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## The Functions of Public Health in Australia: Towards a definition

There appears to be significant consensus on the broad range of functions of public health. This is one of the main findings of a national Delphi Study on public health functions conducted this year by the National Public Health Partnership.

The Study, involving respondents from the spectrum of public health areas, is a landmark step towards defining the functions of public health in Australia. It builds on work by the World Health Organisation (WHO) and in the United States, where definitions of core or essential public health functions have been developed and applied in various ways.

The Delphi technique is a survey method for eliciting opinions from a wide range of experts on a particular topic. Views are sought through successive questionnaires.

The Australian Delphi Study, modelled on the similar WHO initiative, involved two rounds of questionnaires. Two hundred and thirty five public health experts – nominated by peers – were sent the first questionnaire. Of these, 119 responded and were subsequently sent a second questionnaire developed from the first round results. Seventy five responses were received to the second questionnaire. Respondents covered all jurisdictions and included academics and practitioners.

The number of respondents compares very favourably with the WHO International Delphi Study, which had 139 respondents in the first round and 111 in the final round.

The first questionnaire of the Australian study sought views on what characterises public health functions and what makes them 'core'. It also asked respondents to comment on and add to an initial list of 29 functions.



The second questionnaire presented a more specific list of functions – 86 in all, arranged under 11 broad categories (see box below) – derived from the responses to the first questionnaire. Respondents were asked to indicate, for each item, whether they thought it was always, often, sometimes or not a public health function.

### Broad Public Health Functions Identified

1. Research, monitoring and assessment of health status and determinants
2. Ensuring healthy and safe environments
3. Health education and community development
4. Public health policy development and implementation
5. Public health education and training
6. Public health management
7. Prevention, surveillance and control of communicable diseases
8. Prevention and surveillance of non-communicable diseases
9. Prevention and surveillance of injuries
10. Healthy growth and development programs and services
11. Programs and services directed at specific population groups and individuals

# 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 produced its first annual report for the Australian Health Ministers' Advisory Council entitled *Progress Through Partnerships: Highlights of Public Health Activities in Australia 1998-99*. The report includes a section on progress in the broad ranging national public health strategies. The Partnership's involvement in this effort is outlined in the section on **National Strategy Coordination** and includes reference to AHMAC support for pursuing

the development of overarching frameworks in two major areas of chronic disease prevention and communicable diseases surveillance and control.

An integrated chronic disease prevention model would recognise the common risk factors relevant to many of the national strategies and lead to an integrated approach. This provides an opportunity for the Partnership to link with the work on the National Health Priority Areas initiative, offering a strong, holistic prevention component on a cluster of conditions which integrates national action on priority areas, such as cardiovascular health, diabetes and obesity; representing high burden and preventable conditions. Such clustering has the advantage of linking a significant but manageable number of existing strategies, providing a more appropriate focus that moves away from 'body parts', builds on extensive planning already undertaken, and is easily understandable to clinicians, decision-makers and consumers.

Under the auspice of the NPHP National Strategies Coordination Working Group and with the Commonwealth taking the lead on this project, consultation on the development of a National Framework for Chronic Disease Prevention has commenced.

Complementing this work, at the last meeting of the Partnership in November 1999 our role in communicable disease control was reviewed. Dr Graham Rouch, Chair of the Communicable Diseases Network of Australia and New Zealand (CDNANZ), led the discussion about the evolution of the Network as a vehicle providing regular interchange of information across borders, facilitating

rapid, quality responses and developing policy documentation. It was agreed that improved support for CDNANZ is an important national investment and the Partnership will be considering a more formal association with the Network and the potential for broadening the public health role in the management and control of communicable diseases. The Partnership meeting paid tribute to the efforts of Dr Rouch in fostering CDNANZ to its current stage, largely reliant on goodwill and dedication across the country and in New Zealand.

Facilitating the development of the frameworks for integrated chronic disease prevention and communicable disease will be a major focus for the Partnership in the coming year, offering ample scope for collaboration across the health sector and a level of coordination which will strengthen national capacity and practitioner support.

On behalf of the National Public Health Partnership Group and its Secretariat, I would like to extend my appreciation to those who have given of their time and expertise to progress the Partnership's national public health agenda and look forward to continued and new associations in the New Year.

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

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The highest-rated functions tended to be those that have been established for some time in public health – for example the surveillance and control of communicable diseases, immunisation, and food safety. Following these were a group of emerging public health functions – for example developing community capacity, mental health promotion, and health services for Indigenous peoples – which also received strong support.

The NPHP will release a full report on the results of the Delphi Study to encourage

further discussion on a definition of public health functions in Australia.

The NPHP Group is eager to work towards a national statement of public health functions as the basis for defining, measuring and building capacity in public health. Experience in the United States in using core functions as a platform for strengthening public health capacity will provide valuable signposts and lessons on which to base future work in Australia.

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# Partnership Group Meeting November 1999 - Melbourne

**F**or the final meeting of 1999, the National Public Health Partnership Group met in Melbourne, which also provided the opportunity to attend a launch of the VicHealth Centre for Tobacco Control by the US Surgeon General, as well as a joint meeting with the National Health Priorities Committee to consider coordinated action. Prof. Tony McMichael, visiting from London, provided another highlight with a provocative dinner talk on notions of 'sustainability' and public health practice.

The meeting marked an important stage in the development of the NPHP, as many of the initial priorities for the Partnership were brought to realisation. These included:

- The first edition of the Annual Report on the national public health effort, highlighting the achievements from around Australia;
- The report of the Delphi study on core public health functions, providing a unified framework for describing public health practice and setting the stage for work on performance measurement, quality management systems, assessment of system capacity, and workforce development;

- The final draft of the planning framework for public health practice, providing a systems approach to the analysis of public health hazards and benefits and the development of intervention portfolios, as well as an approach to consider custodianship for major public health issues;
- Referral of 'Implementation Options for National Legislative Schemes' and 'Model Provisions for Certification of Immunisation Status on School and Childcare Entry' to AHMAC for endorsement; and
- Consideration of a proposed nationally consistent list of notifiable diseases, with the aim of AHMAC endorsement in 2000.

