

Issue 8 June 1999

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The Kosovars The National Public Health Effort

The temporary evacuation to Australia of displaced Kosovars has been, and remains, a highly complex process, challenging the operational capabilities and *modus operandi* of all agencies involved.

The first arrival of Kosovars was on 7 May 1999. As of 16 June, there were almost 3,000 located in New South Wales, Victoria, South Australia, Tasmania and Western Australia. The exercise has attracted considerable support and interest from community organisations, the general community and the media. It has involved many staff and volunteers working extraordinarily long hours in a spirit of cooperation and compassion, which is a major reason for the success of the program.

The provision of health services required good cooperation between Commonwealth agencies, the Commonwealth and the State agencies, and organisations within States.

On arrival in Australia, Kosovars who require urgent hospital admission are transferred to hospital by ambulance. All others are taken by bus to the East Hills Defence base, where a full health screening is undertaken by Health Services Australia, supported by the NSW Department of Health. This usually takes about 3 days, after which the Kosovars are transported to one of the havens. In some cases an ill person, and their family, may remain at East Hills for treatment.

Health conditions identified at East Hills are followed up by health staff at the havens, who arrange for any necessary ongoing care. This can be provided on the site or off site depending on the circumstances of each haven.



The first group of Kosovar displaced persons arriving in Australia at Sydney airport.

To facilitate the smooth provision of treatment, the Commonwealth Government has approved the Commonwealth Department of Health and Aged Care to pay for the health costs of the States and Health Services Australia. The States and the Commonwealth have developed agreed treatment protocols specifically for the Kosovars. These have formed the basis for discussions between the Commonwealth and the States for the provision of health services to the Kosovars. The short time frame in which this has been achieved is testament to the high level of cooperation displayed by all parties.

Each of the jurisdictions involved in the operation has experienced unique issues around coordination and cooperation. A brief summary of the work involved from a jurisdictional viewpoint is outlined overleaf.

Commonwealth

On arrival at East Hills, each of the Kosovars is registered on a system called the National Registration and Inquiry System. This system was developed by the Commonwealth Department of Health and Aged Care and Emergency Management Australia, primarily for use during disasters. The National Registration and Inquiry System records details such as each person's name, date of birth, sex, previous home address and destination in Australia. This enables any inquiries about individuals made to Red Cross or police personnel to be answered. Lists produced by the system are also sent to Geneva to help with inquiries from around the world.

On the media liaison front, the Department of Health and Aged Care is also involved in an inter-agency Kosovo Media Unit, headed by the public affairs unit at the Department of Immigration and Multicultural Affairs (DIMA). Members of the *Public Health Media Unit* joined public affairs managers from agencies including Emergency Management Australia, the Australian Defence Forces, Australian Customs, NSW Health, NSW Police, NSW Ambulance Service, NSW Agriculture Department, Sydney Airport Corporation, Qantas and the Australian Quarantine and Inspection Service to manage the media for the arrival of the refugees and the ongoing intense media interest in their settlement in Australia.

New South Wales

Staff from the South Eastern Area Health Service provided an initial triage service at the airport in conjunction with the NSW Ambulance Service. At East Hills, NSWHEALTH staff from a number of Area Health Services have assisted Health Services Australia with the health assessment of all evacuees.

Health care provided to evacuees has so far included a number of confinements, treatment of infectious diseases including pneumonia and tuberculosis, and provision of non-elective and semi-elective surgery. Dental screening has been undertaken at East Hills, with dental care provided at Liverpool and Singleton. Psychiatric and psychological support has been provided both by NSWHEALTH and the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors. All Health Service personnel involved with the refugees have been encouraged to acquire a cultural understanding of the Albanian Kosovars.

Operation Safe Haven has required a significant and coordinated effort by NSWHEALTH personnel. This has been provided under the umbrella of the Health Services functional area counter disaster sub-plan (HEALTHPLAN). As the State providing the Initial Reception Facility, close liaison has been established with colleagues interstate and at Singleton to ensure continuity of care.

Tasmania

In Tasmania, the evacuees are accommodated at the Tasmanian Haven Centre near Hobart. The key health services being provided include the provision of psychological and personal support services, medical services, an inpatient clinic, dental services, maternal and child health services and public and environmental health services.

The Environmental and Public Health Division of the Tasmania Department of Community and Health Services has been involved with drawing up national guidelines for screening and immunisation, ensuring public health laboratory functions and Tuberculosis services are on alert, working with local government to ensure food safety and proper waste disposal programs are in place, and working towards creating an injury-safe environment.

As a partnership exercise between the Department and local health authorities, a dedicated public and environmental health officer has been appointed and is based at the Tasmanian Haven Centre. The officer is working with the Department's Public and Environmental Health Service to identify and respond to public health concerns and is responsible for coordinating public health and environmental activities.

