Public Health Services
Queensland Department of Health

Commonwealth

Mr Brian Corcoran
First Assistant Secretary
Population Health Division
Department of Health and Aged Care

National Health and Medical Research Council

Prof George Rubin
Director
Effective Healthcare Australia

Australian Institute of Health and Welfare

Dr Richard Madden
Director
Australian Institute of Health and Welfare

New Zealand (observer)

Director/General Manager
Public Health Group, Ministry of Health

The next meeting of the National Public Health Partnership Group is to be held in Melbourne on 16–17 November 1999.

National Public Health Partnership Reports, Updates & Other News

World Health Organisation

Western Pacific Regional Meeting on Health Promotion and Health Protection

When the 4th International Health Promotion Conference was held in Jakarta in 1997, the then WHO Regional Director for the Western Pacific Region (WPRO) undertook to hold a follow-up regional meeting. In 1999, WHO (WPRO) convened the meeting to review how the 'settings approach' (based, for example, on healthy cities, healthy islands, healthy schools, healthy workplaces, healthy hospitals, healthy marketplaces) has provided the opportunity for an integrated approach to health promotion and health protection, and to consider the issues for the coming years. Vivian Lin, NPHP Executive Officer, was invited by the WHO (WPRO) to assist with the organisation and conduct of the meeting, including a review of regional development to date.

The meeting was held on 16–20 August in Manila, attended by representatives, temporary advisers and short-term consultants from nearly all countries in the Region. Close to 80 participants spent the week considering case studies from projects in the various settings. A field visit was made to the city of Marikina to examine its approach in establishing a healthy city. A regional plan of action was developed during the final day of the meeting.

A major conclusion in reviewing the experiences to date is that the settings approach is appropriate for integration of health protection and health promotion activities to meet the health needs of a defined community of interest. Concerns were expressed, however, that projects in elemental settings (such as schools and hospitals) must not become vertical programs in their own right and that there needed to be more integration across settings projects within a larger societal context (such as a city or an island).

The Western Pacific Region includes small Pacific Islands, the largest country in the world, and numerous others in various stages of urbanisation and industrialisation. While the economic, social, and cultural realities differ vastly across the Western Pacific Region, they shared a number of common health concerns as well as challenges in progressing health protection and health promotion activities.

The key dilemmas identified as common across the Region were:

- developing effective infrastructure, including information systems, institutional arrangements and workforce capacity;
- securing the public health approach as a central part of health policy and as an integral part of health sector reform;
- acting on appropriate and tangible entry points in different settings and sectors for health promotion and health protection;
- developing effective collaborative mechanisms across key sectors;
- having an adequate evaluation framework; and
- mobilising and coordinating resources across programs and with other sectors.

In addition, while the settings approach was recognised as an open and participatory framework for identifying and addressing population health needs, there was also agreement that there are cross-cutting health issues that could be better linked to the settings approach – in other words, the 'vertical' and 'horizontal' approaches could be brought together better. Among the shared health priorities identified were:

- tobacco and other substances abuse;
- non-communicable diseases;
- mental health and wellbeing;
- emerging and re-emerging infectious diseases; and
- environmental health and safety.

The regional action plan called upon member states and the international community to:

- strengthen capacity for health promotion and health protection through the settings approach;
- develop mechanisms for advocacy, communication and networking in support of health settings, and
- establish systems that ensure the sustainability of healthy settings projects and programs.

WHO was encouraged to focus its efforts in the Region on:

- technical guidelines for settings-based interventions;
- an evaluation and monitoring framework with indicators; and
- support for research on financial sustainability mechanisms.

For more information contact:
Vivian Lin (03) 9637 5512
Email: vivian.lin@health.gov.au

Environmental Health: The Cornerstone of Public Health and the Strategy to take it Forward

What is environmental health?

Environmental health provides the basic infrastructure on which all health is built. It addresses emerging health risks arising from the pressures that human development places on the physical environment. Environmental health may be defined as 'the aspect of public health concerned with all the factors, circumstances, and conditions in the environment or surroundings of humans that can exert an influence on human health and well-being'.¹

Environmental health hazards can be 'traditional', which are associated with a lack of basic environmental health infrastructure such as drinking water and treatment facilities, and 'modern' hazards, which are associated with unsustainable development, for example urban air pollution from transport and fossil fuel power stations.

What does the National Environmental Health Strategy propose?

The National Environmental Health Strategy was developed by the National Environmental Health Forum and represents the first truly national framework for environmental health in Australia. It was recently endorsed by Health Ministers in all jurisdictions.

At the heart of the Strategy is a Charter for Environmental Health that identifies the basic entitlements and responsibilities required to maintain and improve the quality of health for all Australians. The Charter is based on a number of guiding principles such as sustainable development, partnership, evidence-based decisions and equity.

