DISCUSSION

The main value of these population pyramids is to give a quick visual guide to the general demographic features of the populations of the Area Health Services in NSW. The descriptive accounts of the more obvious variations may help to draw attention to age-related health issues that may be of more importance in one AHS than another, and certainly the more extreme differences demonstrate the importance of standardising health indicators before making comparison between Areas.

Broadly speaking, there are four patterns amongst these distributions. The older urban areas in Sydney (Central Sydney, South Eastern Sydney and Northern Sydney) have relatively fewer children and adolescents than the State as a whole. The newer urban areas in Sydney (Western Sydney, Wentworth and South Western Sydney) have relatively more young people in general. The Hunter and Illawarra Areas are similar to the State as a whole. All the rural areas, and the Central Coast, show a pattern of more children and adolescents and fewer young adults. The impact of "retirement" populations is also evident from the Central Coast northwards.

The population estimates given here are based on extrapolating 1993 estimates from the Australian Bureau of Statistics and will differ in minor ways from those given in other sources. Since the rural Areas are of particular interest at the present time, Table 2 gives the estimates reported in the Department's main publication on rural health, which includes projections to the year 2000.

TABLE 2

ESTIMATED POPULATIONS OF RURAL AREA HEALTH SERVICES, 1994-2000

Rural Area Health Service	This report	Caring for Health: The NSW Govt's vision for rural health	
	Estimate June 1995	Estimate 1994	Projected 2000
Northern Rivers	247,295	242,000	279,000
Mid North Coast	246,344	241,000	280,000
New England	188,815	187,000	197,000
Macquarie	105,573	104,000	109,000
Mid West	168,264	167,000	172,000
Far West	52,943	52,000	52,000
Greater Murray	261,901	257,000	266,000
Southern	181,762	178,000	197,000

NOTE

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ACKNOWLEDGMENTS

Paul Corben provided comments on a previous draft of this report and suggested the form of data presentation.

HOIST is an acronym for Health Outcomes Information Statistical Toolkit, and has been developed since 1991 by Tim Churches, Peter Brandon, Uma Sivaraman and Kim Lim as a business tool for Epidemiology Branch of NSW Health.

1. Stewart GW, Chipps J, Sayer G. Suicide mortality in NSW: Local Government Areas. *NSW Public Health Bulletin*, in press.

HEALTH AUSTRALIA

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In July 1995 the Federal Minister for Health commissioned the National Health and Medical Research Council (NHMRC) to conduct a "comprehensive review and analysis of past and current health promotion initiatives in Australia, and of the systems within which health promotion occurs". The Health Advancement Standing Committee was charged with responsibility for conducting the review and for developing a detailed plan for the long-term role of health promotion in Australia, including key recommendations for health promotion activity.

The Health Advancement Standing Committee appointed a project team – Ms Marilyn Wise, seconded from the National Centre for Health Promotion, and Ms Jennie Lyons, seconded from the Public Health Division, Commonwealth Department of Human Services and Health. The committee commissioned five papers on specific issues:

- data collection and surveillance;
- the role of policy in promoting health;
- program infrastructure for health promotion;
- setting priorities and financing; and
- workforce development.

The project team also consulted a range of organisations and individuals. Using the commissioned papers as a base, with chapters on research, evaluation and intersectoral action for health, a discussion paper was prepared and released for public consultation in December 1995.

The discussion paper focuses on steps that must be taken to develop a more "health-promoting health system" in Australia. The paper poses the question "what does the Australian health sector need to do in order to improve the quantity, range, and effectiveness of its efforts to promote health?" Two assumptions underpinned the work. First, that the focus was to be on improving the health sector's capacity to promote health; and second, that promoting health is the responsibility of the whole health sector, not just the designated health promotion components of the sector.

The discussion paper was released for public comment after approval by the National Health Advisory Committee and the full National Health and Medical Research Council. In addition to the usual NHMRC process of inviting public comment in writing, members of the Health Advancement Standing Committee and the project team have held public meetings and have met with health sector personnel and State and Territory Health Ministers to discuss the report's findings and recommendations.

The Health Advancement Standing Committee recognised that any recommendations on improving Australia's capacity to promote the health of Aboriginal and Torres Strait Islander populations would require specific consultation with these groups and a specific review of the literature. Additional funds were set aside to implement this section of the review and a project officer, Ms Sandra Angus, joined the team in February 1996.

Continued on page 28 ▶

► Continued from page 27

THE DISCUSSION PAPER

The discussion paper begins with an analysis of the recent history of some of Australia's initiatives to promote health. A series of case studies highlights the achievement of significant outcomes including:

- reductions in mortality and morbidity;
- improvements in health-related behaviours;
- improvements in environments associated with health; and
- improvements in communities' capacity to bring about health-related changes in their environments.

A brief review of the significant developments in Australia's capacity to promote health in recent years reveals a large number of documents and programs that have been instrumental in setting directions to guide the health promotion efforts of health and other sectors. Notable examples include:

- the *Health for All Australians* report;
- the National Better Health Program;
- the National Women's Health Program;
- the National Aboriginal Health Strategy;
- the National Drug Strategy;
- the revised national health goals and targets; and
- the National HIV/AIDS Program.