Victoria

In Victoria, the evacuees have been settled into Army Bases near Seymour, Portsea and Wodonga. A health working group has been established, convened by the Chief Health Officer, Public Health and Development Division, Victorian Department of Human Services. The group has identified service requirements within the havens, which include medical, nursing, dental, maternal and child health, mental health and first aid services.

Service provision on site is being coordinated by the local Health Care Networks, contracting-in key agencies such as the Victorian Foundation for Survivors of Torture and Dental Health Services Victoria. Links with off-site services such as hospitals and area mental health teams have been established. The Army is responsible for security (with the involvement of community police) and for organising key support services, including food preparation, cleaning, laundry and waste disposal.

Language services are being provided through DIMA's Translation and Interpreting Service. The State is co-funding a basic orientation program for bilingual aides, organised by the Victorian Interpreting and Translation Service in association with the Royal Melbourne Institute of Technology University.

South Australia

The South Australian Department of Human Services has been confirmed as lead State

agency. Other State agencies involved include the Department of Premier and Cabinet, Treasury & Finance, Office of Multicultural and International Affairs (interpreting services), Education, Training and Employment, Police, and Transport.

The safe haven at Hampstead Barracks in suburban Adelaide operates a primary health care clinic. This service is an outreach clinic of Adelaide Migrant Health Service with additional personnel from the Survivors of Torture and Trauma Assistance Rehabilitation Service (STTARS), Child and Youth Health and staff from elsewhere in the Adelaide Central Community Health Service. The on site team consists of general practitioners, community health nurses, and counsellors. Off-site dental services are provided by the SA Dental Service. Advice and support is provided from Rape and Sexual Assault (Yarrow Place Clinic), Family Planning (SHINE), SA TB Services, and the SA Immunisation Coordination Unit.

The Adelaide safe haven is located within minutes of the secondary and tertiary level services of the Modbury, Royal Adelaide and Women's and Children's Hospital.

Western Australia

In Western Australia, a Committee has been formed to undertake health planning to ensure that adequate health services are in place. The Committee consists of representatives from the Health Department of Western Australia, Fremantle Hospital and Health Service, ASetTS Torture and Trauma Services, and the Fremantle Branch of the Divisions of General Practice and the Australian Defence Forces. The planning incorporates provision of services by both private and public health service providers.

The demand on mental health services to date has been extensive, with a full time Mental Health Nurse and a Psychiatrist from Fremantle Hospital and Health Service on site. There are three pregnant women in the refugee population. Antenatal care for these women is being provided at the Haven Health Centre. Dental services are provided on site. Dental support has been organised initially through the Australian Defence Forces (Navy) and thereafter through the School of Oral Health Sciences at the University of Western Australia.

The Fremantle Division of General Practice provides general practitioner services on site. The Community Nurse has played a vital role helping with very practical issues such as infant feeding, childhood nutrition, mothercraft advice, and assisting with health education.

TB screening and treatment services are being provided by the Health Department of Western Australia Chest Clinic.

16 June 1999

Message from the Chair

When Health Ministers agreed to the establishment of the National Public Health Partnership, its purpose was to strengthen the public health effort in Australia through a partnership of governments. At our meeting in Perth (26-27 May), it was evident that the impetus for the Partnership Group's evolving work program comes from the focus that this working arrangement provides for collaboration with an extensive network of groups and organisations, and for realising opportunities arising from incidents and events linked to government processes.

Collaboration occurs increasingly among members of the Partnership Group where issues are identified for attention and one or more jurisdictions have a demonstrated expertise and interest in the area. Aspects of the workforce development program, information development plan, national

strategies coordination and legislation reform work plan are being progressed in this way with nominated lead agency jurisdictions.

The expression of partnerships through recognition of complementary agendas has occurred with a number of organisations. Work underway in cooperation with the NHMRC includes establishment of a process and mechanism for technical advice and the development of guidelines for public health evidence and interventions.

The links with non-government organisations are being fostered and maintained through the Partnership's Advisory Group which provides greater opportunity for joint venturing and exchange of information about national public health developments and needs. The Advisory Group has an active agenda, contributing to existing areas of the Partnership Work Plan and identifying other areas which might benefit from national collaboration and coordination. Professor Brian Oldenburg has steered the Advisory Group through a productive period and vacates the Chair after a term in which mechanisms have been put in place to make best use of members' expertise and interests. I welcome Mr Joseph O'Reilly as the new

Chair and look forward to the continued commitment of the Advisory Group to inform Partnership deliberations.

Among the challenges ahead for the Partnership is assisting in the implementation of the recently released recommendations of the Health and Medical Research Strategic Review through development of a national research and development agenda for public health. Establishment and implementation of this agenda will require good links between government and non-government sectors. A consensus view is also being sought on public health functions which will be fundamental to further work in national priority areas of planning and practice, including assessment of workforce and information needs.