Some of the key strategy areas identified for national action include workforce development, Indigenous environmental health, water quality, health impact assessment and research.

Who will implement the Strategy?

A new body, to be known as the ENHealth Council, will be established as the premier environmental health advisory body in Australia, under the National Public Health Partnership Group. The ENHealth Council will be responsible for the implementation of the Strategy and will forge partnerships with key stakeholders and groups. It replaces the National Environmental Health Forum and builds on its important contribution to environmental health management in Australia.

Establishing the ENHealth Council as a subcommittee of the National Public Health Partnership Group recognises the importance of environmental health in the broader public and population health arena. It is a multisectoral committee including representatives from all State and Territory Health Departments, the Australian Institute of Environmental Health, the public health and environment sectors, Aboriginal and Torres Strait Islander communities and the wider community.

Partnerships with other bodies including industry, medicine, academia, transport and housing, to name a few, are very important and will be facilitated by the ENHealth Council.

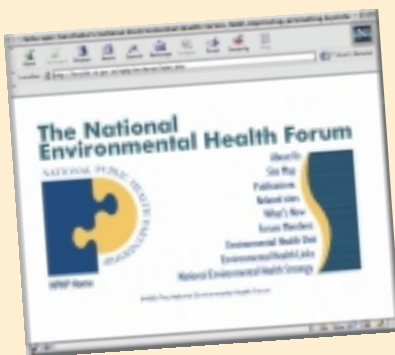
The ENHealth Council will provide national leadership on environmental health issues by consulting with key groups in order to set priorities, coordinate and facilitate the development of policies and programs, establish strategic partnerships, undergo consultation, and facilitate the cost-effective use of environmental health resources.

Want to know more?

More information is available on the NPHP website at: <http://hna.ffh.vic.gov.au/nphp/envforum/index.htm> or from the Environmental Health Section, Commonwealth Department of Health and Aged Care on (02) 6289 8206.

When formally published, the Strategy will be available on the NPHP website.

¹ Last, J. 1987. *Public Health and Human Ecology*. Appleton and Lange, East Norwalk.



Integrated Local Service Delivery Project

National strategies are often delivered through the same service providers, for example as general practitioners or Aboriginal health workers. National Public Health Strategies often identify the same priority groups, the most significant being Aboriginal and Torres Strait Islander peoples. In addition, Strategies tend to work through the same sectors, such as local government or education, and develop related objectives, for example changing food systems to improve safety and/or nutrition. Integrated models of local service delivery may provide an opportunity to generate more efficient and sustainable public health responses.

As part of its efforts to improve coordination between National Public Health Strategies, the NPHP has recently commenced the Integrated Local Service Delivery Project. National public health strategies such as the National Drug Strategy or National HIV/AIDS Strategy develop policy frameworks, identify

evidence-based practices and promote coherent frameworks for action across the country. However, the National Strategies Coordination Working Group has recognised that local health services and other sectors such as education and community-based services need to contend with these multiple, and sometimes competing, agendas.

The Project has commenced with a literature review to identify elements of best practice in local level coordination. A call for case studies that demonstrate integration of public health strategies has been circulated and was included in the last NPHP Newsletter. The project is interested in stories that illustrate the coordination of different programs on the basis of population, settings or community, or which bring together health and other organisations to address multiple health determinants.

Both the literature review and the case studies will inform consultations with health policy makers, planners and purchasers across Australia. These consultations will seek to identify issues and key mechanisms in promoting local service delivery integration.



Ms Sophie Dwyer, Project Manager, Integrated Local Service Delivery Project.

Through discussion papers and workshops, a set of recommendations for future action will be presented to the National Public Health Partnership for consideration.

Queensland Health has agreed to conduct the Integrated Local Service Delivery Project. Sophie Dwyer, Manager Central Public Health Unit Network, has been seconded to the project for its duration.

For more information contact:
Sophie Dwyer (07) 3234 5661
Email: sophie_dwyer@health.qld.gov.au



Commonwealth

The Department of Health and Aged Care is working on building the capacity of the health system to support the application of Active Australia principles and on the promotion of moderate-intensity physical activity as an important and cost-effective health intervention.

The Active Australia National Participation Framework was launched in 1997. It commits key stakeholders in the sport, recreation and health sectors to develop a strategic and cooperative approach to encourage participation in physical activity by all Australians.

The health agenda will become an integral and important part of the Active Australia National Action Plan through the Commonwealth Department of Health and Aged Care's representation on the Active Australia Alliance – the government, non-government and industry body that drives Active Australia.

