

Issue 11 March 2000

Building on the Foundations Priorities and Flagships for 2000 & 2001

At a one day invitational Forum held in Sydney on 21 February 2000, over fifty people drawn from the National Public Health Partnership Group, its non-government Advisory Group and its various strategic partner organisations met to discuss the National Public Health Partnership's work program for the next two years.

The idea of a Forum was raised in 1999, when the NPHP Group, being half way into its first five-year period of operation, felt that this was a good time to take stock of achievements to date and to look at how the foundations laid in its establishment phase could be built upon over the next two years. The Forum provided an excellent opportunity to fearlessly discuss the work of the NPHP – where it had excelled and where it could improve. Debate was lively and the discussion was both open and enlightening, and the day's success was assured through Sheena Boughen's energetic facilitation of a very eager group.

Dr Andrew Wilson, Chair of the NPHP Group, opened the Forum by providing background information on the Partnership's work program over the past three years, and its major achievements. In outlining some of the preliminary findings of the NPHP Evaluation, Professor Stephen Duckett, Principal Consultant to the NPHP Evaluation, stimulated the group's thinking processes with some colourful anecdotes as well as considered views. Professor Duckett briefly outlined the methodology used in the study and then touched upon those aspects of the NPHP where significant progress and impact had been realised and could serve as possible long term models for the NPHP, as well as areas of work which still have to achieve success. Professor Duckett concluded his presentation by suggesting that there were two distinct roles for the NPHP – a technical and bureaucratic role (which includes achieving legislative harmonisation and system-wide understanding of what



Forum panel members (L to R): Dr Rob Moodie, CEO, Victorian Health Promotion Foundation, Ms Liz Furler, First Assistant Secretary, Health Services Division, Commonwealth Department of Health and Aged Care and Prof. George Rubin, member of the NPHP Group.

public health is) and a political role (namely, lifting the profile of public health).

A panel of speakers, comprising Prof. George Rubin, member of the NPHP Group; Dr Rob Moodie, CEO, Victorian Health Promotion Foundation; and Ms Liz Furler, First Assistant Secretary, Health Services Division, Commonwealth Department of Health and Aged Care, provided interesting perspectives on possible future directions

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Message from the Chair

After an initial period of consultation and collaboration on strengthening public health infrastructure, the foundations have been laid for the National Public Health Partnership to take up a number of additional and critical challenges for public health. These include the poor health status of 'at risk' population groups; the need for underpinning evidence for the benefits of a public health approach; and a resource base that adequately supports public health efforts and achievement of its objectives for Australian communities.

A series of work programs are now in place to address a more consistent and rigorous approach to planning and practice; to assist in clarifying public health core functions, expenditure and performance indicators; to improve capacity for evidence based decisions; to assist in the harmonisation of public health legislation; and to enable a more systematic, relevant and timely approach to aspects of workforce development. These initiatives have drawn extensively on a network of skills and knowledge in government, academia and non-government sectors in particular, and provide the Partnership Group with a level of confidence to move forward.

The National Public Health Partnership Evaluation project, commissioned to run concurrently with the Partnership program, reflects a commitment to a learning organisation approach. The first report of the evaluation highlights successful areas of the work program such as planning for public health information, and critical aspects of early success, such as being relevant to governments' core business, and having a mechanism and resources to focus the work. Areas identified as requiring further investment of effort include research and development and workforce development.

Key findings of the Evaluation formed part of the input to consideration of the future directions for the Partnership at a priority-setting forum held prior to the February 2000 meeting of the Partnership Group. This event was a lively interchange on further opportunities for the Partnership to add value to public health efforts in Australia. A number of challenges arising from the forum have been taken up.

First, a working group is being established to provide a focus for Partnership activity involving Aboriginal and Torres Strait Islander organisations and to provide advice on the relevance of other areas of the work program to the public health issues of Indigenous Australians.

Second, a stronger focus will be taken on social and environmental determinants of health in the existing work program, and in particular in the work of the information and the strategies coordination groups, and in formulating a national research and development agenda.

Third, to facilitate implementation of public health initiatives, the Partnership Group has asked its Advisory Group to consider a workshop on approaches to developing a stronger public health coalition with implications for building the capacity of the non-government sector in fostering a national voice for the public health community.

There is a sense of maturation of the Partnership and an expectation that this next phase will engage more broadly with stakeholders to support key areas of public health influence. I am enthusiastic about this engagement and its capacity to advance public health in Australia.

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

Partnership Group Meeting February 2000 – Sydney

The first NPHP Group meeting of each year is typically an opportunity to look ahead and consider priorities.

The first meeting in 2000, held on 22 February, benefited from the input of an invitational Forum held the previous day (see front page article). Hence, one of the key decisions taken by the Partnership Group was to work with the National Aboriginal Community Controlled Health Organisation on the establishment of a working group on public health and Indigenous health. To be convened by the Commonwealth, this group will bring together and provide greater focus to current (and future) National Public Health Partnership activities related to Indigenous health.

The Partnership Group considered work-in-progress on the Integrated Public Health Practice Project and the Chronic Disease Prevention Strategy. Prof George Rubin, attending for the last time on behalf of the National Health and Medical Research Council as the Triennium draws to a close, described the 'Breakthrough' method for practice improvement developed at the Institute for Healthcare Improvement in Boston, and urged partners to look at rapid collaboration and feedback processes as a mechanism for shared learning in public health.

Dr Lynne Lane, the new Director of Public Health in New Zealand, was welcomed to her first meeting.

Other matters considered and progressed by the NPHP include:

- A draft paper on priorities for public health Research and Development, for possible consideration by the National Health and Medical Research Council and the Australian Health Ministers' Advisory Council;
- A report on portfolio development for fruits and vegetables, undertaken by SIGNAL (Strategic Inter-Governmental Nutrition Alliance) and agreement for new portfolio development by SIGPAH (Strategic Intergovernmental Alliance on Physical Activity and Health); and
- A small task force on oral health promotion (with links to the Australian Health Ministers' Advisory Council working group on dental services)

The next meeting of the Partnership Group will be Hobart, 30-31 May 2000.

for the NPHP. The panel raised issues such as trends and developments in public health, both nationally and internationally; the role of non-government partners in achieving NPHP objectives; Indigenous health; and the importance of developing a clear, national research and development agenda for public health.

