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**TITLE:** PUBLIC HEALTH**DISTRIBUTION:** ALL HEALTH SERVICES IN WESTERN AUSTRALIA

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### 1. Purpose

This bulletin outlines the scope of outputs to be delivered by Area Public Health Units in 2002/03 and the accountability and reporting responsibilities associated with those outputs.

### 2. Background

The Population Health Division was created in 2001-02 through the reforms to the Western Australian health system resulting from the recommendations of the Health Administrative Review Committee (HARC).

The Population Health Division is responsible for:

- the legislative powers of the Executive Director, Public Health and the administration of other statutes pertaining to population health,
- policy, planning, resource allocation, program evaluation and quality assurance with respect to the use of the population health budget,
- provision of the statewide components of services in a number of population health programs, and
- the state's population health information resources.

The Division consists of eight statewide branches (Cancer Prevention and Detection, Communicable Disease Control, Child and Community Health, Environmental Health, Genomics, Health Information, Health Promotion and the Office of Aboriginal Health) and regional units in each Area Health Service.

For accountability purposes all Area Health Services are to express and report on their activity in output terms.

In 2002-03 Outputs delivered through regional Public Health Units are required to be reported against.

### 3. Outputs

Outputs for Area Public Health Units correspond to the funding allocations of the Health Areas Service and Financial Plan in terms of line 1.2.0.0 (Public Health).

Within the resources available and in consultation with the Executive Director Population Health, 80% of Area Health Service efforts will be consistent with statewide population health priorities and 20% available to meet identified local health needs. Sixteen outputs

comprise the 80% mix which have been developed in consultation with regional units. The agreed outputs, strategies and measures will be articulated through an Output Service Specification Schedule, available on line through the Pholii site. These outputs and their health outcome objectives are described below.

### **Output 1: Directorate**

Collaborate with key stakeholders across a broad range of Population health issues to provide Population health information and advice on current activities and new emerging issues. Coordinate planning, delivery and reporting requirements for area Population Health Outputs. Manage workforce issues. Enhance, develop and maintain strategic relationships with regional stakeholders.

#### ***Health Outcomes***

- Reduce the incidence of preventable illness/injury through collaboration with key stakeholders and by maintaining a highly trained and skilled workforce.

### **Output 2: Environmental Health**

Develop and maintain regional networks to identify and monitor Environmental Health issues and manage identified risks in cooperation with the Statewide Environmental Health Branch. Maintain the capacity to investigate food borne disease outbreaks. Supports initiatives that improve Aboriginal environmental health infrastructure.

#### ***Health Outcomes***

- Reduce the risk of microbiological, chemical and other contaminants exceeding regulatory standards in drinking and recreational water sources,
- Reduce the risk of food related infectious disease and food contamination,
- Reduce the risk from excessive exposure to chemical and biological contaminants, and
- Minimise human exposure to environmental health hazards that pose or have the potential to pose a health risk.

### **Output 3: Aboriginal Environmental Health**

Provide liaison and support for Aboriginal Environmental Health initiatives. Implement specific strategies relevant to local need in cooperation with local service providers. (Applicable only to Kimberley, Pilbara, Goldfields and Gascoyne Public Health Units)

#### ***Health Outcomes***

- Reduce morbidity and mortality amongst Aboriginal communities brought upon by sub-standard living conditions.

### **Output 4: Emergency Management**

Ensure that mechanisms are in place to respond to health emergencies. Represent the Department of Health on local/ district emergency management committees. Provide advice and warnings on health related emergency issues.

#### ***Health Outcomes***

- Reduce the impact of a major emergency (disaster) on the affected community.

### **Output 5: Mosquito Borne Disease Control**

Ensure mechanisms are in place to ensure the population is aware of mosquito borne disease. Implement area specific strategies to reduce the potential for transmission of mosquito borne disease. Forward disease notification to Statewide Environmental Health Branch.

#### ***Health Outcomes***

- Minimise human exposure to mosquito borne diseases.