The level of collaboration evidenced in the operation of the Partnership suggests that this new working arrangement has been well received.

Dr Andrew Wilson, Chair of the National Public Health Partnership Group.

Partnership Group Meeting May 1999 - Perth

The National Public Health Partnership Group's second meeting for 1999 was honoured by the presence of the Western Australian Minister for Health, the Hon John Day, who opened the meeting and attended the meeting dinner.

The presentation of information by the Health Department of Western Australia on indigenous environmental health, data linkage, and purchasing approaches was a valuable contribution to the meeting agenda.

Following extensive preparation and consultation by the National Environmental Health Forum, the first National Environmental Health Strategy was endorsed for referral to the Australian Health Ministers' Advisory Council (AHMAC) and the Australian Health Ministers' Conference (AHMC). Priority areas for implementation will include: indigenous environmental health; water quality; environmental health information; environmental health workforce



From back left: Prof Vivian Lin (NPHP Secretariat), Dr John Scott (Qld), Dr Mark Jacobs (Tas), Prof Brendon Kearney (SA), Dr Shirley Hendy (NT), Prof Brian Oldenburg (NPHP Advisory Group), Mr Geoff Sims for Dr Richard Madden (AIHW), Prof John Catford (Vic), The Hon John Day (WA Health Minister), Dr Rowan Davidson (WA), Dr Cathy Mead for Ms Jan Bennett (Commonwealth). NPHP Group member present but not photographed: Chair, Dr Andrew Wilson (NSW), Absent: Dr Shirley Bowen (ACT), Prof George Rubin (NHMRC), Dr Gillian Durham (observer New Zealand)

development; and environmental health impact assessment.

A seminal paper by Prof John Deeble on approaches to resource allocation for public health was also endorsed for

release. The paper recommends a more systematic and rational approach to public health resource allocation given the complexity of the decision-making process and the difficulties in applying theoretical economic tools to the real world.

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National Public Health Partnership

Reports and Updates

National Strategies Coordination

Australia has received international recognition for the successful implementation of a number of its national public health strategies and programs. There are currently over 20 such national strategies each at different stages of development, including programs such as the National Environmental Health Strategy, the National Diabetes Strategy and the National Injury Prevention Strategic Plan.

National strategies have historically been developed in isolation from each other, with each program responding to a particular public health issue. As part of its efforts to improve levels of coordination across national programs, the National Public Health Partnership has produced *Best Practice Guidelines for the Development of National Public Health Strategies*.

These *Guidelines* comprise Part 3 of a report *Guidelines for Improving National Public Health Strategies Development and Coordination* that includes related work still under development by the Partnership. Part 1 contains initial thinking on a broad schema for systematically describing all national public health strategy activity, and Part 4 provides a framework for evaluating progress on the strategy coordination effort.

Suggestions for existing strategies to establish stronger working relationships and coordinate their efforts are identified in Part 2.

Australian Health Ministers' Advisory Council endorsement of the Partnership's *Best Practice Guidelines for the Development of National Public Health Strategies*, at its meeting on 22 April 1999, was welcomed by the Partnership's National Strategies Coordination Working Group responsible for producing the *Guidelines*. Endorsement by the Australian Health Ministers' Advisory Council means that the *Guidelines* should be applied by jurisdictions in the development of new strategies and the review of existing strategies.

The experience of Chairs of National Public Health Strategies and officers working in strategies at both State and Commonwealth level were drawn on to inform the paper. Successful key approaches to strategy development have been identified by a critical review of national strategy evaluations, a mapping of the key features of existing strategies, and subsequent broad based consultation.

Originally developed to focus on national level strategy development, feedback to date suggests that the *Guidelines* can be useful for strategy development at the State level, and may also be of relevance in a regional and local context.

There is recognition that the real face of national strategies and programs is the service and program delivery that occurs in community health, local government, area health units and the like on a daily basis. Thus, while the paper focuses on proposed improvements at the national level, it attempts to ensure that consumers and service deliverers are included in the proposed model process of strategy development and coordination.

Copies of the document are available on the NPHP website at <http://hna.ffh.vic.gov.au/nphp/> or by contacting the NPHP Secretariat on (03) 9637 5512.

The *Guidelines* include:

- a checklist for decision makers assessing the need for a national strategy;
- a set of principles to underpin strategy development and review;
- a series of prompt questions on issues of policy, infrastructure, and the scope of interventions, for use in developing and reviewing strategies;
- a model process outline for strategy development which emphasises a need for the involvement of key stakeholders from the beginning of strategy development; and
- a process where proposed strategy approaches are checked for validity by service providers, who will ultimately be charged with implementing strategies at the local level.

continued from page 3

A workshop to discuss the range of experiences to date in relation to resource allocation approaches was proposed for August 1999. Areas considered to have merit for further discussion and exploration at the workshop included current work on Program Budget Marginal Analysis, Burden of Disease, and Health Benefits Groups.