Small but nonetheless lively discussion groups then formed to debate issues that could potentially be priority areas of focus for the NPHP work program.

Substantial discussion consolidated the day's efforts, providing the Partnership Group with a list of outcomes for its meeting the next day. The current emphasis on infrastructure development was endorsed, recognising they serve as foundations for development of more coherent national strategies for communicable disease, chronic disease and environmental health.

Four areas recommended by the Forum for further attention included:

- Social and environmental determinants of health;

- Indigenous health;
- The role of the Partnership in raising the profile of public health; and
- Research and development.

Despite the long day and the hard work put in by all participants, energy levels were still high as the day was drawn to a close by Sheena.

Second Computer Assisted Telephone Interview (CATI) Forum – Adelaide

The Second Australian Computer Assisted Telephone Interview (CATI) Population Health Surveys Forum was held in Adelaide on 24-25 February 2000. The CATI Technical Reference Group (CATITRG) managed the planning for the Forum. The CATITRG is a Public Health Partnerships initiative established to promote cooperation and partnership between the various States and Territories involved in monitoring and surveillance activities using CATI survey methods. All Australian States and Territories are now members of the CATITRG and the validity of CATI survey work is now appearing in the Australian public health literature.

The aim of this second forum was to advance national capacity to assess population health and provide information that will form the evidence basis of policy and strategic interventions. In this latter sense the aim of CATI surveys is to go beyond a simple monitoring and surveillance capacity and provide evidence based information that will improve intervention capacity.

The South Australian Human Services Minister, the Rt. Hon. Dean Brown opened the Forum. He identified the CATI development in South Australia and the leadership the State was providing nationally. The Minister related his own positive experiences of working with the CATI system to track down a major salmonella outbreak and the speed with which a source of infection was identified. He also went on to show his considerable familiarity with the South Australian CATI system, identifying its application across a range of chronic disease issues such as cardiovascular disease, diabetes, asthma, injuries and mental health.

The Forum was attended by two international CATI surveillance authorities from the Centers for Disease Control in Atlanta. Prof. David McQueen spoke about the lessons we can learn in Australia from

CATI surveillance developments elsewhere. Dr Deborah Holtzman spoke to the theme of turning data into policy.

Prof. McQueen was the first keynote speaker and addressed the topic: 'Health surveillance locally, nationally, and internationally – what lessons can we learn?' He identified that there are four key dimensions that are common themes across the three levels. Firstly, there is urbanisation and associated environmental and ecological factors. Secondly, the aging of the population and associated changing patterns of chronic disease are important. Thirdly, the economic disparities around the world and within regions are a major issue in health problems and in providing solutions. The increasing gap between rich and poor in many societies is an important dimension of economic concern. Finally, a major issue for the future is the infrastructure of public health and how public health is informed by surveillance systems like CATI. This will determine quality in public health outcomes. One dimension of the future in public health will be the whole area of evidence as a basis for action.

Dr Holtzman had several important points to make with regard to turning data into policy. Firstly, in the state based surveillance system of the United States, it has been important to have a state coordinator who is identifiable by those responsible for policy and strategic directions within each state. Secondly, each survey needs to have an implementation and data use plan that is supported and signed off by the key people in each state. The plan needs to identify objectives, establish priorities and responsibilities and identify interested or main user agencies. A third aspect relates to partnerships that are formed with the key organisations who are existing or potential users of the data. This often requires the creation of formal or informal agreements regarding data use, responsibilities and dissemination to appropriate users. There



Prof. David McQueen and Dr Deborah Holtzman from the Centres for Disease Control in Atlanta.



should also be in place a plan for the analyses of data by appropriate people depending on the applications required. Finally, there needs to be effective communication and interpretation of results in a format that is comprehensible to key users.

Dr Holtzman also identified the most important applications of data by States and Territories in priority order. These were public education, trend analysis comparisons, planning, policy and support of state legislative efforts, and evaluation.

The Forum was organised by the South Australian Department of Human Services and was attended by 100 people with a vital interest in CATI surveillance. The material presented and discussed during the two days will form the basis of a proceedings publication. Information of its availability will be published through the National Public Health Partnership Newsletter.

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National Public Health Partnership Reports, Updates & Other News

Promoting Quality in Public Health

Quality was the theme of a NPHP workshop held in Sydney on 6 December 1999. The aim of the workshop was to investigate possible practical steps to promote quality in public health. The specific objectives for the day were to:

- share information about practices and experiences in quality management and practice improvement in public health activities;
- identify and agree on the key issues which need to be addressed to advance quality in public health;
- identify the key elements of a public health approach to quality (consistent with approaches to quality in the health system as a whole); and
- identify the next steps for progressing quality in public health.

The workshop built on two earlier bodies of work commissioned by the Commonwealth and the NPHP. The Commonwealth work commissioned 'ideas papers' from a wide range of industry and academic agencies for possible future directions for quality in public health. The NPHP study reviewed existing approaches to quality found in public health and the broader health system.

After introductions by Dr John Scott (on behalf of the NPHP Group) and facilitator Sheena Bougghen, the workshop opened with presentations on the importance of

quality in public health. Dr Lynne Lane, New Zealand Director of Public Health, described quality methods adopted in the New Zealand context and the various levels of benefit resulting. Dr George Rubin discussed the important principles of quality methodologies and provided an introduction to the Australian experience. In this early part of the day, the complexity of different quality jargon and methodologies was acknowledged. The opening presenters explained how the different approaches often reflected the most suitable choices for each different level of the health system.