### **Output 6: Immunisation**

Ensure mechanisms are in place to maximise immunisation/ vaccination coverage for the region.

#### ***Health Outcomes***

- Reduce the incidence of vaccine preventable diseases.

### **Output 7: Sexual Health**

Provide Education, Training and Health promotion to the community including health care professionals. Undertake contact tracing as required. Analyse and manage data relevant to the output area. Provide treatment if required due to specific area needs

#### ***Health Outcomes***

- Reduce the incidence and transmission of HIV and sexually transmissible diseases, and
- Reduce the incidence and impact of communicable diseases.

### **Output 8: HIV/AIDS & BBVs**

Provide education, training and health promotion to the community including health care professionals. Undertake contact tracing as required. Analyse and manage data relevant to the output area.

#### ***Health Outcomes***

- Minimise the personal and social impact of HIV and those infected with BBVs, and
- Reduce the transmission of Hepatitis C and other BBVs.

### **Output 9: Communicable Disease Surveillance and Control**

Maintain regional notifiable disease surveillance and investigate outbreaks of communicable diseases of public health significance. Implement prevention and control programs for communicable diseases with the region.

#### ***Health Outcomes***

- Reduce the incidence and impact of notifiable and communicable diseases.

### **Output 10: Alcohol and Other Drugs**

Collaborate with local Alcohol and Drug teams to implement regional campaigns in support of Statewide initiatives.

#### ***Health Outcomes***

- Reduce the incidence and impact of alcohol and drug related harm and associated antisocial behaviour.

### **Output 11: Nutrition**

Collaborate with local nutrition stakeholders to implement regional campaigns in support of Statewide initiatives.

#### ***Health Outcomes***

- Reduce the incidence of and impact from diet related and lifestyle diseases.

### **Output 12: Physical Activity**

Collaborate with local physical activity stakeholders to implement regional campaigns in support of Statewide initiatives.

#### ***Health Outcomes***

- Reduce the risk of morbidity and mortality related to insufficient participation in regular physical activity.

### **Output 13: Cancer**

Provide support to the BreastScreen van to maximise its effectiveness during visits to the regions. Work in partnership with local service providers to provide cervical cancer screening in the regions.

#### ***Health Outcomes***

- Reduce the incidence and improve early detection of cancer.

### **Output 14: Diabetes**

Work towards implementation of a coordinated, prevention focused diabetes management plan at a regional level that is integrated with departmental diabetes initiatives.

#### ***Health Outcomes***

- Reduce the incidence and improve early detection of diabetes Type II.

### **Output 15: Injury Prevention**

Implement and develop local Injury Prevention programs in cooperation with regional stakeholders that support Statewide priorities. Research local injury prevention issues.

#### ***Health Outcomes***

- Reduce the incidence and severity of road and other injuries.

### **Output 16: Tobacco Control**

Coordinate regional application of tobacco control measures. Increase awareness of the links between smoking and poor health. Minimise the availability of cigarettes to minors.

#### ***Health Outcomes***

- Reduce the incidence and impact of diseases for which tobacco is a risk factor.

## **4. Reporting requirements**

The Area Director Population Health is responsible for coordinating Population Health reporting and unless instructed differently by the Executive Director Population Health.

The reporting requirements for the respective quarters are:

- First Quarter – Exception report (ie detail outputs that vary significantly from the expenditure or service expectations),
- Second Quarter – Full accountability report. (including a financial report on the year to date, projected end of year expenditure by the Area Population Health Unit and an activity report),
- Third Quarter – Exception Report, and
- Fourth Quarter – Annual full accountability report.

Second quarter and annual (fourth quarter) reports will be followed by an accountability review in the form of a meeting between Unit Directors and the Executive Director Population Health.

Accountability Reviews will include:

- Full qualitative and narrative description of outputs,
- Description of existing and proposed strategies to address identified priorities, and
- Identification and discussion of ‘needs’ and ‘capacity’ issues.

For all Public Health Outcomes Reporting will be through the Quarto Online reporting system, accessible through the Population Health website (<http://pholii.phs.health.wa.gov.au>).