The arrival of displaced Kosovars has required significant efforts from jurisdictions and has highlighted the need for more contemporary guidelines for health screening of refugees. The National Public Health Partnership Group endorsed the development of new guidelines under the leadership of the Commonwealth Chief Medical Officer.

Following the proposal of the National Health and Medical Research Council Health Advisory Committee to do joint work on levels of

evidence for public health interventions, and "guidelines for guidelines" for public health, the NPHPG agreed to commission a developmental project to examine and define dimensions and criteria for evaluating evidence. The May 1999 Federal Budget announcement that a Public Health Evidence Advisory Mechanism (PHEBAM) would be established means that this work will also have some immediate and practical significance in policy development.

Two new projects relating to indigenous health were also approved, with the support of the National Aboriginal Community Controlled Health Organisation and the NPHP Advisory Group: one on public health laws and indigenous health and another to develop best practice guidelines for national public health strategies working with indigenous communities.

In the Open Forum segment of the meeting, NPHPG members heard about recent developments including: the NSW Drug Summit; the Victorian Better Health Channel; and the recent meeting of the World Health Assembly.

Members also noted that it was expected that twelve cruise ships will be moored around Sydney harbour during the upcoming Olympic Games. Recognising the public health aspects of the cruise ship environment, such as disease control and food safety, members welcomed the New South Wales initiative to hold a workshop (with participation by the Centres for Disease Control, in Atlanta, USA) to consider a national approach to these issues.

The next meeting of the NPHPG will be in Adelaide on 24-25 August 1999.

Public Health Functions - Delphi

The NPHP has commenced a project to define Australia's public health functions. The project aims to elicit the opinions of public health experts on the features of public health functions, and is an extension of work done in this area by the Partnership in the development of a public health Planning and Practice Framework.

This project is an exciting and important one for public health in Australia. An agreed list of public health functions can provide a common reference point for any exercise where a standard definition of public health activity is needed, including work involving capacity building, expenditure or workforce mapping, and the setting of performance standards.

Over the past decade, considerable work has been conducted internationally on defining essential functions in public health. Much of this work has been undertaken in the United States, with a more recent consensus study completed by the World Health Organisation. In conducting its own public health functions project, the NPHP will be drawing on the outcomes of this prior work.

To help define public health functions in Australia, the Partnership project will use a Delphi approach to consult a range of individuals from across the public health sector. The Delphi research method requires participants to complete two to three questionnaires on a particular issue, over a period of time. After the initial survey, each questionnaire provides the results of the previous one, and seeks clarification of outstanding issues.

The Partnership's Delphi Study will be managed by a project team based at the Secretariat and guided by a Technical Working Group, chaired by Professor Tony Adams of the National Centre for Epidemiology and Population Health. A Reference Panel with broad stakeholder representation will also be established to ensure wide input to the project.

For further information on the NPHP Public Health Functions project please email: nphp@dhs.vic.gov.au or telephone the Secretariat on (03) 9637 5512.



Professor Tony Adams, Chair, Public Health Functions Technical Working Group

A 1997 WHO project on essential public health functions recommended that while "...consensus can be reached globally on the core areas of public health work in all countries at all levels of development...it will be important that national studies be launched as a means of defining a set of essential public health functions within specific national contexts..."

National Public Health Information Development Plan 1999

The National Public Health Information Development Plan is the National Public Health Partnership's first comprehensive strategy looking at the development of public health information in Australia. The Plan has been jointly drafted by the Australian Institute of Health and Welfare and the National Public Health Partnership's National Public Health Information Working Group. The Plan was endorsed by the Australian Health Ministers' Advisory Council on 22 April 1999.

The Plan provides background on the current state of public health information in Australia and makes recommendations for improvement. The recommendations are designed to improve the quality, coverage and use of public

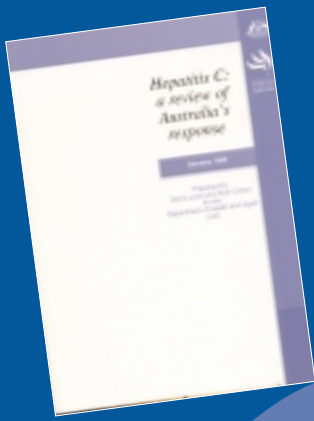
health information across Australia and are grouped into three categories: improving the scope and coverage of public health information; improving the use and delivery of public health information; and developing public health information capacity and infrastructure. Specification of the necessary infrastructure will be a priority for the National Public Health Partnership Information Working Group as it works on implementing the Plan.