The main part of the day commenced with presentations from three of the Quality ideas papers. These papers were selected as the ideas revised in these papers were considered most relevant to the aims of the workshop. Presenters on the day were Hal Swerissen (Quality Improvement Council), Donald Stewart and Don Staines (Queensland University of Technology, and Queensland Health) and Phillip Goodwin (Australian Council on Healthcare Standards). This formed the basis for discussions between workshop participants which were progressed throughout the remainder of the day.

Key issues discussed in the afternoon included (i) whether a quality framework is needed specifically for public health, (ii) the benefits of using quality systems to demonstrate public health outcomes to governments and to improve accountability, and (iii) recognition that some areas of public health already have strong quality mechanisms in place.



*Dr Lynne Lane,
New Zealand Director of Public Health.*

Although the purpose of the workshop was not to select or endorse one particular approach to quality, there was agreement at the end of the day that there were various critical issues in quality in public health that could be addressed. Possible ways of moving forward ranged from the incremental accumulation of small effective improvements to the systematic development of quality systems under the aegis of a conceptual framework. The workshop concluded with a plenary session which highlighted the diverse views held and a commitment to progress to the next step.

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Portfolio Pilot in Nutrition

As part of developing a *Planning Framework for Public Health Practice*, in 1998 the National Public Health Partnership Group commissioned a number of pilots to produce intervention portfolios for specific public health issues.

Portfolio pilots have been undertaken in the areas of nutrition, injury prevention and environmental health, to specify the interventions required to address selected issues.

The Nutrition Pilot which focussed on an intervention portfolio to *promote fruit and vegetable consumption*, has been completed, and a report is now available from the NPHP Secretariat.

Margaret Miller, one of the consultants engaged to run the pilot, presented a summary of the portfolio and her observations to the Partnership Group meeting on the 22 February 2000.

As well as documenting the portfolio, the presentation gave a brief overview of the: (i) process and methods used in the pilot; (ii) successes, difficulties and modifications in the application of the Framework; and (iii) recommendations concerning the use of the Framework.

On balance the portfolio approach was found to be useful in this instance in ensuring: a rigorous analysis of the problem; a broad appraisal of the available evidence; and a process which made explicit the values underpinning the decision-making which led to the final portfolio.

The Nutrition Pilot has provided a portfolio which can be used as the basis for action planning to promote fruit and vegetable consumption. It has also been helpful in identifying the time, resources and support needed for this approach.

The injury and environmental health pilots will be completed later this year. A pilot in the area of physical activity is also planned.

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Cherry Picking in Melbourne

Benchmarking is the name given to comparing performance against, and learning from, others. One of its recommended tools is 'cherry picking' – seeing how other organisations or countries do something well and adapting the ideas to suit local circumstances. The objective is to 'benchmark' against best practice.

When Australians want to solve a difficult problem in their health system, they often go 'cherry picking' the tools and techniques of other countries. This is just as much the case in the area of performance measurement and benchmarking as it is in other areas. The challenge is to choose from the best in the world and yet create something that reflects the Australian context. The NPHP recently went 'cherry picking' in Melbourne with this objective in mind.

The new National Health Performance Committee (NHPC) of the Australian Health Ministers' Advisory Council (AHMAC) has superseded the National Health Ministers' Benchmarking Working Group, and its task is to develop a whole-of-health-system approach to performance and benchmarking.

Population health presents some important challenges for the National Health Performance Committee. Not only is population health a diverse area of activity, it has multiple linkages with other parts of the health system and with other sectors.

The National Public Health Partnership auspiced a workshop on 16 March 2000 in Melbourne with 44 participants from all jurisdictions and New Zealand to begin answering five questions:

- What do we want a national performance framework to do for the whole health system?
- What do we want a performance framework to do for population health?
- 'If a population health performance indicator set does nothing else it must...?'
- What criteria should be used to select indicators for the performance framework?
- What process should take this work forward?

The workshop was planned by a small group under the guidance of Dr Lori Rubenstein (Tasmanian Department of Health and Human Services). The daunting task of facilitating the group was generously and ably undertaken by Dr Gillian Durham (Deputy Director and Associate Professor, Combined Universities Centre for Rural Health, WA). Dr Durham was previously Director of Public Health in New Zealand and participated at the National Public Health Partnership Group meetings as an observer.

Participants considered the main purpose of the Performance Framework was to improve performance and achieve better health outcomes. It was agreed that the framework needs to identify the things that matter most in the health system and measure performance in a way that leads to more informed decision making and improved accountability. Definitional problems around terms such as 'health outcome indicator' and 'performance indicator' also need to be addressed. One of the roles of the new performance framework will be to gain consensus around common definitions of key terms.

Participants were provided with a wealth of background material on performance frameworks from Australia and overseas. The Australian material included the *National Information Management Group's PI Framework* from 1996 and the more recent Australian Institute of Health and Welfare's *National Public Health Indicator Framework*. Material from the United States on 'leading indicators' was also considered.

Participants 'cherry picked' their way through the frameworks and noted a strong convergence of views around several categories of indicators that could potentially provide a basis for a performance framework for Australia's health system. Building largely on the Canadian Roadmap Initiative framework, workshop participants identified four categories of indicators and four focus questions:

- Health outcomes – How healthy is Australia as a nation?
- Determinants of health – Are we moving towards or away from good health?
- Health services performance and quality – Are our interventions effective, efficient and appropriate?
- Health system infrastructure – Is our system infrastructure sustainable into the future?

When it came to identifying selection criteria for choosing indicators, the United States *Health People 2010* 'Leading Indicators' criteria were 'cherry picked' as the best on offer as a basic model. These criteria emphasise the importance of selecting indicators that are readily understood and which provide the basis for action and system change. It was recognised that these also need to be affordable and capable of analysis with respect to populations of special interest.

To take the work forward in the short to medium term, the group agreed that a small taskforce should be formed under both the National Health Performance Committee and the National Public Health Partnership Group. This group will have representatives from the National Health Performance Committee, the National Public Health Information Working Group, and other nominees of the National Public Health Partnership Group. The immediate task will be the development of a National Health Performance Committee discussion paper on a performance framework as well as the production of the Committee's first report in September. The group recognised that there is a large number of stakeholders needing to be drawn into the processes of framework refinement, indicator selection, and development. A report of the workshop is being prepared.

