

PUBLIC HEALTH IN NSW FROM THIS DECADE TO 2010

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Fittingly, the 10th year of publication of the *NSW Public Health Bulletin* brings us to the last year of this century and millennium. This edition of the Bulletin offers perspectives on some of the current major public health issues, and I note there are many similarities with those issues that were faced by public health at the beginning of the century. We have come full circle in many ways, revisiting concerns about the effect on health of the environment, communicable diseases, poverty, under-employment, social deprivation and childhood exposures. Indeed, the need for a strong public health effort has never been greater.

Maintaining and promoting a healthy environment is likely to become an increasingly important and complex public health issue. The recent 15th scientific meeting of the International Epidemiology Association, titled Epidemiology for Sustainable Health, focused on the effect of adverse global environmental change on human health. I was impressed by the substantial quantity and quality of evidence demonstrating that adverse environmental change is affecting public health. Epidemiological modelling of the impact of environmental change on health is now focusing on predicting adverse health effects in different parts of the world. Most concerning were results that suggest that even if the measures currently being introduced, or considered, to address greenhouse gas emissions and global warming were fully achieved, substantial change—enough to have adverse health effects—could still occur. The meeting certainly reinforced a need for a stronger focus on promoting healthier environments as a key priority in public health. I was also struck by the apparent minimal involvement of public health expertise in the study of the effects of global environmental changes.

Here in NSW are we better prepared for the next 10 years than we were at the beginning of this decade? I believe we are.

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Ten years ago the Public Health Network was established to strengthen the public health function throughout NSW. At that time it consisted of the Epidemiology Branch of the NSW Department of Health, and the newly-created Public Health Units. It has come to describe a much wider network of public health practitioners from health promotion, public health laboratories, and academia. This network has attracted and retained many talented public health workers, and its productivity is reflected not only in innovative project work and scientific publication, but also in commentary on current policy initiatives, and in finding pragmatic solutions to issues such as the training of an effective public health workforce.

Maintaining a sense of an active critical mass and unity of purpose is difficult for any group that is not collocated and that reports to different management structures. However, this network has been able to do that better than many, and this is reflected in the successful coordination of public health effort across NSW, a capacity highlighted during public health emergencies.

As part of exploring the future of public health directions in NSW, we are examining how the expertise contained within the network can make a wider contribution to policy development, and encompass more of the public health activities of the Area Health Services (AHS). The Divisions of Population Health, established in several AHS in recent

years, have brought together public health functions such as public health units, health promotion units, and health services planning units. These Divisions have helped AHS execute their population health responsibilities, allowing better coordination and effective joint working between these groups. As we look to ways to further strengthen the network, we will examine the potential benefits that this model may offer public health, organisationally, if adopted statewide. Another task over the next decade will be to develop and implement a quality improvement framework appropriate to public health based on principles of effectiveness, appropriateness, equity and accountability.

The NSW Public Health Officer Training Program, also 10 years old this year, has produced a cohort of high-level multi-skilled public health workers with practical experience. Many of its graduates have filled places in the Public Health Network. Importantly, the program and the network have supported the dissemination of the broader concept of population health. Re-accredited in 1999 by the NSW Vocational Education Training and Accreditation Board, it is a significant credit to the program that we have received several requests by outside professional public health groups to adopt or adapt the program's competencies for their own training purposes. Recently we have identified specific workforce needs and targeted some of the training

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PRESSURES AND FUTURE TRENDS IN PUBLIC HEALTH AROUND THE WORLD

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About the author

Gorm Kirsch has postgraduate qualifications in both public health and economics. He has worked for the British National Health Service, the World Health Organization and the Red Cross. Since 1995, he has been an independent consultant specialising in health care market analysis and business development in emerging economies in Asia and Latin America. He also writes for the Economist Intelligence Unit's Healthcare International series. During a recent visit to Sydney, the Bulletin's editor invited him to write a personal view of major international trends in public health. He is currently based in Washington, DC.