The Commonwealth report *Developing an Active Australia: a framework for action for physical activity and health* has been the main driving force to instigate health initiatives under the Active Australia banner. A range of demonstration and research projects trialing best practice models of physical activity for health have been supported, including a project to develop data standards and definitions for the measurement of physical activity. A follow-up of the 1997 benchmark survey on levels of physical activity is also under way.

Spearheading the spirit of cooperation across the health sectors, all health jurisdictions met on 6-7 May 1999 to form the Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH). This forum provides national leadership for government action in physical activity and health issues across Australia. A Work Plan is currently under development.

May 1999 also saw the launch of the National Physical Activity Guidelines. The Guidelines emphasise the health benefits of becoming more active while offering ideas on how to achieve this and how to incorporate more activity into everyday life.

To build on the 1999 International Year of Older Persons, the Commonwealth has been part of a consortium that developed the 'Rusty Man' campaign, the second phase of an ongoing education campaign. 'Rusty Man' has become a call to action for older Australians to become more active and so improve their health and wellbeing.

Contact: Penny Graham (02) 6289 7939
Email: penny.graham@health.gov.au

Active Australia

A Collaborative Approach to the Promotion of Physical Activity

This article looks at some of the innovative work being undertaken by each State and Territory and the Commonwealth in relation to the Active Australia National Participation Framework. Profiles have been provided by members of the Strategic Inter-Governmental Forum on Physical Activity.

Western Australia

Government departments and non-government organisations in Western Australia have been working together to develop a coordinated approach to encourage physical activity, in line with the collaborative framework of Active Australia.

A number of projects focusing on walking have been implemented. The Walking Group Manual is one example of a successful joint project between the Ministry of Sport and Recreation, the Health Department and the Heart Foundation to encourage more people to become active by walking. The Ministry of Sport and Recreation is also encouraging local government authorities to play a key role in creating walk-friendly streetscapes.

The Department of Transport has also developed a strategic plan for increased participation in walking as part of an integrated transport system and the TravelSmart project – a community-based program that encourages alternatives to travelling by car.

The Health Department of Western Australia is currently conducting a stakeholder survey with the view to developing a strategic direction on physical activity and health.

Contact: Robyn Miller (08) 9222 2069
Email: robyn.miller@health.wa.gov.au

Victoria

In Victoria an Active for Life Physical Activity Strategy, led by a Lead Agency Committee on which all government portfolios are represented, has been established to improve the coordination of physical activity initiatives.

Well for Life is one of the projects currently being undertaken in Victoria. This project is a joint venture between the Public Health and Development and the Aged, Community and Mental Health Divisions of the Victorian Department of Human Services.

Well for Life is designed to support the development of organisational practice and policy and enhance the social and physical health and wellbeing of residents in aged care settings. The project is being undertaken by the National Ageing Research Institute and the Dietitians Association of Australia – Victorian Branch, with funding from the Victorian Department of Human Services through the Public Health Outcome Funding Agreement with the Commonwealth Department of Health and Aged Care.

Well for Life will use an action research approach, working intensively with a small number of facilities in a process of identification of issues, action planning, application and reflection. A key outcome will be easy-to-use guidelines across the continuum of minimum acceptable practice through to best practice. More information can be found at <http://www.mednwh.unimelb.edu.au/wfl/index.htm#about>

Contact: Susan Tabak (03) 9637 4011
Email: susan.tabak@dhs.vic.gov.au

Tasmania

Tasmania is building important partnerships for the promotion of physical activity and health. Through the efforts of the Office of Sport and Recreation, an Active Australia Reference Group, with State and local government and fitness industry representatives, has been working to promote physical activity and participation.

The recent 5th National Health Promoting Schools Conference held at Launceston brought together schools, community service providers, health workers and physical activity teachers and has helped to cement trust and understanding. This forum discussed implementation of the Department of Education's guidelines for Health and Physical Education Core Curriculum K to 10. The guidelines focus on achieving five key intentions in relation to responsibility, identity, relationships, active participation and wellbeing in Tasmanian schools.

The Department of Health and Human Services is now forming an advisory group to develop a strategic framework for physical activity and health, including workforce development through training and materials such as physical activity kits.

Contact: Alan Sutherland (03) 6233 3147
Email: alan.sutherland@dchs.tas.gov.au

South Australia

The promotion of physical activity in schools is happening on several fronts in South Australia. The Active Australia Schools Network has contributed to a variety of sectors working together. Likewise the project Enjoy Being Active, funded by a Department of Human Services grant, has been instrumental in developing a broad view within a number of schools about physical activity. By considering not only curriculum aspects of teaching and learning, but also the social and physical environment and the links formed with the local community, the pilot schools are taking steps to make physical activity a part of the lives of students both while they are at school and beyond. Schools are provided with small grants and a Project Officer provides support and advice.