The National Health Performance Committee and the Population Health Taskforce on Performance (PopTOP) will continue to learn from world's best practice and create a tool which is sensitive to Australia's unique characteristics.

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New Chair for the Joint Advisory Group (General Practice and Population Health)

As reported in the March 1999 NPHP Newsletter, there is increasing recognition of the role of general practice and of general practitioners in public health. The *General Practice Strategy Review* highlighted the important role of general practice in public health and the need for more collaboration and integration across the primary health sector to guide general practitioners in public health activities. To help address these needs the General Practice Partnership Advisory Council together with the National Public Health Partnership moved to form the Joint Advisory Group on General Practice and Public Health (JAG).

The Joint Advisory Group aims to progress the integration of general practice and population health issues by:

- considering the progress of appropriate general practice involvement in public health activities;
- considering policies and proposals relevant to progressing general practice and public health; and
- providing advice to the General Practice Partnership Advisory Council and the National Public Health Partnership Group on opportunities for enhancing the public health role of general practitioners and improving collaboration between the public health and general practice sectors.

Prof. Peter Baume, the independent Chair of the Joint Advisory Group, has recently resigned. In his place the Federal Minister for Health and Aged Care, the Hon Dr Michael Wooldridge MP, has appointed Prof. Mark Harris, who heads the Centre for General Practice Integration, School of Community Medicine, University of New South Wales. Professor Harris has had a long involvement with Divisions of General Practice and general practice research. He has also conducted considerable research around general practice integration. He has a keen interest in the role of general practice in relation to population health and in the interface between general practice and other primary health services. The National Public Health Partnership would like to take this opportunity to thank Prof. Baume for his work with the Joint Advisory Group.

The Joint Advisory Group met for the first time under its new Chair on 16 March 2000 and is currently reviewing its work plan and future directions. A more detailed overview of the work of the Joint Advisory Group will be presented later in the year.

For more information on the work of the Joint Advisory Group contact: Tony Lea, Director, Population Health Section, General Practice Branch, Health Services Division, Department of Health and Aged Care: Telephone: (02) 6289 3684 Fax: (02) 6289 3611

Public Health Leadership

Leadership skills are an important part of workforce development at all levels. A public health workforce in which leadership and leadership skills are fostered and encouraged helps to ensure that public health principles and practice are promoted within the health sector and in a multi-sectoral approach.

The National Public Health Partnership is concerned with strengthening the capacity for public health. On 25 February 2000, a workshop on leadership was held in Sydney to assist in clarifying the dimensions of a public health leadership program in Australia. The workshop included input from Ms Carol Spain Woltring, Director, Public Health Leadership Institute, USA.

Ms Woltring spoke about the Institute's State Health Directors' Executive Mentoring and Consultation Program which is available to newly appointed state health directors for up to one year. The purpose of this flexible, customised program is to provide critical support, ideas, feedback and strategy development for newly appointed state health directors through experienced colleagues.

Presentations were also given on the Australia and New Zealand Health Management Network and participants commented on training initiatives in public health and leadership development in other states.

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Evidence and Guidelines for Public Health Interventions Project

Small workshops were held in Sydney and Melbourne in May 1999 to initially explore the issues and parameters of work which might be undertaken on evidence and guidelines for public health interventions. This followed a proposal to the National Public Health Partnership Group from the National Health and Medical Research Council Health Advisory Committee that joint work be undertaken in public health to parallel the work on clinical practice guidelines¹.

The Partnership Group approved a three-stage project. The results of Stage 1 should be available in early June 2000. This first stage consists of drafting criteria for the evaluation of evidence (including its transferability from research to applied contexts) on the basis of a review of literature and expert advice. Further stages are designed to test and refine the criteria using case studies that represent a variety of public health interventions, and to allow peer review of draft material.

The Joint Steering Group for Stage 1 of the project has met on two occasions with a final meeting scheduled for late April 2000. A presentation on project developments will be made to the Partnership's Advisory Group at its meeting on 31 March 2000 with an invitation for members to separately seek opportunity to consult further with the project team through their respective non-government organisations.

The project team for Stage 1 is led by Associate Professor Michael Frommer, Australian Centre for Effective Healthcare, University of Sydney.

¹National Health and Medical Research Council. Guidelines on the development, implementation and evaluation of clinical guidelines. AusInfo, Canberra, 1999.

Health Promotion Foundations and Councils

This article looks at Health Promotion Foundations and Councils currently operating throughout Australia

Australian Capital Territory Healthpact

Healthpact was established through the *Australian Capital Territory Health Promotion Act 1995*.

Prior to that a Health Promotion Fund existed, but the Act established the ACT Health Promotion (Healthpact) Board as a statutory authority with funding initially set at 5% of the Tobacco Franchise Fee. Currently funding is at an equivalent base rate (\$2.149m) plus an annual CPI adjustment. The Board members are appointed by the Minister for Health and Community Care and administratively Healthpact resides within this portfolio. Healthpact provides community grants and sponsorships addressing smoking, sun protection, nutrition, physical activity, injury prevention, mental health and community wellbeing. Healthpact also undertakes other activities including education, training, innovative programs, research, and liaison to support the community in developing and maintaining health.

Healthpact's vision is one in which the community is developing in personal and social health, is vital in activity and spirit, and is sustainable in terms of human and ecological environments. A healthy, vital, sustainable community is one in which people are valued, their needs are met, the things that are important to them are dealt with, and the way the community is run is based on what the people want. Healthpact believes that health promotion is a crucial and appropriate approach for achieving this vision.

However, Healthpact on its own is not able to achieve the vision it holds for the community. Healthpact therefore works in partnership with many organisations to help in the development of sustainable structures and opportunities that enable people to make and maintain healthy choices.