These will be available on the NPHP website in due course.

In moving forward, the NPHPG agreed to commission further work on long-term financing and resourcing options for public health, public health leadership development, and the concept of a coordination council on workforce development. The NPHPG determined that, with the implementation of



From left: Prof. Vivian Lin (NPHP Secretariat), Dr John Scott (Qld), Dr Rowan Davidson (WA), Dr Andrew Wilson (NSW), Dr Shirley Hendy (NT), Dr Richard Madden (AIHW), Prof. John Catford (Vic), Prof. George Rubin (NHMRC), Mr Brian Corcoran (Commonwealth), Dr Shirley Bowen (ACT), Mr Jim Davidson for Prof. Brendan Kearney (SA), and Dr Bob Wells (QNHMRC).

the Wills Report on health and medical research, a proactive agenda for public health research and development should be adopted. The NPHPG also gave commitment to leading the development of an integrated approach to prevention of chronic non-communicable diseases and communicable diseases.

At its first meeting in 2000, the NPHPG will give further consideration to priorities for the next two years, which is the remainder of the first term of the Memorandum of Understanding between the Commonwealth and the States and Territories.

## Progress through Partnerships: Highlights of Public Health Activities in Australia



**T**he National Public Health Partnership has released the first of its annual reports, *Progress through Partnerships: Highlights of Public Health Activities in*

*Australia*. The Report provides an understanding of the range of public health activities undertaken in Australia during the 1998–99 year. It includes a summary of NPHP activities during the year, information on each of the national public health strategies, and contributions from all jurisdictions on public health achievements for the previous twelve months.

The update on national public health strategies provides, for the first time in the one document, background on each strategy's aims and objectives, its key achievements over the year and directions for the year. Each strategy has also summarised its activities in the area of coordination and partnerships, reflecting the importance placed on efforts in this area by the NPHP and all those involved in strategy planning and implementation. It is hoped that in future Reports the links between issues in common across strategies, and the collaborative work undertaken to address these, will be a significant feature of this section of the document.

In preparing the Annual Report, each jurisdiction provided contributions on public health programs and activities that were examples of highlights in program

planning and/or delivery. The numerous examples of successful activities in the Report demonstrate leadership and innovation in addressing complex public health issues. Their contributions include articles on responses to public health crises (such as the Victorian gas shutdown and the Sydney water contamination), ways of addressing the needs of particular population groups (such as the efforts of mobile women's health nurses in rural and remote Queensland), and approaches to strengthening the evidence base for public health (such as the population health surveys conducted in Tasmania and NSW). The thirty contributions included in the Report provide a valuable insight into the diversity, and the similarity, of public health activities across the country.

The Annual Report will be a useful resource for all those working in public health nationally, as well as providing those outside the sector with an understanding of the nature of Australia's public health effort. The Report will be available in each jurisdiction and distributed widely. The Report will also be available on the NPHP website [www.dhs.vic.gov.au/nphp](http://www.dhs.vic.gov.au/nphp) or by telephoning the NPHP secretariat on (03) 9637 5512.

# National Public Health Partnership

## Reports, Updates & Other News

### Evolution of the Integrated Local Services Delivery Project

There has been an enthusiastic response to our call for case study abstracts from around the country illustrating instances of integration at the local level. We received over one hundred stories, which have provided us with a wonderful insight into what is happening on the ground in public health practice. The nature of the stories has also raised a number of issues for how we progress the project, due to the various ways 'integrated local services delivery' has been interpreted. In retrospect this is not surprising, as integration can be interpreted in a myriad of ways, but it mainly encompasses the idea of combining parts into a whole.

Much of the 'integration' activity in the health sector is concerned with the interdependence of different service types in the acute and primary care sectors, such as the coordinated care trials and multi-purpose services. While this activity contributes to more effective local-level practice within national strategies (e.g. diabetes management), the focus of this project is on the coordination and integration of effort across national strategies.

So what do we mean by integration with respect to this project? We believe that the debate will be progressed if we call it the *Integrated Public Health Practice Project*, as it clarifies our focus on improved coordination from a national strategy perspective. Our work to date has evolved the concept that Integrated Public Health Practice:

- recognises and responds to the interrelatedness of health determinants and their multiple health outcomes;
- recognises and is relevant to the individual's and the community's lived experiences;
- uses an integrative theoretical framework to develop its program; and
- involves coordinated action across programs and sectors.

Possible types of integrated public health practice include:

- Consolidation of single-issue programs, e.g., linking communicable disease control and alcohol and other drugs interventions.
- Theme based programs, e.g. wellness programs.
- Provider programs that integrate public health issues, e.g. promoting comprehensive screening in general practice.
- Programs addressing the holistic public health needs of specific population groups.
- Engaging particular settings to address their multiple health issues in an organised, participative way. At a

community level, this includes local or regional planning of health services, and intersectoral public health planning, e.g. municipal public health planning. Within a community, examples include schools, workplaces, prisons, and local markets.

- Programs to address the broader social determinants of health, such as unemployment, income inequality or racism.

This includes greater partnerships at the local level, as well as a more coordinated approach to the development of policy frameworks at a national and state level, which in turn support an integrated approach at the local level. Professor Len Syme has described this project in terms of 'how programs meet people's lives'. This is a succinct description of a very complex proposal that seeks to better reflect the needs of the whole person within a community. It recognises that there is a need for health policy makers to conceptualise issues that affect people's lives as being part of a bigger picture and that, as individuals, our existence is shaped by a variety of influences and determinants. The idea is not new and was most elegantly captured by the seventeenth century poet John Donne, who wrote:

*"No man is an island, entire of itself; every man is a piece of the continent, a part of the main".*

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### National Legislative Schemes Project

How to implement national legislative schemes in public health was one of the areas in the Legislation Review Working Group's (LRWG) work plan. The Project focused on constitutional issues as well as the development of guidelines, and options and recommendations for action. The Project was commissioned by Victoria as Lead Agency and was undertaken by the Centre for Comparative Constitutional Studies at the University of Melbourne.