Wherever possible, the Plan adopts the strategy of building on current public health information activity and developments, and utilising the opportunities provided by the increasing pace of redevelopment and extension of existing health information systems. Emphasis is placed on mainstreaming public health information needs within the health sector and on ensuring support for a population health perspective wherever health and health service information systems are being considered, designed or refurbished.

Improved coordination of public health information development activities between different jurisdictions and levels of government, and between the health sector and other human services and environmental organisations is a major aim of the Plan. Vigorous development and promulgation of information and data standards, which better meet public health surveillance and monitoring needs, will be a key mechanism for achieving this aim.

It is hoped that the Plan will be a useful guide for everyone working in public health in Australia. It is intended that the Plan's recommendations will be adopted into the broader domain of national health information through the National Health Information Agreement and other suitable vehicles.

For more information contact: Tony Greville at the Australian Institute of Health and Welfare, Telephone: (02) 6244 1145 or Email: tony.greville@aihw.gov.au



Commonwealth First National Hepatitis C Strategy

Australia's response to the hepatitis C virus epidemic was reviewed in 1998, with the report *Hepatitis C: a review of Australia's response* recently published.

The review highlighted some of the challenges facing an organised national response to hepatitis C including: reducing the number of new infections; improving treatment and care for people with hepatitis C; 'getting the research right'; extending partnerships; and clarifying structures, roles and responsibilities.

A major recommendation of the review was:

"that in close consultation with the States and Territories, community-based organisations, health professionals and other interested parties, the Commonwealth Department of Health and Aged Care develop a National Hepatitis C Strategy..."

The Minister for Health and Aged Care, the Hon Dr Michael Wooldridge, has asked the Department to conduct national consultations towards the development of the first *National Hepatitis C Strategy*.

With "extending partnerships" identified as one of the key challenges in responding to a hepatitis C epidemic, a comprehensive consultation process will be undertaken between July and November 1999 to develop this strategy including:

- a Strategy Development Reference Group will be established to oversee the process;
- consultation documents will be available from the Department's website;
- advertisements will be placed in national, metropolitan, indigenous, ethnic, key affected community publications, and major regional press seeking submissions on the development of the strategy;
- a national 'freecall' phone line will be established to support the public submission process, where copies of the consultation documents can also be obtained;
- public forums will be held in each State and Territory; and
- a National Forum will be convened, following drafting of a strategy document, with representatives from key national groups and State/Territory governments to discuss and comment on the draft strategy.

Support for the strategy development process will be sought from the Intergovernmental Committee on AIDS and Related Diseases and the Australian National Council on AIDS and Related Diseases.

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Hepatitis C A National Response

As consultation begins towards the development of the first National Hepatitis C Strategy, this article profiles some of the work undertaken by each State and Territory and the Commonwealth in relation to hepatitis C.

Australian Capital Territory

It is estimated that 91% of all new hepatitis C infections in Australia result from the practice of injecting drug use. The new *Draft ACT Drug Strategy 1999* proposes a number of initiatives to reduce incidents of infectious disease transmission and improve the health and wellbeing of injecting drug users.

Within the developing *ACT Drug Strategy 1999* emphasis will be placed on improvements to the provision of clean injecting equipment and disposal alternatives.

Other priorities under consideration include the provision of safe facilities for those who choose to inject drugs, as well as the investigation of a scientific trial into the controlled availability of heroin to injecting drug users.

The *Draft ACT Drug Strategy 1999* is the culmination of wide community consultation conducted for the evaluation of the previous *ACT Drug Strategy 1995-97*. The ACT Government circulated the *Draft Strategy* for community consultation in April 1999, and is now in the process of finalising the *ACT Drug Strategy 1999*.

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New South Wales

The AIDS/Infectious Diseases Unit of the NSW Health Department is conducting a series of significant new projects targeting hepatitis C in partnership with a range of government and non-government organisations. The largest of these projects is an innovative statewide public awareness health promotion campaign.

The *NSW Health Department Hepatitis C Campaign* represents a significant step forward in dealing with hepatitis C. Using social marketing techniques, the campaign will target the complex issues of reducing discrimination against people with hepatitis C, creating an environment supportive of hepatitis C prevention programs, and increasing awareness of hepatitis C. The campaign steering group will foster strong partnerships with a range of health care

workers, general practitioners, researchers and people with hepatitis C, to achieve these campaign aims.

The *NSW Health Department Hepatitis C Campaign* has undertaken a consultation process including focus groups with HCV sero-positive people in both rural and urban NSW as well as telephone interviews with key informants. The information obtained is being used by the AIDS/Infectious Diseases Unit to develop a communication strategy for the campaign. The campaign will be launched in the second half of 1999.