The soon to be released Physical Activity Strategy for South Australia will unite the range of initiatives occurring in this State. In conjunction with the State Survey of Physical Activity, the coordinating role of the Active Australia State Working Party and a wide range of community-based projects, the Strategy will provide an infrastructure for the effective promotion of physical activity in South Australia.

Contact: Michele Herriot (08) 8226 6421
Email: Herriot.Michele@dhs.sa.gov.au

Queensland

Queensland Health, through the South Coast Public Health Unit and Gold Coast City Council, is currently planning a strategic action framework for developing supportive environments for physical activity in Queensland.

The development of the framework will involve:

- reviewing existing plans, policies and initiatives and their links to local government infrastructure planning;
- identifying current best practice policies and initiatives at community, organisation and local government planning and infrastructure levels;
- formulating recommendations regarding the strategic role of each key stakeholder and proposing effective partnerships; and
- trialing a draft strategic framework in a local area on the Gold Coast with a view to implementation statewide at a future date.

Already up-and-running is the Just Walk It program developed by the Heart Foundation in conjunction with the Department of Human Movement Studies at the University of Queensland. This program receives funding from the Department of Tourism, Sport and Racing. Just Walk It is a community-based walk program that aims to increase the community's participation in regular and enjoyable exercise.

Contact: Don Staines (07) 3818 5002
Email: stainesd@health.qld.gov.au

New South Wales

In NSW, physical activity initiatives have been driven by Simply Active Everyday: a plan to promote physical activity in NSW 1998–2002.

The NSW Physical Activity Task Force Lead Agency Committee has been coordinating the implementation and monitoring of this plan. NSW Health has collaborated with the Australian Sports Commission, the Commonwealth Department of Health and Aged Care, NSW Sport and Recreation and the Heart Foundation to implement two phases of the Active Australia public education campaign featuring the strapline 'Exercise. You only have to take it regularly, not seriously'. Phase 1, targeting 25–60 year olds, was successfully conducted during 1998, with significant increases in awareness, knowledge and intentions. To coincide with the International Year of Older Persons, phase 2, targeting people over 55 years and featuring 'Rusty the tinman', was conducted in March 1999, with similar success.



National Physical Activity Guidelines Launch 4 May 1999, International Aquatic Centre, Homebush Bay, Sydney. Brendan Nelson, Gary Egger, Susie Maroney and Robert de Castella

In addition, the Heart Foundation is working with the NSW Divisions of General Practice to provide general practitioners with physical activity prescription tools and support materials to promote physical activity to their patients.

Contact: Philip Vita (02) 9391 9814
Email: pvita@doh.health.nsw.gov.au

Northern Territory

Physical activity is a key component of the Northern Territory's Preventable Chronic Disease Strategy. Currently, workshops are under way with key primary health staff in both urban and remote settings. The workshops will encourage health clinics to develop prevention programs that incorporate physical activity. The Department of Sport and Recreation has offered the services of its community-based sport and recreation officers to remote communities to look at community-specific activities that will encourage participation among community groups that are not physically active.

A joint initiative between government and non-government agencies is planned for Active Australia Day and the following week to promote nutrition and physical activity in urban and many remote communities.

There are also plans to develop a project targeting urban Aboriginal and Torres Strait Islander populations and promoting physical activity and healthy diet as a means to achieve weight control and prevent or control obesity.

Contact: Vivienne Hobson (08) 8999 2953
Email: vivienne.hobson@nt.gov.au

Australian Capital Territory

In the ACT the Bureau of Sport and Recreation has a lead role in implementing Active Australia. The Bureau administers the Active Australia Industry Group, comprising representatives from the sport, recreation, fitness, health and education sectors. The Group has fostered partnerships, developed a strategic plan and planned a Multi Sports Festival for Active Australia Day this year.

The Heart Foundation, Healthpact (health promotion fund), Healthy Cities Canberra and sporting bodies are each important Active Australia partners with the Bureau. In this the International Year of Older Persons, activities are focused on this population. There are plans to revamp public exercise stations and walking circuits and to systematically involve general practitioners in Active Australia.

The ACT Department of Health and Community Care provides policy advice on physical activity and purchases community based health promotion which aims to increase physical activity in populations at risk of falls; cardiovascular disease, stroke; osteoporosis, isolation, or decreased mobility, or who are in rehabilitation following an illness.

Contact: Myree Rawsthorne (02) 6205 0929
Email: myree_rawsthorne@dpa.act.gov.au

Public Health in New South Wales



Dr Andrew Wilson, Chief Health Officer/Deputy Director General of Public Health of the New South Wales Health Department.