The project addresses one of the LRWG's terms of reference:

*Oversight of national public health legislation and regulation review and reform activities including working towards harmonisation and modernisation of public health legislative approaches where appropriate.*

The need for this piece of work lies in the nature of Commonwealth and State powers

with respect to health. The Commonwealth has little power to make laws with respect to public health under any of its specific heads of power. The role of law maker therefore falls to the States and Territories. However, each jurisdiction naturally takes a different approach to law making. Jurisdictions have often sought uniformity in areas of public health legislation and laws affecting public health through cooperative arrangements. Examples of recent cooperative efforts in this area include:

- the current work by the Australian and New Zealand Food Authority on nationally uniform food legislation; and
- therapeutic goods legislation passed by the Commonwealth, Victoria and New South Wales.

The project provides a clear and comprehensive outline of the framework in which intergovernmental arrangements may be applied in the public health area, as well as providing a guide for future decision making and policy implementation.

The Report describes the current constitutional position with respect to the

ability of each jurisdiction to legislate in the area of public health and then sets out options for implementation of national legislative schemes. The options are broad and may involve a number of actions ranging from legislation through to intergovernmental agreements. In addition, each option is assessed for the degree of uniformity it provides as well as the costs associated.

The Report provides a very helpful range of options for legislators and administrators who are considering a national legislative scheme and are unsure about how it would be best implemented. The Report also provides expert but user-friendly advice in this complex area and is a helpful tool for legislators and administrators to advance the purposes and objectives of the National Public Health Partnership. The project Report is to be presented to AHMAC.

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## Joined-up Thinking and Joined-up Solutions

The National Public Health Partnership continues to auspice biannual meetings of the Chairs of National Public Health Strategies. The meetings provide a forum for information sharing, networking, and identifying areas of possible collaboration across strategies. Exploration of the potential for the Chairs meetings to be a vehicle for collaboration on common issues across strategies was a particular focus at the November 1999 Melbourne meeting.

The overall agenda for the November meeting highlighted how 'joined-up thinking' on health issues and their determinants can result in 'joined up solutions'. Three presentations in particular, demonstrated this potential.

### The Integrated Public Health Practice Project

Sophie Dwyer, project officer for the NPHP's Integrated Public Health Practice Project presented an update on this project, and explained the project's use of an 'integrative framework' as the basis of analysis of how integration across strategies can be achieved in practice.

While acknowledging that many valuable aspects of the existing 'issues based' approaches to public health policy and programs need to be maintained, the Framework suggests a 'themed' approach to public health strategy implementation. This approach would use settings, target population groups, or underlying determinants of health which may be common across strategies as the focus of program delivery.

The project's integrative Framework provides a sound basis for further work on 'joined up' solutions to complex public health issues, at all levels of public health practice.

### Joined up solutions at the national level

Chairs were also informed about the strong national level support for integrated public health practice. Mr Brian Corcoran, First Assistant Secretary of the Population Health Division, Commonwealth Department of Health and Aged Care, provided concrete examples of national programs that aim to address complex public health issues in a holistic and integrated way. These included:

- The proposed Health Inequalities Research Collaboration – which will advance the evidence-base on determinants of health related to socio-economic status and appropriate interventions, and will promote linkages between policies, programs and evidence.
- The current work being undertaken to improve the links between the National Health Priority Areas initiative and population health programs, promoting

a focus on issues in common across these areas of effort, for example, on tobacco, obesity, or physical activity.

- Exploration of the concept of an 'Older Australians' Health Check' providing routine, holistic screening by general practitioners for a range of conditions. Such an initiative would recognise the key role of general practitioners in population health activities, and provide a more integrated service to health consumers.
- The Chronic Disease Self-Management initiative, announced in the last Federal budget. The initiative aims to provide integrated support for those living with a chronic condition, ensuring they have the resources and skills (in addition to clinical services) needed to manage their illness, with optimum quality of life.

Each of these national initiatives can be seen as a platform for a more holistic, integrated approach to addressing population health issues.

### The scope for youth health development

Chairs also discussed, at both their April and November 1999 meetings, the enormous potential a population group focus has on facilitating collaboration across national public health strategies. Participants at the November 1999 meeting discussed how a focus on adolescence would enable groups of strategies to address multiple health determinants, including those that affect young people now, and those that will impact on health in later life. Prof. George Patton, Director of the Centre for Adolescent Health in Melbourne presented a paper on the scope for youth health development across national public health strategies, which provided a strong case for the 'population group' focus for public health interventions and programs.

Chairs agreed that this was a promising platform for collaborative work across strategies, with relevant strategies agreeing to meet to discuss how such collaboration could be put into practice.

Further information on any of these initiatives, or the meetings of Chairs of national public health strategies can be obtained from the NPHP Secretariat.

*National Public Health Strategies Profiled in the Annual Report*

**National Public Health Nutrition Strategy**

**Acting on Australia's Weight Strategy**

**Developing an Active Australia**

**National Breastfeeding Strategy**

**National Environmental Health Strategy**

**National Drug Strategy**

**National Alcohol Action Plan**

**National Tobacco Strategy**

**National Indigenous Australians' Sexual Health Strategy**

**National Strategy for an Ageing Australia**

**Women's Health**

**National HIV/AIDS Strategy 1996/97 - 1998/99**

**National Immunisation Program**

**National Communicable Diseases Surveillance Strategy**

**National Youth Suicide Prevention Strategy**

**National Mental Health Strategy**

**Strategic Planning Injury Prevention**

**National Diabetes Strategy**

**The National Cervical Screening Program**

**The National Breastscreen Program**

**National Cancer Strategy**

**National Asthma Action Plan.**



# Strategic Inter-governmental Nutrition Alliance

## Consistent, Coordinated and Collaborative Approach to Public Health Nutrition

### Commonwealth

The Strategic Inter-governmental Nutrition Alliance (SIGNAL), established in 1997, is the public health nutrition arm of the National Public Health Partnership (NPHP). Membership comprises representatives of Commonwealth, State and Territory health agencies and four independent experts. The New Zealand Ministry of Health has observer status on SIGNAL.