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Victoria

The Steroid Peer Education Project commenced operating in the north eastern suburbs of Melbourne about three years ago. The Steroid Peer Education Project's objective is to educate steroid users regarding safe injecting practices to prevent the spread on blood borne viruses, including hepatitis C. Important health information is also given to steroid users, as this group of drugs (often veterinary) can have serious side effects when used by humans.

Recently, additional funding was provided to enable the Steroid Peer Education Project to expand across the metropolitan area. The Project now has regular contact with management and clients of approximately 60 gymnasiums across Melbourne.

Over the past six months, the Project has distributed some 14,000 needles and syringes to approximately 360 clients.

The Steroid Peer Education Project, in conjunction with the Macfarlane Burnet Centre for Medical Research, has also received funding from the National Health and Medical Research Council to undertake a blood borne virus sero-prevalence study of steroid users. This project commenced in May 1999.

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South Australia

In South Australia, a dedicated dental clinic has been established to provide timely and appropriate dental care for people with hepatitis C.

There is little data available on the oral health needs of the estimated 200,000 people infected with hepatitis C in Australia. However anecdotal evidence indicates that, as a group within the population, people with hepatitis C infection are prone to tooth decay, suffer loss of esteem due to poor oral aesthetics, and also have difficulty with diet due to poor oral health.

The provision of dental care falls outside of mainstream medical funding and the cost of seeking dental treatment is often prohibitive. People infected with hepatitis C who are eligible for State government dental treatment are often placed on extremely long waiting lists and may also require priority specialist oral health care as a result of medical complications resulting from liver damage. The dedicated clinic has been established to help address these issues.

Contact: Kirsty Hammet (08) 8226 7306

Western Australia

In line with *A strategy for the detection and management of hepatitis C in Australia* (National Health and Medical Research Council, 1997), the Health Department of Western Australia is working with the Hepatitis C Council of Western Australia to facilitate the provision of shared care for people with hepatitis C. The Hepatitis C Council has undertaken the coordination and evaluation of this initiative. The Royal Australian College of General Practitioners, Divisions of General Practice, and specialist clinics at major hospitals are partners in the project implementation.

The second phase of the project is now underway to extend the Shared Care Project to non-metropolitan areas. The project aims to identify patients at risk of hepatitis C; recruit and manage patients for shared care; improve patient care and outcomes for those treated with antiviral drugs; and to develop appropriate resource referral and treatment networks. A further component of the project is the development of a Patient Held Record.

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Queensland

Queensland Health, is providing the Secretariat for the National Hepatitis C Prevention Initiatives Working Party. The Working Party is a subcommittee of the Inter-Governmental Committee on AIDS and Related Diseases Hepatitis C Education and Prevention Working Group.

Identifying resources suitable for national distribution is a major aim of the Working Party. Previously produced hepatitis C and injecting drug user education and prevention resources were collected and assessed for their suitability. Resource gaps were also identified and included low literacy and indigenous materials. Ideas were put forward on how to address these gaps.

Project target groups include: current injecting drug users; young people contemplating injecting drug use; low literacy youth 'at risk'; low literacy adults 'at risk'; injecting drug users from specific 'at risk' culturally and linguistically diverse backgrounds; and injecting drug users from Aboriginal and Torres Strait Islander communities.

The Working Party will also act as a reference for three other projects comprising a needle and syringe exchange information kit, a hepatitis C website for health care workers, and a hepatitis C media guide.

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Northern Territory

In a Darwin survey of injecting drug users, 79% of respondents reported using a new needle and syringe for every injection. This highlights challenges for future hepatitis C program development in terms of understanding obstacles to using new equipment every time and developing strategies that are cognisant of local issues, such as confidentiality.

Northern Territory programs will also need to take into consideration the differing profile of injectors throughout the Territory. This is exemplified by findings in the survey concerning the question of last drug injected. In Alice Springs 54% of respondents used heroin, followed by speed. In Darwin 72% of respondents used morphine, followed by speed, with only 6% using heroin.

Clean injecting equipment can be obtained from various chemists, AIDS/STD Units in major centres and community services. As in other jurisdictions the amount of clean injecting equipment distributed is continuing to increase. The Northern Territory AIDS Council (Darwin based) will shortly employ a HCV specific outreach worker.

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Tasmania

The Tasmanian Department of Community and Health Services has utilised its website as a way of providing information about hepatitis C and other communicable diseases. A major benefit of providing information via the website is confidentiality. The website gives answers to common questions about hepatitis C and other communicable diseases

in language that is accessible to the general public. Questions include: How long do symptoms take to develop?, What are the symptoms?, and How is hepatitis C transmitted? There is also a referral section where people can find out how to contact service providers in their local area.