One third of the Australian population – approximately 6 million people – live in New South Wales. This is largely an urban dwelling population (88 per cent), with 54 per cent residing in Sydney. However, there are also extremely small and remote communities. Formal responsibility for public health in NSW lies with the Chief Health Officer, the Public Health Division of the Department of Health, the Area Health Services through Divisions of Population Health and Public Health Units, and local government. The goals of the Public Health Division are aligned with the strategic directions for NSW Health.¹ This report highlights some of the recent notable achievements in public health in NSW.

NSW Drug Summit

The use of illicit drugs is a major public health concern in NSW as it is across Australia. The need for a better coordinated and more strategic response to illicit drug use is highlighted by an increase in fatal opiate-related overdoses, the decreasing age of initiation to injecting drug use and a rise in the number of young people experimenting with cannabis.

The Premier of NSW convened a Parliamentary Drug Summit which was held over five days in May 1999 to stimulate fresh thought and effort in the prevention and management of illicit drug use in NSW. The summit was attended by elected members of all parties from both Houses of Parliament. National and international experts were among 100 delegates invited to provide a range of expertise and experience. The summit produced 160 recommendations which have been addressed in a recently-released whole of government Plan of Action.² The NSW Government has committed \$153 million over the next four years for the implementation of this plan, of which approximately half will flow through NSW Health.

Health Surveillance

Deaths due to drug overdose

In a related but separate initiative during 1999–2000, surveillance of deaths due to drug overdose will be carried out through a project at the New Children's Hospital Westmead called the PROD (Police Report of Death) project. This will enable preliminary information on the number of these deaths in NSW to be available within a few weeks. This compares with the Australian Bureau of Statistics data on cause of death which, while complete, is only released on an annual basis. More timely information on describing drug overdose deaths will assist service providers in identifying areas of highest need and monitoring the effectiveness of local programs. It is a collaborative project supported by several government

departments including the NSW Department of Health, the State Coroner's Office, NSW Police, the Child Death Review Team and the New Children's Hospital.

Olympic Games

The Sydney 2000 Olympic Games will attract 10,000 athletes and about 5,000 officials from 200 countries and will be one of the biggest events ever staged. Around 15,000 media representatives and 300,000 domestic and international visitors will also attend. Central Sydney alone is expected to host a total of 8.2 million visitors who will attend events and participate in Olympic celebrations over the course of 2–3 weeks.

A surveillance system will be established to enable the rapid detection of outbreaks of infectious diseases and of unusual illness or patterns of injury. This information will be reviewed daily and used to direct action. This surveillance will be achieved by strengthening current surveillance systems and augmenting them with systems particular to the Olympics.

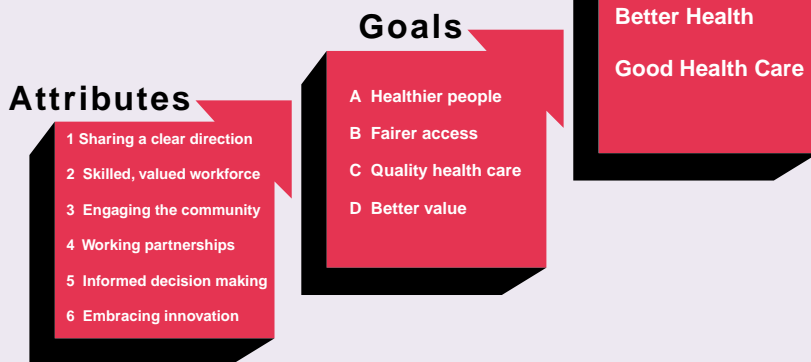
Information will be drawn from seven major sources:

1. Emergency Departments
2. the Notifiable Diseases Database
3. cruise ship surveillance (12 cruise ships will be moored in Sydney Harbour to provide accommodation)
4. the Ambulance Service of NSW
5. the Sydney Organising Committee for the Olympic Games Medical Encounters System (includes medical stations at venues and a polyclinic for athletes)
6. Public Health Units
7. Global Epidemic Surveillance (infectious disease outbreaks around the world will be monitored).

Health Surveys

During 1999, the Public Health Division, in partnership with the 17 Area Health Services, other Divisions of the NSW

Strategic Directions for Health: Conceptual Framework



Department of Health and the NSW Aging and Disability Department, will conduct a special survey as part of the ongoing NSW Health Survey Program. The Older Peoples' Health Survey will collect data on mental and physical health status, functional status and disability, health and patterns of use of health and community services. The survey will collect data not available from other sources to inform the provision of comprehensive and appropriate services for the people of NSW.

The Health of the People of NSW – Report of the Chief Health Officer

The Report of the Chief Health Officer was first produced in 1996.³ The Report gives a concise account of the health status of the NSW population, with particular emphasis on priority population groups and key health issues. It is used by a wide variety of people but in particular by the staff of Area Health Services. The Report is produced biennially and the 1999 issue is currently being compiled. This issue includes an expanded section describing the association between socio-economic status and health for the population of NSW.