SIGNAL provides a mechanism to ensure that government responsibilities and policy accountability in public health nutrition are consistent, coordinated and collaborative. SIGNAL also provides the means to establish the broad commitment of all jurisdictions to public health nutrition policy objectives. A reporting relationship to the Australian Health Ministers' Advisory Council (AHMAC) exists through the NPHP.

The core business of SIGNAL is to carry forward the objectives of Australia's *Food and Nutrition Policy (FNP)* and to strategically manage national nutrition promotion priorities. The *National Public Health Nutrition Strategy (NPHNS)*, which represents the second phase of implementation of the FNP, will provide a framework for SIGNAL's core business, working with the non-government sector and industry, universities, and organisations such as Diabetes Australia and the National Heart Foundation. Stage 1 provided a strategy for intergovernmental action on public health nutrition, which resulted in the establishment of SIGNAL.

Initially, the NPHNS will focus on the following priority areas:

- increasing the consumption of vegetables, legumes and fruit;
- addressing overweight and obesity;
- promoting optimal nutrition for women, infants and children; and
- improving nutrition for vulnerable groups, including rural and isolated populations, low income groups and Aboriginal and Torres Strait Islander people.

A *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan* is being developed as an integral part of the *National Public Health Nutrition Strategy*, to facilitate a coordinated national approach to Indigenous nutrition.

Working groups have also been established to advise on food and nutrition issues, including:

- the marketing and dissemination of the *Australian Guide to Healthy Eating* and associated resources;
- the food and nutrition monitoring and surveillance system; and
- the revision of the *Recommended Dietary Intakes for use in Australia*, with the National Health and Medical Research Council (NHMRC) and the Australian and New Zealand Food Authority.

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**This article looks at work being undertaken by each State and Territory and the Commonwealth in the strategic management of national nutrition priorities. Profiles have been provided by members of the Strategic Inter-governmental Nutrition Alliance.**

### Western Australia

The Health Department of Western Australia's Nutrition and Physical Activity Program has adopted a comprehensive statewide approach to public health nutrition, based on intersectoral collaboration and implementation of strategies that address individual and environmental factors as determinants of food choice.

The four key strategic areas are:

- promotion of public policy;
- increased availability and accessibility of nutritionally preferable foods;
- increased knowledge, attitudes and skills; and
- monitoring and research.

Innovative statewide programs promoting healthy eating among younger Western Australians, low income families, and the Aboriginal community have also been adopted interstate. Successful nutrition initiatives include:

- the *Foodcent\$ Program*, which aims to change food selection and food budgeting practices to achieve a healthier diet on a limited budget;
- the *Children's Fruit 'n' Veg* campaign, which promotes the healthy eating message to children via the *Kids in the Kitchen* television series, a cookbook and a kit for primary schools; and
- the *Start Right Eat Right Program*, which recognises child care centres that achieve a high standard in food provision for young children.

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### Victoria

The public health nutrition program in Victoria has identified four priority areas for action: communicating healthy eating; improving food security for vulnerable population groups; public health nutrition workforce development; and monitoring and surveillance programs.

The healthy eating communication initiatives are being developed at a number of levels. Work has been completed

examining the dynamics and opportunities for healthy eating promotion in a number of settings (supermarkets, child-care services and migrant resource centres). A social marketing strategy to promote and increase awareness of the importance of a varied diet is also being developed. Other projects target population groups with specific needs, including people in Juvenile Justice Centres, Community Residential Units and Aged Care Services.

As implementation progresses, interesting and important issues are continually identified that make us question and review our approaches. A major issue is how to achieve the necessary crossover and synergy between the four different priority issues identified above. Each influences the other, yet all too commonly there is inadequate thought given to this. An obvious example would be the development of healthy eating communication strategies without appropriate consideration of workforce issues.

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### Tasmania

In 1994 the State government adopted the *Tasmanian Food and Nutrition Policy*, endorsing a partnerships approach to public health nutrition as exemplified by the following projects.

The *Tasmanian Nutrition Promotion Taskforce*, a partnership between the industry, health and consumer sectors, oversees the *Eat Well Tasmania Campaign*,



Launceston Show promotion to increase consumption of fruits and vegetables.

which aims to improve nutrition through increasing healthy food choices, coordinating and raising the profile of nutrition promotion activities and promoting intersectoral action.

Innovative strategies to promote breastfeeding, including a *Businesses* project, have been developed through the Tasmanian Breastfeeding Coalition, with membership from public and private maternity services, the nursing mothers' association, divisions of general practice, nutritionists, child health nurses and lactation consultants.

Linking of food safety and nutrition to marketing for takeaway outlets, restaurants, and cafes has been achieved through an award accreditation program coordinated by the *Healthy Options Tasmania Coalition* between local government, the State Health Department, professional associations and consumer groups.

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#### South Australia

The SA Food and Health Policy (1999) identifies a number of strategies necessary to improve health and prevent nutrition-related disease. Initiatives in Indigenous nutrition, promotion of the *Australian Guide to Healthy Eating*, collation of nutrition data and work with women prisoners are just a few of the projects under way. One strategy involves encouragement of healthy food choices through a range of settings including sport, recreation, and arts organisations and events.

Under the banner of *Smart Choice*, we work with sponsored organisations to help them introduce and promote healthier food choices at events and venues. This may include the development of a healthy food policy to guide and inform club members. The *Smart Choice* project works in collaboration with caterers to identify menu items which are not only healthier but also popular with their customers. There is also liaison with the food industry to ensure a strong link between industry and caterers.

Healthy food choices, including baked potatoes, soup and sandwiches have been successfully introduced in a wide range of settings including major community venues such as Football Park and race meetings.

