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## SETTING A NEW AGENDA

**A** vigorous attempt is being made in NSW to establish a new public health agenda which focuses clearly on improved outcomes as the measure of performance of all components of the health system.

In the early to mid-1980s health promotion efforts in NSW were directed largely towards lifestyle behaviours such as reducing use of tobacco and other drugs and to raising immunisation levels. Major disease prevention efforts remained on infectious disease control through inspection and regulation.

During the late 1980s a rethinking occurred internationally, spurred on by the Ottawa Charter for health promotion promulgated by the World Health Organisation in 1986. The report of the Australian Better Health Commission in the same year raised the level of debate in Australia about health status by pointing out the failure of the health system to reduce or prevent illness and disability. The development of health goals and targets presented in the 1988 Health for All Australians Report was an attempt to focus this debate and present clear challenges to the health system and the community.

The Health for All Australians (HFAA) Report, while not providing recipes for success, motivated the shift in thinking required to focus on outcomes and the NSW policy document Health for All: Preventing Disease and Promoting Health in NSW (1989) translated these strategies within an NSW perspective and developed goals in the following areas:

- reducing heart disease.
- reducing preventable cancers.
- decreasing injuries.
- improving nutrition.
- improving the health and well-being of older people.
- reducing the incidence and prevalence of STDs.
- increasing the level of immunisation.

Particular attention was recommended for those groups with low health status: non-English-speaking people, Aborigines and those who are poor.

In parallel with this policy development there has been a new investment in public health and health promotion in the past two years. The NSW Government has joined other States and the Commonwealth in funding the National Better Health

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## Setting a new agenda

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Program — an additional \$3 million each year in NSW.

Health Minister Peter Collins in 1989 provided an additional \$4 million to set up Area and Regional Public Health Units (PHUs) and in 1989/1990 provided higher funding under the Health Promotion Program to the Areas and Regions. This increased policy commitment and resourcing have formed the basis of a new public health program in the State.

One of the main organisational issues of enhancing public health is the way in which epidemiological work to identify and quantify health outcomes will increasingly interact with other efforts, including those of health promotion, to change those outcomes.

The development of Area/Regional Health PHUs and Promotion Units (HPUs) provides an infrastructure for implementing the new public health agenda. The HPUs aim to develop and implement health promotion programs while the PHUs establish mechanisms and databases to plan health programs, measure their implementation and evaluate whether they achieve their goals.

In many areas the desired outcomes — such as reduced malignant melanoma incidence — may occur long after the health program intervention, such as promotion of means to reduce sun exposure. How then can we know we are on the right track in the intervening time? How can we continue to provide a government confronted with many competing demands on its resources with evidence that the desired outcomes are on the way? And how can we persuade the public to change or maintain a healthy lifestyle unless we can continue to show that benefits are accruing?

The challenge for all of us is not only to identify and implement the right health programs but to identify the indicators of success at the intermediate outcome level of the hierarchy and to monitor our performance on these indicators until we can demonstrate improvement at the health status level. This is not easy because intermediate outcome indicators — such as the proportion of school-age children wearing hats and/or using sunscreens — do not automatically come to the attention of the health system. Often specific studies are required.

But just because the task is challenging does not mean we should continue to use measures that do not necessarily link with health outcomes. Health services process indicators are relatively easy to obtain and more obvious than outcome indicators. A bed is available or not; the average waiting time for elective surgery is longer or shorter; the number of doctors, operations, neonatal intensive care cots, hospitals, dollars spent on direct service provision can be easily compared to last month or year and between Areas/Regions.

The crucial question is whether improving these process indicators enhances the health of the NSW public. Do more beds, or longer time spent in them, or more surgical procedures, or more dollars spent, mean people are healthier?

It is important to note here that the financing of health services through the resource allocation formula relies predominantly on population adjusted for standardised mortality ratios and various process indicators. While this formula aims to encourage staff of Areas and Regions to improve the health of all their residents and thereby reduce hospital admission rates, its linkage with process indicators may still promote a focus on process rather than health outcomes.

In the 1990s it is likely that managing health services will evolve into managing the health of populations and that health care financing may, at least in part, be further linked to health outcome indicators. Thus formulating and promoting health goals and targets and developing relevant outcome and intermediate performance indicators will be crucial roles for HPU and PHU staff.

The Department is developing its health priority areas with measurable intermediate and outcome indicators in line with its overall mission to improve the health of the community through public health services and prevention and promotion services. A draft that should be available for comment by March will give the opportunity to move beyond rhetoric towards improving health in NSW.

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