A hepatitis C reference group has recently been established where members discuss shared issues around coordination and resourcing. This program is coordinated by the Sexual Health Branch of the Department, which also coordinates the Needle Exchange Program in Tasmania.

There is a strong sense of partnership between people working in sexual health clinics, needle exchanges, and affected communities, in creating greater acceptance and understanding of the medical, social, psychological, and cultural issues associated with hepatitis C.

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Website: <http://www.dchs.tas.gov.au>



An edition of the Street Wise comic looking at issues around hepatitis C for young people.

Hepatitis C in Australia

- More than 200,000 people are hepatitis C positive
- Around 11,000 new infections yearly
- An estimated 91% of all new infections are from injecting drug use
- Hepatitis C also affects people engaged in tattooing and body-piercing, and health care workers
- Direct and indirect costs for 1996/97 - \$107.5 million
- 25% of those infected will clear the virus within two to six months of infection
- 75% will develop chronic, long-term hepatitis C
- 8% will develop cirrhosis after 20 years, increasing to 20% at 40 years
- 2% will develop liver failure at 20 years, increasing to 5% at 40 years
- 0.8% will develop hepatocellular cancer by 20 years increasing to 2% by 40 years

Public Health in Western Australia



Dr Rowan Davidson, Acting General Manager, Public Health Division, Health Department of Western Australia.

The Public Health Division of the Health Department of Western Australia works to maintain and enhance the health and wellbeing of the population of Western Australia. Health protection and health promotion strategies are used to reduce the incidence of preventable diseases, injury, disability and premature death. The Division maintains strong links with and works collaboratively with other government and non-government agencies and the community.

Public Health has an additional focus on populations or subgroups who have greater problems with health status and access to services. Demographic and epidemiological data are used to determine the health status of population sub-groups and provide the basis for identifying population health priority areas to inform public policy for health gain.

Aboriginal and Torres Strait Islander peoples

The WA Public Health Division, in conjunction with the Office of Aboriginal Health, recognises it has a vital part to play in improving the health status of West Australian Aboriginal and Torres Strait Islander peoples. This group experiences higher rates of morbidity and premature mortality than other population sub-groups. Developing sustainable lifestyle and environmental health programs, delivered by Aboriginal health workers where possible, is a key strategy. One of the initiatives includes using Collert, a field water test kit which is being developed to monitor water quality in isolated Aboriginal Communities. With the aid of Commonwealth funding, the Environmental Health Service is coordinating a national trial of the system's efficacy, to be conducted from July 1999 to June 2000.

Lifestyle change

The high prevalence of cardiovascular disease, type 2 diabetes and certain cancers supports expansion of programs targeting lifestyle, particularly poor nutrition, tobacco smoking, physical inactivity, alcohol abuse and the misuse of drugs. The priorities for improving the nutrition of Western Australians are to increase the consumption of fruit, vegetables and cereal foods, decrease total and saturated fat intake and to achieve and maintain healthy body weight. The Food Cent\$ project aims to change food selection and food budgeting practices to achieve a healthier diet on a low income. The Smoking and Health program is a

comprehensive tobacco control program to reduce the prevalence of tobacco consumption. Two major sub-programs are the enforcement of the Tobacco Control Act, 1990, and statewide community education programs. The Alcohol and Other Drugs Program works to decrease the harm associated with the excessive consumption of alcohol and the use of prescription medications and to prevent illicit drug use. Program strategies include community and youth education on alcohol and drug use and the development of safer environments for alcohol consumption.

The importance of genetically determined diseases and the increasing potential for their detection has led to the establishment of the Hereditary Disease Program, which provides information to the community and health professionals on the link between genetics and birth defects and the testing options for these. This focus has recently expanded to include the detection and management of familial cancers.

Injury and poisoning

The Injury Control Program has initiated a coordinated statewide program to reduce falls in seniors. This program (Stay on Your Feet WA) is working with agencies and community groups concerned with healthy ageing to introduce falls prevention strategies into existing activities. Injury surveillance in Emergency Departments has provided useful information to inform local injury control programs, to monitor the effectiveness of Alcohol Accords and to provide a recruitment platform for a large case control study on the relationship between alcohol, drugs and injury. Other areas of work include school safety and road safety.

The Drugs, Poisons and Therapeutic Goods Control Program includes state-of-the-art technology to monitor drugs of addiction. This system is unique in Australia. Data are collected from pharmacies on usage



of therapeutic forms of drugs of addiction. With this information, advice is given to prescribers to help them decide whether to prescribe a drug or not. The intention is to provide early identification of patients who require management for drug misuse or the misuse of drugs of addiction, as well as to minimise the harm caused by misuse.