Healthpact's primary strategies, guided by the World Health Organisation definition of health promotion, the Ottawa Charter, and the Jakarta Declaration, are:

With individuals:

- motivating people to make healthy choices;
- promoting health literacy;
- providing access to resources;
- providing access to services;

- adding health promotion value to existing community activity;
- working in priority, and particularly under-resourced areas; and
- promoting opportunities to participate in healthy activities and programs that are:
 - diverse across the community;
 - appropriate to the health issue and target group;
 - valued by the participants; and
 - timely in their response.

With the community:

- undertaking advocacy;
- developing and promoting partnerships which benefit health promotion, including using these partnerships to integrate health promotion into health and related sectors;
- working with organisations to achieve Healthpact's goals;
- encouraging both intra and intersectoral collaboration;
- providing access to information and research to support health promotion outcomes;
- supporting innovative and exemplary practice in health promotion;
- providing and supporting training in the health industry;
- supporting the development of healthy public policies;
- identifying barriers to good health and working to reduce them;
- seeking investments for health development; and
- securing an infrastructure for health promotion.

As stated, Healthpact's vision for the community is about being healthy, being vital, and undertaking sustainable activities; therefore Healthpact itself needs to model these behaviours and contribute to their adoption. Healthpact works towards being an organisation that excels at health promotion, plays a lead role in the field, is accountable, valued and respected in the community, and applies the health promotion principles it promotes.

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Victoria VicHealth

VicHealth was established in 1987 as an independent body to promote health by replacing tobacco sponsorship of Victorian sports and arts events. Now, instead of these events being used to recruit smokers, VicHealth promotes the benefits of not smoking and adopting a healthy lifestyle.

Over the past 13 years this original focus has expanded to support other health promotion programs in areas such as mental health, injury prevention, healthy eating, physical activity, sun protection and responsible drinking. VicHealth also supports medical and public health research, workplace change, and large and small scale statewide and community projects.

To improve the physical, mental, and social health of Victorians, VicHealth develops strategic alliances within a broad range of settings, targeting specific population groups with poor health outcomes. A key component of this work is to build capacity within organisations, communities, and individuals to create environments to improve population health.

The settings approach recognises that a very large part of health is determined by factors outside the range of decisions made by a single individual. VicHealth works in partnership with and also outside the health sector to effect environmental change, a necessary adjunct to the adoption of healthy lifestyles by individuals.

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Shepparton – The Rumbalara Football and Netball Club, a VicHealth funded project, uses sport to promote the culture, health and wellbeing of all members of the local Aboriginal community.

To be truly effective, health promotion needs to occur where people work and play – across sport, recreation, education, community, health, the arts, culture, entertainment and the workplace. In the future we will also be including the transport and urban development settings in our work.

VicHealth's new strategic plan, *Strategic Directions 1999-2002*, sets the direction for the next three years. Over this period we are investing in the health of those most in need. In particular, we aim to improve the health of young people, older people, rural Victorians, Kooris, and people who are socially and economically disadvantaged.

Work will concentrate on five health promotion action areas: tobacco control; mental health; physical activity; healthy eating; and substance misuse (alcohol and illicit drugs).

VicHealth's Research Program will underpin all health promotion investments. The Research Program provides grants for public health and clinical research, and surveillance and applied research, as well as conducting a Senior Research Fellowships Scheme to attract and/or repatriate outstanding public health and clinical research workers to Victoria.

The program aims to improve or establish new means for translating research knowledge into practice. During the past decade VicHealth has invested \$59 million in more than 250 individual public health research projects to help improve the health of all Victorians.

For more information about VicHealth and its activities, visit its website at: <http://www.vichealth.vic.gov.au/>

Western Australia Healthway

The Western Australian Health Promotion Foundation (Healthway) was established in 1991 under the *Tobacco Control Act 1990*. Healthway provides grants to health and research organisations as well as sponsorships to sport, arts, racing, and community groups which encourage healthy lifestyles and advance health promotion programs.



Healthway has commissioned the Health Promotion Evaluation Unit (HPEU), based at the University of Western Australia, to undertake a comprehensive evaluation program. The work of the Health Promotion Evaluation Unit, funded on a three yearly basis, ranges from the evaluation of individual health promotion projects and sponsorships, to the broader impact that Healthway funded programs are having on health behaviours and healthy environments in Western Australia. The Unit is also available to provide evaluation advice to initiatives funded by Healthway.

Successes

A number of successful pilot health promotion projects have been developed into state-wide and national initiatives, and many are sustained beyond Healthway funding. Examples include the Foodsafe Food Handler Training Program; Food\$Cents; and the WA School Health Project (WASH Model).

Healthway funded research projects link closely with health practice. For example the landmark adolescent mental health survey, which was undertaken by the Institute of Child Health Research based in Perth, has been instrumental in framing government and non-government policies and programs in the areas of health, education, and family and children's services.

Our commitment to capacity building is evident by the awarding of over 17 research scholarships and fellowships and 24 health promotion training scholarships to new graduates since 1991.

Healthway has used its sponsorship program to reach 'at risk' groups by introducing specific programs, including Rock Music Industry Sponsorships to promote safe tobacco and alcohol use to young people and 'Me No Fry' Junior Summer Sport Sponsorships to encourage sun safe practices in young sports people.

Smokefree WA

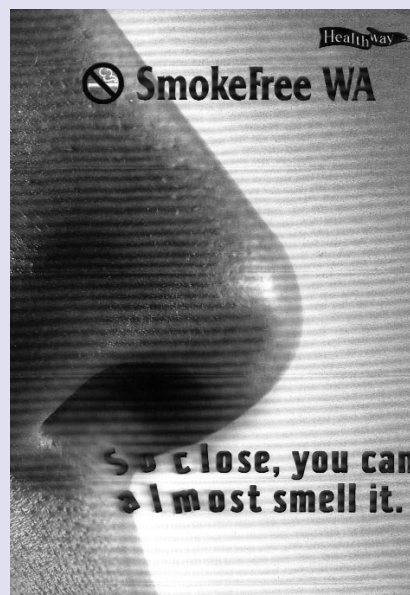
Awareness of health messages at sponsored events is high, with 76% awareness of attendees in 1998. Over 8% were sufficiently stimulated to take some relevant action as a result of exposure to a health message.