Environment

Sydney water crisis

In July 1998, routine testing identified *Cryptosporidium* oocysts and *Giardia* cysts in treated Sydney drinking water. Knowledge that massive outbreaks of cryptosporidiosis and giardiasis traced to contaminated municipal drinking water have been reported overseas prompted NSW Health to issue a series of boil water alerts to the public in response to these findings. Testing continued to identify apparently very high levels of these parasites in August and September. However no outbreak of illness associated with drinking Sydney water was identified by the enhanced surveillance measures that were initiated by NSW Health.

Oil spill in Sydney Harbour

On 2 August 1999 a tanker spilled more than 300,000 litres of light crude oil into Sydney Harbour. Fumes and odours from the spill spread rapidly along the lower North Shore of Sydney and to the city,

causing concern and discomfort. For example, patrons at the Opera House were evacuated during a performance. The odour was due to mercaptans and other volatile sulphurated compounds which are a normal part of light crude oil. There were no casualties associated with the incident and NSW Health issued a warning advising that health effects from the fumes were unlikely. This incident highlights the need for well-developed responses to chemical incidents. On this occasion the management and containment of the spill was handled by the NSW Fire Brigade.

Indoor Air Quality

The Environmental Health Branch is conducting a statewide survey of air quality in homes in NSW. This study will demonstrate the typical exposure of NSW residents to pollution in their homes and provide evidence to guide interventions to improve indoor air quality. In the first phase of the study a telephone survey of 2,000 homes determined the prevalence of sources of indoor pollution such as gas cooking and heating, wood burning heaters, recent renovations and smoking. Subjects were also recruited for the monitoring of air quality, which is part of phase two of the study.

Area Health Services

A strategic plan for child and youth services produced by the Division of Population Health in Central Sydney Area Health Service has attracted national and international attention. Developed in response to the relocation of one of Sydney's tertiary children's hospitals out of the area, its purpose was to determine what new services should be established. The plan focuses on the priorities presented in the national health goals and targets for Australian children and youth, is evidence-based, using research information to establish the efficacy of interventions, is based upon principles of equity and social justice and has been developed in partnership with the community and other sectors. A greater emphasis on health promotion and illness-prevention activities is one of the platforms of the new strategy.

Purpose

Better Health
Good Health Care

The Centre for Health Equity, Training Research and Evaluation (CHETRE) was established at the beginning of 1998 with a grant from the Research and Development Infrastructure Grants Program managed by the Public Health Division of the NSW Department of Health. Located within the Division of Population Health of South Western Sydney Area Health Service, CHETRE is managed by a board of representatives from the Area Health Service and the Universities of Western Sydney and New South Wales. Its mission is to provide leadership in training, research and evaluation in the area of achieving health equity. Its goals encompass the description and measurement of inequalities in health, the development and evaluation of policies and programs intended to achieve equity in health and the provision of advice to the health system on action to address inequities in health. CHETRE's current program of work addresses, among other things, the impact of unemployment on health (a major problem in south western Sydney), the health needs of refugees and how to promote the health of disadvantaged communities.

The Future Directions Project

The Chief Health Officer has initiated a project to examine possible future directions for public health in NSW.⁴ The project aims to identify: the likely issues and themes in public health over the next five years; what progress needs to be made on these issues; and options for achieving the desired progress.

The aim of the project is to inform decision-making by both the Department and Area Health Services about future public health activity. This will be enabled by the production of a statement of strategic directions for public health in NSW. The project should also provide useful information to local government, other government agencies and non-government organisations involved in public health.

Reports describing many of the above initiatives as well as copies of the NSW Public Health Bulletin can be accessed on the Department's website at <http://www.health.nsw.gov.au>

References

- 1 NSW Health Department. *Strategic Directions for Health 1998–2003*. August 1998.
- 2 NSW Government. *NSW Drug Summit 1999 Government Plan of Action*. July 1999.
- 3 Public Health Division. *The Health of the People of NSW – Report of the Chief Health Officer*. NSW Health Department, Sydney 1996.
- 4 NSW Health Department. *Future Directions in Public Health in New South Wales – A Consultation Paper*. 1999.

Conversations with Advisory Group Members

Consumers' Health Forum



Mr Joseph O'Reilly, representative of the Consumers' Health Forum on the NPHP Advisory Group.

Continuing with the series of interviews with members of the National Public Health Partnership Advisory Group, NPHP News spoke with Mr Joseph O'Reilly, Nominee of the Consumers' Health Forum and the current chair of the Advisory Group. Joseph discusses the role of the Consumers' Health Forum in facilitating collaboration and coordination in the public health effort.