A few years ago, the Pan-American Health Organization (PAHO) published a book entitled *The Crisis of Public Health*. In it, the authors suggested that public health as a community has become inward looking, focusing more on obscure methodological questions and less on the contribution of epidemiology to policy. They worried that

an often misunderstood field would become even less relevant.

The Crisis of Public Health sparked an intense debate about the training and functions of public health practitioners, and it continues to this day. Who should these people be and what skills do they need? The question of what will they be working on has been less well explored.

The following observations about the pressures in public health now, and some ideas about future trends, are drawn from 12 years work with and visits to public health colleagues in more than 30 countries in Europe, Africa, Latin America and Asia. While acknowledging that only a fool forecasts the future, and that proposing classifications is a sure invitation to be vilified, I offer the following three broadly grouped categories as starting points to analyse where public health is now and where it may be headed.

1. ENVIRONMENTAL AND DEMOGRAPHIC CHANGES AND PRESSURES

Within this category, three features strike me as being increasingly important. One is the rapid shift in almost all countries in the balance between young people, those of

THE HEALTH AND WELFARE OF AUSTRALIA'S ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES 1999

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The publication *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 1999* is the second edition in this two-yearly series of reports that provide a comprehensive statistical overview of the health and welfare of indigenous people. While the focus of the publication is mainly national, state comparisons have been included where possible. In addition, information has been incorporated about community-initiated programs that seem to be having a positive effect on health at the local level.

The report covers a range of topics including:

- aspects of the demographic, social and economic context of health and wellbeing
- the use of welfare and community services
- risk factors for health
- health service issues
- the morbidity and mortality of indigenous Australians.

A special chapter on kidney disease is also included in this edition. It explores such issues as the incidence and prevalence of kidney failure, hospitalisation and mortality due to kidney disease, and quality of life for patients with kidney disease.

The availability of data and the ability to monitor trends over time continue to be limited by:

- the quality of the identification of indigenous people in administrative data collections (for example, in hospital separations and death records)
- uncertainties in estimating the indigenous population
- the quality of some types of survey data.

A number of recent initiatives have ensured that progress is being made in these areas, and these initiatives are described in the report. ☐

Copies of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 1999* are available from all Australian Bureau of Statistics bookshops. Publication summaries are also available through the bookshops. A copy of the executive summary is available on the Australian Bureau of Statistics Web site at **www.abs.gov.au**. For further information about the contents of the publication, contact Dr Joan Cunningham by telephone: (08) 8943 2165, or by email at **joan.cunningham@abs.gov.au**. For more information about statistics on Australia's Aboriginal and Torres Strait Islander population, contact the National Centre for Aboriginal and Torres Strait Islander Statistics on (08) 8943 2190 or freecall 1800 633 216 (outside Darwin).

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funds to address these, for example, in aboriginal health, and drug and alcohol. However, we recognise that the Public Health Officer Training Program alone will not address all our public health training needs.

We have identified a need for more flexible training arrangements to upskill public health workers in rural and remote areas. We will need to further review our capacity to meet such challenges of the next decade as environmental change, mental health promotion, and changes in food regulation, and to tailor our training to meet those needs.

Combined with the education and training initiatives funded through the Commonwealth Public Health Education and Research Program, there has been an unprecedented growth in the public health workforce. Over the decade, public health education and training opportunities have gone from a two-course meal to a smorgasbord. There is a broad range of public health training opportunities on offer throughout the State

and this continues to expand. The down side of this may be that resources for education and training are spread thinly. In the new year, we propose to meet with providers of public health education to start examining the match between training needs and capacity in NSW. Equally important for the development of public health, we will look at ways to strengthen the links between research and practice. In doing so, we will be seeking to improve the evidence base of public health practice, including our understanding of the range and relative importance of hazards, the range and relative effectiveness of interventions, and the relative merits of those interventions in terms of reducing health inequities.

So, entering the next decade, I remain enthusiastic about working in public health and about what we can achieve. There is still plenty of scope for innovation, improvement and, through action, health gain. Roll on the next challenge! ☐