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#### Queensland

Since early 1998, Queensland's Department of Aboriginal and Torres Strait Islander Policy and Development has worked with the Aboriginal Coordinating Council, ATSIC, Apunipima Cape York Health Council, and Queensland Health on a collaborative project to improve access to healthy food in six remote Indigenous community stores.



Woorabinda store

This initiative covers a range of healthy food choices with emphasis on fresh fruit and vegetables. Open case fresh produce display units have been installed progressively over recent years, along with new shelving, lighting and EFTPOS. Buying, transport and handling policies are also in place. Cross-subsidies in the stores help keep down the cost of healthy choices. Freight costs have been reduced by installation of long-term fresh produce bulk-storage units in 1997. Durable items including carrots, pumpkins, onions and potatoes can be road-freighted in the dry season and held in good condition for sale during the wet. These innovations have seen fresh fruit and vegetable sales increase by 42 percent in kilogram weight over previous years.

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#### Northern Territory

The major focus of the Northern Territory Food and Nutrition Policy to date has been on initiatives to improve the food supply in remote communities. One of the strategies in this area has been to train local Aboriginal people to work as nutrition educators/promoters in their own communities. These people have been involved in a variety of areas, including working with the community store to promote healthier foods and working with the women's centre to develop nutrition programs targeting young mothers and children.

The *Growth Assessment and Action* program is another initiative that aims to identify growth faltering at an early stage and encourage community-based action to prevent any further weight loss. A system has been developed to monitor the nutritional status of children in remote communities and to feed back information in an appropriate format on a biannual basis.

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#### New South Wales

The NSW Health Strategic Directions for Nutrition 1996 – 2000 comprises four priority areas:

- promoting demand for breads, cereals, vegetables and fruits;
- promoting healthy food alternatives in the food service sector, particularly in child care, schools and hospital settings;

- community-based Aboriginal nutrition initiatives; and
- monitoring and surveillance.

The public health nutrition workforce conducts nutrition programs that fit with State priorities and meet the needs of local communities at the Area Health Service level.

Examples of intermediary program outcomes include:

- production of a *Tool Kit* of strategies to promote fruits and vegetables;
- increased accreditation of school canteens and increased registered healthy food products;
- advancement in working with the food industry and take away-food outlets to use healthier frying oils; and
- policy, resource and training development with the child care sector.



The Fruit & Veg Tool Kit's logo and slogan

Workforce skill development will be enhanced and monitoring consolidated with the establishment of a NSW Centre for Public Health Nutrition in early 2000.

A new Nutrition Strategic Plan is currently under development.

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#### Australian Capital Territory

In the ACT, there is no single unit with overall responsibility for public health nutrition. Instead, a number of programs contribute to activities that sustain or improve the nutritional status of the population.

Healthpact funding has been instrumental in supporting a range of community-based nutrition projects, including the television promotion *Good Food Good Fun*. The Nutrition Reference Group of this agency has identified a number of priority settings, and they have found that a large number of community organisations are keen to undertake nutrition-related activities.

The Nutrition Section of the University of Canberra has supervised a number of research projects undertaken by students, including *Monitoring Attitudes and Beliefs about Nutrition, Access to Fresh Fruit and Vegetables for Free Living (independent) Older Adults, and Food Service in Childcare Centers.*

Nutritionists employed in the public sector participate in the implementation of national strategies and continually advocate for a higher profile for nutrition.

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# Public Health in the Australian Capital Territory



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



The Australian Capital Territory is a small territory with a big vision. Our intention is to provide a clever and caring health system through the provision of technically-enhanced and evidence-based medicine, which suits the needs of consumers.

The physical size of the ACT provides an excellent opportunity for the implementation of unique and new models of care. The ACT Department of Health and Community Care is currently working towards quality enhancement across all areas of health in the ACT, from hospital to home.

Dr Shirley Bowen is currently the Chief Health Officer and Executive Director of Population Health in the ACT. Dr Bowen replaces Dr Doris Zonta, who was previously an active member of the National Public Health Partnership. Dr Bowen is an Infectious Disease and Sexual Health Physician by training and brings to the portfolio an emphasis on communicable disease intervention and harm minimisation strategies.

Dr Bowen has a keen belief in the need for improvement in the utilisation of evidence-based practice in all sectors of health. She also strongly believes that the academic rigour of traditional public health has much to offer clinical medicine. To this end, the new millennium will see an emphasis on upskilling all sectors of the workforce, from environmental health officers to specialist surgeons.

'It is our intention that all ACT hospitals will move to the creation and implementation of clinical practice guidelines and quality agendas,' says Dr Bowen, who sees clinical practice guidelines as living documents and not as 'dust collectors'. 'They should be iterative documents that are used and changed according to clinical experience, local factors and epidemiological evidence.'

She believes complacency in clinical practice is a disturbing trend. 'There is reasonable evidence that as time passes most medical practitioners read less and do not change. Certainly, peer pressure is required in order to motivate change.' 'It would appear that personal journal reading may improve the practice of a few, but not the practice of the whole. Hence,

we must find a way to improve practice that is progressive, iterative and cohesive. There must be incentives and disincentives, and accreditation must play a role in this process. Teaching hospitals must again become places of excellent practice.'

Dr Bowen's belief is that inadequate emphasis has been placed on quality in clinical practice and that, like all areas of medicine, academic rigour must be applied. Only then will we eradicate poor, outmoded and ineffective practices.

Additional new emphasis must be placed on popular-based primary and secondary intervention strategies. This is particularly true for the indigenous population. At present the ACT appears to have a very small number of persons who identify as Aboriginal or Torres Strait Islander, and therefore data on their health status is variable in accuracy. However, the information that is available indicates that indigenous persons living in the ACT are better educated than their interstate peers. Despite this they still suffer serious and chronic disease and like the rest of Australia the ACT will be looking towards an improvement in the health of this sector of its population.

A major focus of the ACT Department of Health and Community Care Population Health Group continues to be progressing the anti-tobacco agenda. Smoking and tobacco-related diseases should, in-line with the World Health Organisation's mission, be one of the pinnacles of the public health effort. Smoking-related disease is entirely preventable and the ACT has made this a priority for reform.