NPHP News: *Joseph, what is the Consumers' Health Forum?*

Joseph: The Consumers' Health Forum is Australia's peak body representing the interests of consumers in the health sector. The Forum was established in 1987. The Forum is made up of consumer health organisations that operate at a local, state and national level. Member organisations elect a Board that is responsible for the governance of the Forum and for setting its strategic directions, and ultimately for representing the interests of consumers collectively at a national level. The Board is also responsible for ratifying consumer and organisational representatives.

Consumers' Health Forum consumer representatives perform a key function by providing individuals and organisations with access to decision-making processes in areas of specific interest to them. My involvement as the Chair of the National Public Health Partnership Advisory Group is a good example of a Consumers' Health Forum consumer representative.

NPHP News: *What are the core functions of the Consumers' Health Forum?*

Joseph: The core function is to represent the interests of consumers in health care decision making and health service delivery. To achieve this the Forum undertakes an advocacy, lobbying and representational role with government and also with private health providers where necessary. As the

Consumers' Health Forum is a national body, it relates primarily to the Commonwealth. However, in health it is often difficult to make such delineation, so often the Consumers' Health Forum will be interested in presenting its concerns to State governments, who have an involvement by virtue of their service delivery function.

NPHP News: *Does the Consumers' Health Forum have State or Territory based offices?*

Joseph: No, the Consumers' Health Forum doesn't have offices in each of the States and Territories; however, some States have consumer organisations that link in with the Forum.

NPHP News: *Who are the members of the Consumers' Health Forum?*

Joseph: Members are organisations that operate in the health fields across Australia. Currently the Forum has around 100 voting members and 150 associate members. Both voting and associate members are consumer organisations which represent a broad range of health consumers such as illness groups, disability groups and specific population groups such as youth, older people and women.

NPHP News: *What other non-government organisations does the Consumers' Health Forum work closely with?*

Joseph: The Consumers' Health Forum works closely with all non-government organisations and service providers who are members and who look after



Consumers' Health Forum of Australia

the interests of consumers. The Consumers' Health Forum is interested in both maintaining and improving relations with organisations such as the Australian Council of Social Services, the Public Health Association of Australia and representatives of health professionals' organisations. One of the most productive ways for the Consumers' Health Forum to work closely with other organisations is by appointing consumer representatives on organisations' committees.

NPHP News: *What are some of the contributions made by the Consumers' Health Forum and its members in the area of public health?*

Joseph: Broadly speaking, at the heart of the Consumers' Health Forum's activities is an interest in Australia's public health system. Health promotion and health protection are key areas of work that ultimately result in prevention of illness, and because illness, and caring for it, is costly, the Forum works to strengthen Australia's response to public health and lobbies for additional resources and energy to be allocated to this area.

Over the past year, driven by a vision that sees consumers shaping health and health delivery systems, the Consumers' Health Forum has worked on issues including how we pay for health services and how we protect consumers' privacy while ensuring health care decisions are made using the best possible data and research.

A key feature of our work is to better communicate consumer focused health care policies to consumers, industry, government and the broader community. To this end, we have developed a communication strategy, which

includes: the revamping of our publication; an increased profile in the media; and a more prominent role for Consumers' Health Forum speakers at conferences and public forums.

NPHP News: *What are some of the key issues currently being looked at by the Consumers' Health Forum?*

Joseph: In many ways the concerns of the Consumers' Health Forum mirror those of the National Public Health Partnership. The Forum is very interested in Australia's public health research and development effort, in how Australia's National Public Health Strategies can work more collaboratively and cooperatively together, and in ensuring that Australia's public health workforce has the skills and knowledge necessary to perform the tasks and face the challenges of the new millennium.

One of our major areas of work currently is in providing high quality consumer focussed input to national health policy for the benefit of all health consumers. This area of our work focuses on ensuring that consumer viewpoints are promoted in all areas of the national health care debate from adverse events to coordinated care, from health financing, to evidence-based medicine, to access to records. A key achievement has been initiating a dialogue between health consumer organisations and the government about the way that the health system is financed.

NPHP News: *As Consumers' Health Forum members come from a variety of areas, how do members communicate with each other and come to consensus on issues?*

Joseph: Usually a position on an issue will be formed at a committee level and then consultation with members will occur. It is very much an iterative approach – we are constantly talking and reassessing our stance on issues.

NPHP News: *What role do you see the Consumers' Health Forum playing in bringing public health thinking and issues into the wider health arena?*

Joseph: I think that this is really important, as by and large, although I have stressed the importance of public health to the Forum to date, its members are primarily drawn from chronic disease and service delivery groups. Each of our member organisations has a very important role to promote public health issues and activity within its sector. So in terms of say, chronic illness, the Forum encourages organisations representing people living with chronic illness to be interested in prevention and health protection work, which is more public health oriented but also occurs in the more acute or tertiary settings where service is delivered. What we have to do is make them aware of the capacity and opportunities inherent in public health for preventing illness so that tertiary and acute settings have less stress placed on them.