There has also been significant development in the infrastructure supporting public health and health promotion. The establishment of the Australian Institute of Health and Welfare and the National Health Information Agreement have been important steps to improve the quantity and quality of data. The Public Health Research and Development Committee, the Health Advancement Standing Committee and the Aboriginal and Torres Strait Islander Health Standing Committee represent initiatives to enhance the research and policy advice available to guide health promotion. The Public Health Education and Research Program has played an important part in the development of a well-educated workforce. The establishment of several issue- or population-specific subcommittees of the Australian Health Ministers' Advisory Council has also contributed to the health sector's capacity to promote health. Finally, the National Health Policy and a growing focus on reorienting health systems toward the achievement of health outcomes are signs of a growing political commitment to improving the health of the population.

The review found that, while there has been significant progress in developing an effective infrastructure for promoting health in Australia, there remain several important steps to be taken to improve the quality and effectiveness of health promotion in Australia.

Although there is growing political commitment to promoting the health of the population, the health debate in Australia is still dominated by concerns about health care services. Hospital waiting lists and access to services appear to be the predominant concerns of communities and politicians alike. In comparison, there is relatively limited pressure on politicians and health service managers to develop programs and provide resources for health promotion.

In the absence of strong political commitment, there is no binding commitment by the States and Territories to work with the Commonwealth and other national agencies to promote health. The system does not, therefore, provide its managers with a mandate, or rewards, for improving the health of the population.

As there is neither a national body responsible for establishing coordinated national priorities for health promotion nor any mechanism or criteria for defining overall priorities, several bodies have established their own. Consequently, many national priority issues have emerged that are the focus of the Commonwealth Department of Human Services and Health, or by States and Territories, or by both. But program delivery structures and resources are not, in many cases, linked to the achievement of the priorities.

In the absence of agreed priorities, there is considerable overlap in program delivery, practice is often not based on good evidence, innovation is favoured over the systematic delivery of proven programs across the whole population, and it is impossible to identify, accurately, the total health promotion effort being made across the country. Further, it is impossible to evaluate the effort, in terms of the quality of program delivery, its likely reach and its likely ability to be sustained.

The analysis found, too, that there are still gaps in the infrastructure that supports program design and delivery. The emphasis of research remains on describing the nature and extent of health problems, and on obtaining answers to the question "does it work?". There is only very limited research funding available to assist in identifying effective means of delivering effective programs across whole populations, or to define the conditions under which such delivery can occur, or to identify the conditions that must operate in the health system to ensure it supports the delivery of effective health promotion. These questions are of particular concern in relation to improving indigenous health.

The current workforce development program does not address the range of educational needs of the whole of the health workforce. While there have been impressive improvements in the number of graduate programs for public health and health promotion specialists, much less attention has been given to the public health and health promotion training needs of the rest of the health workforce. And again, the specific training needs of the indigenous health workforce, of health workers of non-English speaking background, and of geographically isolated health workers have not been addressed adequately.

Finally, although it is clear the greatest health gains are likely to be achieved through the health sector's working effectively with other sectors, the health sector has not developed its capacity to work in this way. While the potential is great and is increasingly recognised, only limited efforts have been made to develop intersectoral strategies at the national level.

The following recommendations are suggested by the discussion paper:

- build a broad political and community constituency for health promotion;

- develop a national, systematic approach to promoting the health of the population;
- improve the effectiveness of health promotion practice; and
- establish a system to review and account for progress.

Further, the document points to the need for a more systematic national effort to bring about changes in the living, recreational and working environments that determine people's health. It recommends that:

- the Federal Minister for Human Services and Health deliver a "health of the nation" address to Parliament;
- a national health promotion charter with Commonwealth, State and Territory signatories be developed, defining a common set of principles and the respective roles and responsibilities of Australia's major health institutions in promoting health;
- a national public health policy be developed and endorsed by the Federal, State and Territory Health Ministers;
- the Australian Health Ministers' Advisory Council (AHMAC) be charged with responsibility to set national directions for, and allocate resources to, health promotion described in terms of the outputs to be purchased;
- national strategies be developed in each of a small number of issue-based national priorities; and
- all Australian governments commit themselves to a mechanism of accountability for health gain.

It also recommends that:

- the Australian Institute of Health and Welfare (AIHW) be funded to undertake significant new developments of national measures of health promotive policies and environmental attributes, health promotion resources, health promotion program outputs of national significance and health-related indicators;
- a stronger academic research base for health promotion be fostered through the full range of necessary academic disciplines, through the Public Health Education and Research Program (PHERP), through more support for intervention and dissemination research, through the NHMRC's Public Health Research and Development Committee (PHRDC), and a targeted program of enhanced research training;
- the capacity of the NHMRC to deliver evidence-based policy advice on health promotion be further enhanced, supported by a Cochrane-style centre; and
- the Commonwealth Department of Human Services and Health and AIHW implement a framework for evaluation of the national health promotion effort.

Finally, the paper recommends that:

- the Commonwealth Department of Human Services and Health establish intersectoral policy groups to develop healthy public policy in partnership with other sectors;
- the Commonwealth Department of Human Services and Health rationalise its program infrastructure in accordance with national priorities and develop a system to link proposed action to resource allocation; and
- through PHERP, an enhanced program of specialist education be established in public health and health promotion, generic health workforce training, and continuing education and training initiatives targeting significant groups in other sectors.

Copies of the paper may be obtained from the NHMRC Health Advancement Standing Committee Secretariat, phone: (06) 289 7296 or fax: (06) 289 7167.