Dr Bowen believes we must continue to coordinate and evaluate our effort in this area. 'The evidence strongly indicates that simple education does not stop uptake of this highly addictive product. Hence, legislation appears to be necessary to stop the continuing pressure applied by tobacco companies to manipulate our youth's behaviour,' she said.

The last phase of landmark ACT passive smoking legislation, the *Smoke-free Areas (Enclosed Public Places) Act 1994*, came into effect in November 1998. The ACT



leads Australia in requiring licensed premises, such as night clubs, clubs, pubs, bars, tavern, hotels and the casino, to become smoke-free. However, licensed premises that meet strict mechanical ventilation requirements can obtain an exemption to allow limited smoking areas.

Stringent tobacco control legislation to reduce advertising was also introduced recently as a further step to combat the harm caused by tobacco. The key aim of the legislation is to reduce the exposure of children to advertising and promotion of tobacco products.

Continuing the focus on intervention and harm minimisation, the ACT will increase its focus on preventing injecting drug use and reducing the acquisition of hepatitis C. The latter is now at epidemic proportion and as yet the ACT Department of Health and Community Care is struggling to reduce the impact of this virus. The ACT will therefore be active in performing enhanced surveillance and hopefully identify core-transmitters of hepatitis C and clusters of disease. Clearly the provision of safe injecting equipment and sound counselling and advice is also essential in reducing the transmission of this infection and the overall potential impact of drug misuse.

As a further step towards addressing concerns about the inappropriate use of drugs, the ACT Department of Health and Community Care will continue to look at options for reducing harm from prescription drugs. To reduce the harm caused by benzodiazepines, and to promote the quality use of medicines, the Pharmaceutical Services Section initiated and achieved the rescheduling of flunitrazepam (Rohypnol) nationally to a schedule 8 classification (i.e. a drug of dependence), to reduce the inappropriate use and abuse of this drug in the community.

At the Territory level, guidelines were developed for medical practitioners to further restrict the prescription of Rohypnol to short-term use only for cases of intractable insomnia, while allowing ongoing prescription only to elderly long-term users of the drug. The guidelines were strictly maintained and the prescription of flunitrazepam has fallen substantially.

The Section also hosted a series of successful seminars as part of its ongoing patients' benzodiazepine voluntary undertaking scheme. The seminars were designed to increase rational prescribing of these drugs, to ensure that 'doctor shopping' is minimised in the Territory and to maximise patient wellbeing. Given the success of this campaign, we will further venture into

improving rational prescribing of benzodiazepines, narcotics and antibiotics in the ACT.

One of the major achievements of Population Health in 1999 was the successful completion of a 'Lookback' by the Communicable Diseases Unit. The Unit successfully developed and implemented a 'lookback' program involving over 250 patients after a health care worker was diagnosed with HIV and Hepatitis B. The period of the 'lookback' was one of great stress for the patients, and the Department was very pleased to announce in March 1999 that no patient had been infected by contact with the health care worker. Dr Bowen believes these episodes need to be published to provide a more true reflection of the likelihood of the transmission of infection from health care worker to patient.

A policy in relation to health care workers infected with blood-borne diseases was subsequently introduced in March 1999. The aim of the policy is to minimise the risk of transmission of a blood-borne virus from a health care worker to a patient and to provide a framework for managing and supporting health care workers with blood-borne viral infections. The policy has been welcomed nationally.

The ACT also maintained its outstanding record in childhood immunisation during 1998-99. During this year the ACT Enhanced Measles Control Campaign was completed, achieving a coverage rate of 88.3 per cent in primary school children through increased access made possible by mobile immunisation clinics and careful data collection.

National figures collected at the end of the financial year show that the ACT maintained its record of the highest coverage rates for 12-month-old and two-year-old children, and achieved the second highest rate of coverage for the first dose of the measles, mumps and rubella vaccination. This success is almost certainly attributable in part to our vaccine delivery service, which assists in the provision of meticulous record-keeping.

Apart from Tobacco Reform, the Department of Health and Community Care's Environmental Health Unit has successfully implemented a number of changes during 1998-99. Consistent with the work of the National Public Health Partnership's Legislative Reform Working Group, the ACT has reformed its Public Health Act.

Expanding the role the Act and the public health agenda, the ACT has been active in developing a water quality code of practice and contributing to the debate on genetically modified foods.

The debate on genetically modified foods continues to be intense, and again the ACT Department of Health and Community Care's intention is to increase the academic rigour in this debate. Br Bowen believes that long-term cohort studies on human effects of genetically modified foods are still required before the 'flood gates' can be opened. Additionally, consumers require more information on this subject and we believe that consumers of health are now demanding that all medical and pseudo-medical decisions must be transparent and not shrouded in mystery.

Maintaining the quality agenda has also been apparent in the maintenance of our laboratory functions. The ACT Government Analytical Laboratory continues to perform a number of vital analyses of forensic toxicology, food-borne bacteria and air and water quality monitoring. The laboratory is an important link in the public health agenda and provides unbiased data of demographic and health survey data.

Finally, the ACT maintains a small Epidemiology Unit. The purpose of the Unit is two-fold: firstly to assist our major teaching hospital in improving clinical health outcomes, and secondly to perform quality analyses of demographic and health survey data.

Dr Bowen stated that 'The vision for Population Health in the ACT is to promote and protect health by innovative and timely action.' She believes that through the promotion of evidence-based practice all areas of health in the ACT will find a more effective way forward.

For more information on public health activities and initiatives of the Australian Capital Territory Department of Health and Community Care, contact: Louise Ali Telephone: (02) 6205 0900 Facsimile: (02) 6205 1884 Email: [louise.ali@act.gov.au](mailto:louise.ali@act.gov.au) or visit the Department's website at <http://www.health.act.gov.au>



# The NPHP Advisory Group



Mr Joseph O'Reilly, Chair of the NPHP Advisory Group.