NPHP News: *Thank you for your time. Your comments on the linking that is occurring across public health, facilitated by organisations such as the Consumers' Health Forum and the National Public Health Partnership, will be of interest to readers.*

For more information on the Consumers' Health Forum:
Telephone: (02) 6281 0811
Website: www.chf.org.au

Public Health Happenings

Australian

4-5 October, 1999

1st Indigenous Male Health Convention

Ross River Homestead (85km east of Alice Springs)

For more information: Patrick Torres

Tel: (08) 8951 6913 Fax: (08) 8951 7859

Email: patrick.torres@nt.gov.au

7-9 November, 1999

Older Australians: A Working Future?

The Changing Nature of Work and Retirement in the 21st Century, Adelaide

For more information:

Tel: (08) 8232 0422 Fax: (08) 8232 0433

Email: krichardson@cotasa.org.au

11-12 November, 1999

Reform, Redesign or Revolution: Health

Agendas for the 21st Century

Melbourne

For more information: Ms Janice Powell

Tel: (03) 9342 8429 Fax: (03) 9342 7903

Email: j.powell@medicine.unimelb.edu.au

20 November, 1999

Seventh National Symposium on Hepatitis B & C

St Vincent's Hospital, Melbourne

For more information: Ms Eleanor Belot

Tel: (03) 9288 3580 Fax: (03) 9288 3590

Email: BELOTE@svhm.org.au

22-24 November, 1999

The First International Congress on Integrating Sustainable Development into Environmental Health Practice

Queensland University of Technology, Brisbane

For more information: Melissa Stoneham

Tel: (07) 3864 3524 Fax: (07) 3864 3369

Email: m.stoneham@qut.edu.au

International

6-9 October, 1999

VII Cochrane Colloquium

The Best Evidence for Health Care: The role of the Cochrane Collaboration, Iniversita S. Tommaso d'Aquino, Rome, Italy

For more information:

Organising Secretariat, Eurosymposia Srl

via di Tor Fiorenza, 31, 00199 Roma (Italy)

Tel: 39 6 86328942 Fax: 39 6 86386644

Email: eurosy.congr@flashnet.it

23-27 October, 1999

5th International Congress on AIDS in Asia and the Pacific

The Next Millennium: Taking

Stock and Moving Forward

Putra World Trade Centre,

Kuala Lumpur, Malaysia

For more information: Irene Tan

LOC Conference Coordinator

Email: irenet@pc.jaring.my

Website: <http://www.icaap99.org.my>

Grapevine Resources

For richer, for poorer, in sickness and in health ...:

The Socio-Economic Determinants of Health

Royal Australasian College of Physicians

For more information regarding this publication:

Tel: (02) 9256 5464

Fax: (02) 9252 3310

Email: hpu@racp.edu.au

Future Directions in Public Health in New South Wales: A Consultation Paper

New South Wales Health

Copies of the paper are available at Website:

<http://www.health.nsw.gov.au/public-health/futdir/futdir.html>

National Health Priority Areas:

- Cardiovascular Disease

- Diabetes Mellitus

- Mental Health

Australian Institute of Health and Welfare

Copies of these papers are available at:

Website: <http://www.aihw.gov.au/>

Queensland Drug Summit - focus on youth:

The Report

Queensland Health

Copies of the report are available at website:

<http://www.health.qld.gov.au/atods/publications/fac2643atods.htm>

Reshaping NHMRC's Research Funding:

Presentation given by the Chair of the

Research Committee, Professor Warwick

Anderson August 1999

National Health and Medical

Research Council

Copies of the paper are available at: website:

<http://www.health.gov.au/nhmrc/research/pdfcover/shap-prs.htm>

Victoria Burden of Disease Study: Mortality

Department of Human Services Victoria

Copies of the paper are available at website:

<http://hna.ffh.vic.gov.au/phd/index.html>

Weather, Climate and Health

World Meteorological Address

23 March 1999

Professor A I (Tony) Adams AM, MB BS,

MPH, FRACMA, FAFPHM

Bureau of Meteorology

For more information regarding this

address contact:

Bureau of Meteorology

GPO Box 1289K

Melbourne 3001

NPHP Secretariat Contact Details

Telephone: (03) 9637 5512

Facsimile: (03) 9637 5510

Post: GPO Box 1670N, Melbourne Victoria 3001

Website: <http://www.dhs.vic.gov.au/nphp/>

For more information on the National Public

Health Partnership contact Darryl Kosch:

Telephone (03) 9637 5439

Facsimile (03) 9637 5510

or Email: darryl.kosch@dhs.vic.gov.au