In 1997 more than 96% of all organisations sponsored reported all indoor areas smoke-free. Healthway was responsible for the first predominantly smokefree race track, and baseball, football and cricket venues in Australia.

The percentages of sport, arts and racing organisations having introduced healthy environment policies including smokefree areas, healthy food choices, safe alcohol serving practices and sunsafe policies, were significantly higher in 1997 than in 1992 and 1994.¹

Future Directions

Healthway's key strategic directions for the next three years include a focus on areas of greatest health priority, getting to the right people, sharing the responsibility for health promotion with a diverse range of partners in a number of settings, building capacity for health, and sustaining the impact beyond Healthway funding.



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¹The University of Western Australia. *Organisational Survey 1992-1997: 3. Healthy Environment Policies in Sponsored Organisations*. Department of Public Health and Graduate School of Management. 1997

Queensland Health Promotion Queensland

Health Promotion Queensland was established in 1999 to provide advice to the Minister for Health and the Director-General of Queensland Health on health promotion projects and applied research designed to improve the health of Queenslanders.

The membership of Health Promotion Queensland represents academia, professional associations, marketing, consumer advocacy and government.

The main aims of Health Promotion Queensland are to strengthen partnerships between the government, local government, the not-for-profit sector, community and tertiary sectors, to provide leadership for health promotion and improve the standard and quality of health promotion practice at a state level.

Health Promotion Queensland has reviewed the evidence linking multi-strategy health promotion interventions with reductions in relative risk of cancer (particularly colorectal cancer), cardiovascular disease and diabetes. HPQ has applied this evidence to older people, men and those from Indigenous communities.

The priorities of Health Promotion Queensland were identified following review of the Queensland Health Outcome Plans, the priorities of the Queensland Public Health Forum, the Outcome Area Plans of Public Health Services and briefings from the Minister for Health and the Director-General of Queensland Health. Health Promotion Queensland's decision to focus on the health of older people, men and Indigenous communities was a combination of Ministerial advice, the need to develop models for supporting men's health in regional communities of Queensland and the poor state of health of Indigenous communities.

The main aim of this initial grants process is the development of models of application which can be applied at a state level in the future. Each of the grants is viewed as a demonstration project which will be picked up by mainstream services of Queensland Health in the future.

In 1999-2000, Health Promotion Queensland will recommend the funding of 3-4 large-scale grants ranging from \$225,000 to \$450,000, depending on the scope of the projects. Each grant will target older people, men, and those from lower socio-economic groups. Strengthening partnerships between the tertiary, not-for-profit, local government, community and government sectors is a key aim for Health Promotion Queensland.

Grant 1

Development of a multi-strategy health promotion intervention in a community of between 10,000 and 20,000 in size.

This project aims to influence some of the key risk factors for ill health in older people and men, such as being inactive, being overweight and obese, having a high fat diet, and consuming alcohol above recommended levels. One of the important aspects of this project will be to assess the attitudes, values and beliefs of men towards physical activity and fruit and vegetable consumption.

It is anticipated that this project will develop a model which can be replicated in other communities of Queensland.

Grant 2

Development of a multi-strategy health promotion intervention in an Indigenous community.

This project will apply a community development approach to the health of families, particularly targeting older people and men, within an Indigenous community or communities.

The project will apply a multi-strategy health promotion approach to achieve health gains and change in measures appropriate to the community.

Grant 3

Injury prevention and control in older people and men.

This project will support applied research addressing injuries in older people and men.

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South Australia Health Promotion SA

South Australia was the second jurisdiction, after Victoria, to establish a health promotion foundation.

The Tobacco Products Control Act was amended in 1988 to establish the *South Australian Sports Promotion, Cultural and Health Advancement Trust* and prohibit tobacco advertising and sponsorships.

The Trust, originally known as Foundation SA and after 1996 as Living Health, was established to promote and advance sports, culture, good health and healthy practices and the prevention and early detection of illness and disease related to tobacco consumption through public awareness programs and sponsorships. The broad objectives of Living Health were to:

- fund activities that promote health;
- provide grant assistance to organisations engaged in health promotion programs;
- sponsor sports and arts activities, to replace previous tobacco industry funding; and
- sponsor sports and arts activities that encourage a healthy lifestyle and actively promote health messages.

The Trust was funded through a percentage of tobacco licence fees (5.5%).

In 1998 the Government dissolved the Trust. This followed a report by a Parliamentary Committee which was critical about the achievement of the original objectives.

As a new initiative of the Government, Health Promotion SA has been developed. Its goal is to improve the health of South Australians by providing leadership in health promotion. Health Promotion SA brings together two of Australia's leading organisations in health promotion (Living Health and the Health Promotion Unit, Department of Human Services) and will develop a Whole of Government approach to health promotion.

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Public Health in South Australia



This is the first of the Reports from the jurisdictions that focus on how public health functions are organised and delivered.

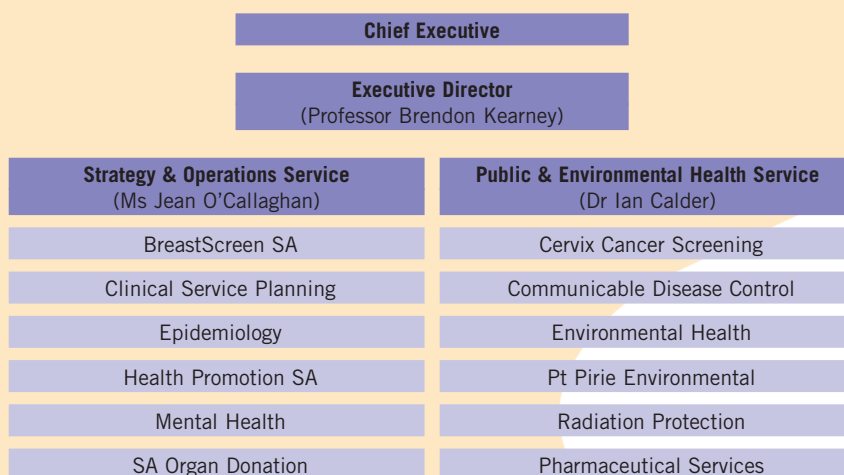
The South Australian Government has undergone major structural change since the last report in the December 1997 edition of the National Public Health Partnership newsletter. Public health programs continue to provide excellent services to the people of the State from an administrative structure which has been developed 'to improve the health and wellbeing of the people of South Australia'. The current head of public health is Prof. Brendon Kearney, Executive Director of the Statewide Division of the Department of Human Services in South Australia.

