



# Public Health Bulletin

● Volume 2  
● Number 1  
● January, 1991

**NSW HEALTH**  
DEPARTMENT

ISSN 1034 7674

## ON THE RIGHT TRACK

**S**ince 1988, public health and epidemiology have returned to the health agenda in NSW. Frustration with a lack of data to assess the health outcomes of health care, AIDS and environmental concerns have been major stimuli. An enhanced professional infrastructure has been developing through which to address disease prevention and control and health promotion.

In December 1988 the NSW Health Department created the Epidemiology and Health Services Evaluation Branch (EHSEB) to improve the surveillance of population health in NSW and to conduct epidemiologic studies evaluating health services. In 1989 infectious disease, non-infectious disease, injury, environmental health, reproductive health, health services evaluation and computer services sections were set up within the EHSEB.

In November 1989 the Public Health Division was created, with five main branches under the direction of the Chief Health Officer — Public Health Services, Epidemiology and Health Services Evaluation, Drug Offensive, AIDS and Mental Health.

In December that year the NSW Minister for Health, Peter Collins, approved \$4 million annual recurrent funding for a program to enhance the public health and epidemiology network in the State. The program has four major objectives:

- To place clearly on the NSW Health Department's agenda promotion of population-based health and improved efficacy, efficiency and equity of health care services.
- To develop, implement and monitor State-wide and local public health goals, objectives, and strategies.
- To develop public health staff with the skills to accomplish these aims.
- To catalyse and co-ordinate local and State-wide public health efforts.

### ESTABLISHING PUBLIC HEALTH UNITS (PHUs)

A key element in the fulfilment of these objectives is the establishment of Public Health Units in the State's 16 health Areas (metropolitan) and Regions (rural). The PHUs provide a capacity to identify public health priorities and develop and implement public health strategies at the Area/Regional level, with the support of a

## Contents

### Article

- 1 *On the right track — public health infrastructure*

### Infectious Diseases 3 Notifications

## Correspondence

*Please address all correspondence and potential contributions to:*

*The Editor,  
NSW Public Health Bulletin,  
Public Health Division,  
NSW Health Department  
Locked Bag No 961  
North Sydney NSW 2059  
Telephone: (02) 391 9219  
Facsimile: (02) 391 9232*

## Editorial staff

The Bulletin's editorial advisory panel is as follows:

Dr Sue Morey, Chief Health Officer, Department of Health; Professor Stephen Leeder, Professor of Community Medicine, University of Sydney; Professor Geoffrey Berry, Professor of Epidemiology & Biostatistics, University of Sydney; Dr Robert Reznik, Acting Director, Department of Community Medicine, Royal Prince Alfred Hospital; Professor Ian Webster, Professor of Community Medicine, University of NSW; Dr Christine Bennett, Acting Associate Director, Service Development, Department of Health; Dr Michael Frommer, Epidemiologist, Epidemiology & Health Services Evaluation Branch; Ms Jane Hall, Research Officer, Department of Community Medicine, Westmead Hospital; and Mr Michael Ward, Manager, Health Promotions Unit, Department of Health.

Continued on page 2 ►



## On the Right Track

### ► Continued from page 1

strong central epidemiology service. Specifically, the principal functions of the PHUs are:

- 1** To co-ordinate public health activity in each Area/Region, including public health programs, research and evaluation, with health education and health promotion programs.
- 2** To evaluate local health priorities and develop a public health strategy including surveillance, epidemiology, evaluation and prevention or control in the areas of infectious diseases, environmental health and monitoring, pregnancy outcomes, birth defects, injuries, chronic disease, risk factor prevalence and special problems of minority groups.

Fourteen PHUs were set up in 1990. Twelve of the State's Areas and Regions (average population 375,000) have their own PHU and two PHUs serve two Areas each. The staff configuration varies but all have a Medical Officer of Health who is responsible — among other tasks — for maintaining infectious disease control and environmental health. Units benefit from having staff with backgrounds which include health surveying (many have degrees in environmental health science), nursing, health research and computer science. The PHUs which link with the Public Health Division have focussed attention on developing more effective infectious disease reporting and response mechanisms.

### COMMUNICATIONS

Efforts are being made to maximise communications between PHUs and the central Public Health Division and Health Promotion Unit to develop a standardised approach to similar threats to health. A manual including strategies of each PHU, organisational charts of the PHUs and contact information has been distributed to PHU staff. The manual will be expanded to include protocols for handling infectious diseases and environmental health hazards.

A monthly publication — the **NSW Public Health Bulletin** — is circulated to public health professionals in the State. The **Bulletin** contains information on public health investigations, strategies or the need for them and items of interest. While the **Bulletin** serves as the Department's main vehicle for feedback on notifiable infectious diseases, it will include information on births and on selected health indicators and risk factor data.

### TRAINING

A major concern of PHU staff has been the lack of adequately trained public health professionals with sufficient experience to develop, implement and evaluate public health strategies. This problem has been particularly so for the country regions which find it hard to attract staff.

These concerns prompted the Department to establish a training program for health professionals. Last year six public health medicine registrars began a three-year training program. Seven more trainees with master's degrees in public health backgrounds will be selected to start on the program this year.

Trainees rotate through positions selected to provide challenging experiences in public health practice, research and management, and attend fortnightly seminars including presentations of work in progress, reviews of topical issues, journal article discussions and seminars on scientific and management methods. The program aims to encourage practical skills in epidemiology, presentation of scientific information, developing and evaluating public health policies and programs, health economics and management. Exchange programs are being developed with the United States Centers for Disease Control and the British Communicable Disease Surveillance Centre.

When possible public health trainees are sent out with trained supervisors to investigate clusters of health problems. These have included sudden infant death syndrome in Sydney suburbs and on the north coast of NSW, gastroenteritis in a nursing home, measles in schools, asthma in a rural town and determining whether HIV and hepatitis B were transmitted during a major bus collision in the State. In 1990 trainees worked on health issues such as: the role of general practitioners in mammographic screening programs, new databases for sexually transmissible diseases, improving the effectiveness of the NSW Cancer Registry, developing a regional injury control strategy, investigating the health effects of the Newcastle earthquake, and planning the new infectious disease notification and response system. Public health trainees helped identify 135 unreported cases of people living with AIDS. Because Commonwealth funding of AIDS services is linked to the number of identified cases, this attracted more than \$4 million in Federal funds that would otherwise have been lost to the State.

### THE FUTURE

Perhaps most exciting is that the first stated objective in the NSW Health Department's 1990 Corporate Plan is "to improve the health status of the community through public health services and prevention and promotion services". Clear and measurable population health goals are being established in line with this major overall objective. Emphasis in health is increasingly turning to population-based approaches to total health management to improve the effectiveness and equity of expenditure. This development offers major challenges to public health professionals — to agree on priority areas, to develop realistic objectives and targets with clear performance indicators and, most importantly, to develop collaborative strategies to move decisively towards improved public health.

In conjunction with the central Public Health Division and Health Promotion Unit, the PHUs will catalyse health efforts at the Area and Regional level to accomplish these aims.

*George Rubin, Michael Frommer, Sue Morey*  
Public Health Division  
NSW Health Department  
*Stephen Leeder*  
Department of Community Medicine  
University of Sydney, NSW

An article similar to this appeared in the December 1990 issue of *In Touch*, the newsletter of the Public Health Association of Australia Inc. An article on improving collaboration in public health in NSW is planned for the February issue of the **Bulletin**.