**The NPHP Advisory Group ensures that key national non-government organisations have direct input into the Partnership's work program and that the NPHP remains fully informed of service provider and consumer perspectives on its work program.**

The role of the Advisory Group includes:

- identifying and assisting with gaps in the NPHP work program;
- providing a broader-based industry perspective on strategies arising from the NPHP;
- alerting the NPHP to current and emerging public health issues; and
- providing advice on the NPHP's communication strategies.

## A Message from the Chair

- Adding Value

The last year has been marked by an increasing sense on the part of the NPHP Advisory Group of its capacity to contribute to the work of the Partnership.

With the adoption of portfolios by its members, the Advisory Group now provides advice and monitors progress in each of the Partnership's work areas. This has resulted in the substantial involvement of the non-government sector in major aspects of the Partnership's work, including legal reform and workforce development.

The Advisory Group has also had significant and ongoing involvement in the Partnership's National Strategies Coordination effort, including participation in the Local Service Delivery Project Advisory Committee and meetings of the Chairs of National Public Health Strategies.

The Advisory Group's Deputy Chair Dr Helen Keleher and I participated in the Partnership's first meeting on public health leadership and look forward to continuing involvement in that exciting initiative.

- National NGOs coming together around Public Health

In addition to being part of the NPHP's work, the Advisory Group is beginning to play an important role in its own right as a national forum in which non-government organisations with an interest and involvement in public health meet on a regular and systematic basis. Following on from last year's adoption of a strategic vision and work plan, the Advisory Group has set about progressing a range of its agreed priorities. At the Group's last meeting in Melbourne we considered work on the social determinants of health, led by Dr Helen Keleher and Professor Brian Oldenburg. The ongoing development of this area will be a major feature of the Advisory Group's work in the next year.

A continued interest in Indigenous Health and public health research priorities are the other two areas where the Advisory Group will be pursuing its own distinct work plan.

- Growing Political Commitment to Public Health

The Advisory Group has also identified the need to continue to grow community interest and increase political will in sustaining Australia's public health effort. As a result the Advisory Group has agreed to pursue the establishment of Parliamentary Liaison Committees on Public Health in every Australian jurisdiction. The suggestion for these forums was first raised by Chris Puplick, a former Senator and Chair of the National Committee on AIDS, Hepatitis C and Related Diseases.

The Advisory Group believes that these Committees could play an important part in ensuring that Australian parliamentarians share a common understanding of and grow in their commitment to public health.

Meetings of the Advisory Group provide a unique opportunity for a range of national non-government organisations to come together around their shared interest in public health. This has resulted in critical collaborations in the areas of the NPHP's work plan, the development of shared public health priorities among a diverse range of stakeholders and a desire to increase Australia's community interest and political commitment to public health.

If the Advisory Group is effective in any of these areas, let alone all three, it will have made a vital contribution to the public health effort in Australia.

I look forward to realising and reporting on our successes in these areas in forthcoming editions of the Newsletter.

**Joseph O'Reilly**  
Chair, NPHP Advisory Group

## The members of the Advisory Group are:

**Mr Joseph O'Reilly (Chair)**  
Consumers' Health Forum

**Dr Helen Keleher (Deputy Chair)**  
Public Health Association of Australia

**Prof. Brian Oldenburg**  
Public Health Education and Research Program Directors

**Mr Gerry Mak**  
Royal Australian College of General Practitioners

**Dr Sophie Couzos**  
National Aboriginal Community Controlled Health Organisation

**Ms Jill Iliffe**  
Australian Nursing Federation

**Mr Craig Patterson (for Prof. Tony Ryan)**  
Royal Australasian College of Physicians

**Mr Alec Percival**  
Australian Institute of Environmental Health

**Ms Lily O'Hara**  
Australian Health Promotion Association

# Conference on Global Issues and Perspectives in Monitoring Behaviours in Populations:

Surveillance of Risk Factors in Health and Illness, 22-24 September 1999  
Centers for Disease Control and Prevention, Atlanta

This inaugural global conference was co-hosted by the Centers for Disease Control and Prevention and the Finnish Institute of Public Health. Australia, through the Commonwealth Department of Health and Aged Care, co-sponsored the conference.

The purpose of the conference was to discuss structured surveillance as a population health response to the increasing globalisation of chronic disease.

It was suggested that there may be a need to think globally, as there is increasing evidence that risk factors for non-communicable diseases behave in a 'communicable' fashion and cross national boundaries. The increasing tendency of behavioural risk factors to behave in an epidemic disease manner was emphasised by many speakers.

While the conference accepted the need to develop a global approach to chronic disease risk factor surveillance, the conference also took the view that globalised surveillance was a longterm rather than an immediate priority. The first step was seen as establishing and strengthening existing national surveillance systems, followed by the setting up of international regional networks in regions such as Australasia/ Pacific.

The strengthening of links between population health surveillance, health

promotion and health intervention, and with outcome measures to address policy and resource issues, was emphasised. The concept of chronic disease as a communicable disease provides an important marketing option for the acceptance of chronic disease surveillance as a critical component of national public health intelligence.

There was also considerable discussion of the data implications of global or international surveillance. Support was for harmonisation of data at an international level rather than standardisation, with the inherent rigidity that implies. The term *data harmonisation*, already used within the European Union, implies data that are not uniform or identical but that are comparable across jurisdictions, and that can be used to inform other jurisdictions of developments.

## What are the lessons for Australia?

Australia is amongst the leading nations in many of the health information areas, including data development and cooperative information development processes, and provides a good model for regional/international cooperation. Development of a national surveillance system should build on existing State data systems and collections, which in general terms are at an international level of best practice. Information and data collection at local 'grass-roots' levels meets

State/regional/local formation needs better, but the value in cross-jurisdictional data comparability is an important constraint.