Following the October 1997 State election, the Department of Human Services was formed as a major restructuring of the public sector in South Australia. The Department and the broader Portfolio have brought together health, housing, community services, ageing and disability. This grouping has been established so that services are focused on the needs of families and individuals, not institutions and structures. The restructuring aims to coordinate planning across the whole of the State, build links across government and develop partnerships with the South Australian community.

Prof. Kearney believes that the emphasis on population approaches, whether related to communicable or chronic diseases, is contributing positively to health services management and outcomes. The public health service continues to change and develop responses to immediate and long term issues. The capacity to respond has been strengthened and broadened within a human services portfolio.

Public health is an integral part of the overall new strategy, which emphasises health promotion, early intervention, and meeting community needs. By developing effective partnerships with the community, public health will be better placed to meet people's needs. The Department of Human Services is structured into a number of Divisions, one of which is the Statewide Division, which includes public health. The public health functions are coordinated across the whole of the Division rather than being focused on a single entity. It is hoped that this will help achieve the overall strategy.

Statewide Division Structure



This structure does not include Financial Risk Management and Monitoring.

The Statewide Division Structure is shown in the above diagram which clearly shows the functional distribution. Prof. Kearney believes this will ensure appropriate utilisation of the skills available to achieve the mission of the Division. Strategic Planning processes have been undertaken to establish the way forward.

The Mission of Statewide Division is:

'To improve the health and wellbeing of the people of South Australia.'

This will be achieved by:

- Improving the planning, contracting, and coordination of services provided by metropolitan hospitals, domiciliary care services and mental health services;
- Increasing the State's capacity to prevent and control disease, illness and injury; and
- Promoting better health and public health monitoring through public and environmental health services.

The Statewide Division has a wide range of responsibilities, and the strategic planning processes have focussed on five main priority areas:

- Managing the demand for services within finite resources;
- Improving collaboration and integration in planning services;
- Promoting the appropriate utilisation of health services;



Prof. Brendon Kearney, Executive Director Statewide, Department of Human Services

- Improving the State's capacity to promote health; and
- Improving the responsiveness of service provision.

Strategic priorities have been identified through workshops held with executive and senior staff. Key result areas and suggested implementation strategies for each of these priority areas have been developed through five Strategic Planning and Implementation Teams, involving staff from the Statewide Division, other divisions of the Department of Human Services, metropolitan hospitals, domiciliary care services and mental health services.

A brief outline of each of the functional areas gives an indication of how the public health functions are organised and delivered.

Statewide Functions

Public & Environmental Health Service

The Public & Environmental Health Service provides leadership in, and advocacy for, the pursuit of better health for South Australians. This is achieved through the prevention and control of diseases, illnesses and injury, and the promotion of health.

Cervix Cancer Screening Program

The Program is part of the National Cervical Screening Program. This program aims to achieve optimal reduction in incidence of, and morbidity and mortality attributed to, cervical cancer at an acceptable cost to the community. The program increases the proportion of women who are screened at appropriate intervals and promotes high quality screening and follow-up services.

Communicable Disease Control

The Communicable Disease Control Branch's purpose is to reduce the transmission of communicable diseases and to minimise the personal and social impact of these diseases. The Branch meets its responsibility through surveillance and investigation of communicable diseases, coordination of immunisation across the state, and programs focusing on Human Immunodeficiency Virus and Hepatitis C control.

Environmental Health

The Environmental Health Branch is responsible for the assessment, correction, control and prevention of environmental factors arising from a range of chemical, microbiological and physical agents that can adversely affect health. It is also involved in the enhancement of environmental factors that can improve health. Its activities address acute and chronic hazards affecting food, water, soil and air, through processes including the development and implementation of strategies, standards, guidelines and legislation; environmental surveillance and monitoring; and the provision of advice to government agencies and the public.

Pharmaceutical Service

The role of the Pharmaceutical Branch is to promote the principles of *Quality Use of Medicines* through the administration of the laws relating to therapeutic goods, drugs, and poisons, and through processes of research, advice, education and training for health professionals and the community.

Pt Pirie Environmental Health Centre

The Centre is responsible for the delivery of the Port Pirie Lead Implementation Program.

Radiation Protection

The Radiation Protection Branch is responsible for protecting South Australians from the harmful effects of radiation by controlling activities related to radioactive substances and apparatus which produces ionising or non-ionising radiation.

Resources and Planning

The Resources and Planning Branch coordinates the development of public health policy and legislation and the provision of executive support services.

Strategy & Operations Service

The Strategy & Operations Service is responsible for the development of plans and purchasing strategies for Statewide health services to ensure population health needs are met through quality health service provision.

BreastScreen SA

BreastScreen SA aims to reduce mortality and morbidity attributable to breast cancer through a free government screening mammography service to asymptomatic women on a statewide basis.

Clinical Planning, Hospitals and Professional Advisers

Comprehensive, integrated metropolitan clinical service plans are being developed to optimise the use of finite resources in a climate of increasing demand. Each plan will be implemented in collaboration with the metropolitan hospitals.

Plans and purchasing strategies are also developed for hospitals and health services that meet the defined needs and priorities of the population and service providers, ensuring quality services in an efficient and coordinated way.