As a first step Australia should develop a coordinated national approach to collection of behavioural risk factor data. This would involve the development of coordinated collection programs, the harmonisation of national data and the use of core modules. Such an approach clearly reflects the objectives of the National Public Health Information Plan as endorsed by the National Public Health Partnership and the Australian Health Ministers' Advisory Council. The value of ongoing surveillance of risk factor data is considerably enhanced when it is undertaken as a complement to existing national health surveillance collections such as the Australian Bureau of Statistics National Health Surveys.

There is interest in Australia becoming the focus for an Australasian-Pacific regional centre for chronic disease/behavioural risk factor surveillance, hence being a key component of the international network.

For more information contact:  
Tony Greville, Australian Institute of Health and Welfare.  
Telephone: (02) 6244 1145  
Email: [tony.greville@aihw.gov.au](mailto:tony.greville@aihw.gov.au)

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## Information Session

The Australian Health Promotion Association in conjunction with the NPHP Secretariat hosted a seminar on 27 October in Brisbane. There were three guest speakers at the evening seminar which attracted around 40 people from a broad range of sectors. Karen Roger of the NPHP Secretariat gave an overview of the NPHP and the current work program. Sophie Dwyer, Project Manager, presented on the Integrated Public Health Practice Project (see page 4), and Lily O'Hara, President of the Australian Health Promotion Association, spoke about the work of the NPHP Advisory Group. Brian Oldenburg from the Public Health Education

and Research Program Directors then gave a summary of the progress of the NPHP to date, and shared his thoughts as to the medium and long term benefits that the NPHP will achieve.



Ms Lily O'Hara, National President of the Australian Health Promotion Association and Prof. Brian Oldenburg, from the Public Health Education and Research Directors.

## Environment Health

The new Chair of the National Environmental Health Strategy, Professor Christine Ewan, met with the Advisory Group following an earlier discussion amongst group members about the implementation of the Strategy.

Although it is early days for the EnHealth Council and for Christine as its Chair the Group welcomed an opportunity to begin discussions with the Council. We are also particularly interested in the ongoing implementation of the Strategy and have agreed to retain a watching brief.

## Public Health Happenings

### Australian

16-18 February, 2000

#### 2nd Annual Health Congress

Achieving sustainable healthcare in Australia  
Sheraton on the Park, Sydney

For more information:

Tel: (02) 8325 5300 Fax: (02) 9290 3844

16-17 March, 2000

#### Fifth Transcultural Mental Health Centre Conference

Suicide Prevention in Immigrant Populations across Australia:  
Setting the Agenda for the 21st Century  
Gazebo Hotel, Parramatta, Sydney,  
New South Wales

For more information: Conference Secretary

Tel: (02) 9840 3800 Fax: (02) 9840 3755

Email: michelles@cu-psych.wsaahs.nsw.gov.au

Website: www.tmhcc.nsw.gov.au

1-3 April 2000

#### Suicide Prevention Australia

7th National Conference: Suicide Prevention - Everybody's Business  
Melbourne Convention Centre, Melbourne

For more information: Conference Secretariat

Tel: (02) 9211 1788 Fax: (02) 9211 0392

Website: <http://AusEinet.flinders.edu.au>

### International

24-28 January, 2000

#### Partnerships for health in the new millennium Omni-Shoreham Hotel, Washington, DC

For more information:

Tel: (800) 367 4725

Email: [partnerships@health.org](mailto:partnerships@health.org)

Website: [www.health.gov/partnerships](http://www.health.gov/partnerships)

13-16 March, 2000

#### Health and the Quality of Life: Our Municipalities in an era of Globalisation

Quebec City, Canada

For more information:

Tel: +1 (514) 395 1808

Fax: +1 (514) 395 1801

Email: [3congres@opus3.com](mailto:3congres@opus3.com)

Website:

[http://www.msss.gouv.qc.ca/congres\\_quebec/](http://www.msss.gouv.qc.ca/congres_quebec/)

## Grapevine Resources

#### Department of Human Services, South Australia Strategic Plan 1999 - 2000

For copies of the publication:

<http://www.dhs.sa.gov.au/stratplan/default.asp>

#### Ministry of Health, New Zealand

Health Funding Authority Performance Report - Quarter One 1999/2000

Guidelines for Safe Dance Parties:  
The Big Book

Protecting your health in an emergency

For copies of the publication(s):

<http://www.moh.govt.nz/moh.nsf/wpg/Index/Publications-Online+Publications+Contents>

#### Department of Health and Human Services, Tasmania

Department of Health and Human Services Annual Report 1998 - 1999

For copies of the publication:

<http://www.dchs.tas.gov.au/moreinfo/publications/annual/>

#### Department of Human Service, Victoria

Who Usually Delivers Whom and Where:  
Report on Models of Antenatal Care

For copies of the publication:

<http://tra.fh.vic.gov.au/phb/9907061/index.htm>

#### Australian Institute of Health and Welfare

Morbidity of Vietnam Veterans - A study of the Health of Australia's Vietnam Veteran Community

For copies of the publication:

<http://www.aihw.gov.au/publications/health/mv.html>

#### Australia's Welfare 1999

For copies of the publication:

<http://www.aihw.gov.au/publications/welfare/aw99.html>

#### The Burden of Disease and Injury in Australia

For copies of the publication:

<http://www.aihw.gov.au/publications/health/bodia.html>

#### National Health and Medical Research Council

Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies

For copies of publication:

<http://www.health.gov.au/nhmrc/publicat/synopses/e38syn.htm>

#### Translational Grants in Injury:

Research to Policy to Practice

Call for Expressions Of Interest

Expressions of interest must be lodged by close of business 4 February, 2000.

To download information:

<http://www.health.gov.au/nhmrc/research/srds/inj-ad.htm>

#### Department of Health and Community Care, Australian Capital Territory

Public Health Risk from Swimming/Spa Pools

For copies of the publication:

<http://www.health.act.gov.au/reports/codeso/fpractice/actcopal.pdf>

## NPHP Secretariat Contact Details

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**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:

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Facsimile (03) 9637 5510

or Email: [darryl.kosch@dhs.vic.gov.au](mailto:darryl.kosch@dhs.vic.gov.au)

## 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 will be held in February 2000.