Epidemiology

Pregnancy Outcomes Unit contributes to the State's endeavour to reduce the frequency of adverse outcomes of pregnancy through monitoring of pregnancy characteristics and outcomes.

Cancer Registry provides population based data and analysis on cancer incidence, mortality, and case fatality in South Australia.

Injury Surveillance and Control Unit provides leadership in the areas of consumer product safety standards, trauma system performance measures, safety for older people, control of injury risks in public places, and the surveillance of community hazards.

Centre for Population Studies in Epidemiology provides high quality information to guide policy, interventions, program development and assessment of health and health service outcomes.

Health Statistics Unit conducts biostatistical analysis of health related data.

Health Outcomes Unit promotes an outcomes focus and the incorporation of epidemiological and economic input into health care policy and practice by providing advice, technical support, and evaluation of joint initiatives aimed at promoting evidence based and efficient practice, development of networks and collaboration through joint projects.

Health Promotion SA

As a new initiative of the Government, Health Promotion SA's goal is to improve the health of South Australians by providing leadership in health promotion. Health Promotion SA brings together two of Australia's leading organisations in health promotion (Living Health and the Health Promotion Unit, Department of Human Services) and will develop a Whole of Government approach to health promotion (*see article on page 9*).

Mental Health

The Mental Health Unit:

- Develops policy for the continued advancement of mental health services;
- Plans broad strategic frameworks for service development;
- Monitors mental health service quality and evaluates the population outcomes; and
- Establishes partnerships and advisory mechanisms with other government and non government agencies, regional service providers, clinicians, peak bodies and consumer groups.

SA Organ Donation

The SA Organ Donation Agency aims to ensure best practice in organ donation. It promotes awareness of organ donation within the community, recognises and meets the needs of recipients and donor families and preserves the dignity due to donors.

Financial Risk Management & Monitoring

Financial Risk Management & Monitoring provides high quality financial services, support and advice to assist in the development of effective financial management strategies in order to minimise exposure to financial risk and to assist in the better utilisation and allocation of resources.

For more information on public health activities and initiatives in South Australia, Department of Human Services contact:

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or visit the Department's website at:

<http://www.health.sa.gov.au>

<http://www.health.sa.gov.au/pehs>

Public Health Happenings

Australian

17-20 April, 2000

2nd International Conference:

Primary Health Care 2000

Melbourne Exhibition and Convention Centre

For more information:

Tel: (03) 9696 2799 Fax: (03) 9696 0430

Email: conference@vha.org.au

Website:

www.dhs.vic.gov.au/acmh/ph/news/whatsnew.htm

18 April, 2000

Sir Gustav Nossal Lecture

Public Lecture Theatre, Old Arts Building,
University of Melbourne

For more information: Sue Girling-Butcher

Tel: (03) 8344 7410

5-9 June, 2000

Short Course on

Environmental Health Risk Management

Griffith University, Brisbane

For more information: Lyn McMillan

Tel: (07) 3274 9040

Email: Lyn_McMillan@health.qld.gov.au

22 June, 2000

Australia's Health Conference 2000 (AIHW)

Manning Clark Theatre, Australian National
University, Canberra

For more information: Greer Dixon

Tel: (02) 6244 1031 Fax: (02) 6244 1044

Email: greer.dixon@aihw.gov.au

12-14 July, 2000

Call for abstracts

Brisbane International Symposium on Ecosystem

Health Transdisciplinary Approaches to

Ecosystem Health

Carlton Crest Hotel, Brisbane

For more information:

Email: Alice.O'Neil@cmis.csiro.au

Website: www.cmis.csiro.au/ISEH2000

International

5-9 June, 2000

5th Global Conference on Health Promotion

Health Promotion: Bridging the Equity Gap

Mexico City

For more information:

Website:

<http://www.who.int/hpr/hpr/conference/fifth/index.html>

5-9 June, 2000

6th World Congress on Environmental Health

Healthy Environments – The Local Challenge

Oslo, Norway

For more information:

Tel: 47 22 24 90 74 Fax: 47 22 24 95 91

Website: <http://www.helsetilsynet.no>

29-30 June, 2000

International Society for Equity in Health

La Havana, Cuba

For more information: Tel: 410 955 3737

Email: bstarfie@jhsph.edu

Grapevine Resources

Department of Health and Human Services, Tasmania

Building for the Future – Strategic Positioning
Document 2000-2003

For copies of the publications:

www.dchs.tas.gov.au/moreinfo/publications/index.html

Department of Human Service, Victoria

Promoting Oral Health 2000-2004 – Strategic
Directions and Framework for Action

Statewide Health Promotion Organisations

– A Partnership Resource for Local Agencies

For copies of the publication:

www.dhs.vic.gov.au/phd/news.htm

Australian Institute of Health and Welfare

Institutional Mental Health Services in
Australia 1997-98

Palliative Care Information Development

Older Australians at a Glance

Australia's Young People – Their Health
and wellbeing 1999

For copies of the publications:

www.aihw.gov.au/

National Health and Medical Research Council

Eat Well for Life: Dietary Guidelines for Older
Australians

For copies of the publication:

www.nhmrc.health.gov.au

How to use the evidence: assessment and
application of scientific evidence

Ethical Aspects of Human Genetics Testing

– an Information Paper

For copies of the publications:

www.health.gov.au/nhmrc/wnew/new.htm

Department of Health and Community Care,

Australian Capital Territory

Drinking Water Quality – Code of Practice
Public Health (Hairdressing) Code of Practice
Health Protection Service Food Survey Reports
1997-98

For copies of the publications:

www.health.act.gov.au/new.html

New South Wales Health Department

Indicators to Help with Capacity Building
in Health Promotion

NSW Health Annual Report 1998-99

For copies of the publication:

www.health.nsw.gov.au/whatsnew/

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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

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Dr Richard Madden

Director

Australian Institute of Health and Welfare

New Zealand (observer)

Dr Lynne Lane

Director/General Manager

Public Health Group, Ministry of Health

The next meeting of the National Public
Health Partnership Group is to be held
in Hobart, 30-31 May 2000.