Pesticide safety

The need to educate non-English speaking workers in the vegetable and fruit producing industries on the safe use of pesticides was identified in a survey by the Pesticide Safety Section of Environmental Health. It was agreed that the most appropriate method of training would be to develop a video in five languages: Croatian, Mandarin, Vietnamese, Italian and English. At the same time, an educational video is being produced to demonstrate best practice in vegetable and fruit production and to reduce the breeding sites of flies. In recent years the blood-sucking, biting stable fly has become a problem for livestock as well as residents in rural and semi-rural areas. The videos demonstrating methods of reducing the breeding sites of flies will be distributed free of charge through appropriate associations and chemical distribution outlets. Masters of the tapes will also be made available free of charge to other States for reproduction.

Cancer services

BreastScreen WA is the statewide screening mammography program for the early detection of breast cancer. The Cervical Cancer Prevention Program maintains a comprehensive database incorporating a reminder schedule to ensure women attend for regular screening. Both of these programs have strong recruitment strategies and are part of the national cancer screening programs. In addition, the Public Health Division supports the State Cancer Services Planning Committee, which is responsible for the planning of future cancer services and the improvement of the existing services. The Committee membership is broadly representative. Significant achievements to date include the establishment of the Western Australian Clinical Oncology Group, planning of radiotherapy and medical oncology services, general practitioner educational needs assessment and five patterns of care studies.

Food safety

The Environmental Health Branch has undertaken some special initiatives in relation to food safety. One is to implement changes to the National Food Standards. These are of particular concern to rural communities in WA because of the perceived effect the new Standards will have on the fundraising activities of

community and charitable organisations. The WA Food Monitoring program continues to examine a wide range of foods for chemical and microbiological parameters. Two recent reports, *Microbiological Guidelines for Ready-to-Eat Foods* and *What's the Beef with Sausages?* have been distributed nationally and internationally and are available on request. Production is in progress of multilingual food safety videos and posters, which will aim to educate non-English speaking workers in the food industry. The material will be available in Thai, Indonesian, Malay, Vietnamese and Chinese.

A comprehensive database is being developed to link all elements of food safety in readiness for the nationally uniform food safety legislation. This will provide links between food premises, auditing, prosecutions, complaints, food poisoning and the results of food monitoring surveys. It will also provide valuable information for improving food safety in WA.

Sexually Transmitted Disease

Gonorrhoea and chlamydia remain the two most prevalent sexually transmitted diseases. The Public Health Division has developed major community education programs which will improve prevention, detection and treatment of these important STDs. Hepatitis C is the most frequently notified blood borne virus. Similar prevention and detection programs are being developed. The incidence of HIV infection (including AIDS) has reduced in recent years and public health campaigns and special sexual health initiatives will continue over the next three years to further reduce incidence levels.

Vector borne disease

Vector borne disease surveillance and monitoring programs will continue in the most susceptible areas of WA. The Health Department of WA has approved the installation of runnels in the Peel-Harvey region where a large proportion of notified cases of Ross River virus occurred during the epidemic in the southwest in 1995-96. The opening of the Dawesville Channel has resulted in increased fortnightly breeding of saltmarsh mosquito species, many of which are vectors of Ross River virus. The construction of runnels on the saltmarshes will progressively improve levels of mosquito/Ross River virus control and reduce expenditure on recurrent mosquito control programs.

Communicable disease

Although there is a reduction in the occurrence of vaccine preventable diseases such as whooping cough, measles, rubella and Hib, it is anticipated that cyclic

epidemics will continue to occur until immunisation uptake improves. Increased monitoring, surveillance and screening programs are in development to reduce the threat of communicable disease outbreak.

Prevention and management of enteric infections is another focus of public health activity due to their importance as a significant cause of morbidity, particularly among children. Surveillance programs and programs promoting awareness of food hygiene, water quality and hand washing after contact with animals, particularly in the domestic area, will continue to be important.



The Public Health Division's statewide core activities are health planning, policy development and advice; environmental health; communicable disease control; chronic disease and health enhancement; injury control and prevention; health promotion/education; and legislative compliance. These activities are carried out by the nine Regional Public Health Units.

For more information on public health activities and initiatives in the Health Department of Western Australia contact Michael Jackson, telephone (08) 9388 4901 or visit the Department's website at: <http://www.health.wa.gov.au/> or the Division's website at: <http://www.public.health.wa.gov.au/>

Conversations with Advisory Group Members

Public Health Association of Australia



Dr Helen Keleher, Public Health Policy Convenor,
Public Health Association of Australia.

Continuing with a series of interviews with members of the National Public Health Partnership Advisory Group, NPHP News spoke with Dr Helen Keleher, Public Health Policy Convenor of the Public Health Association of Australia. Helen discusses the role of the PHA in public health policy development and advocacy and the professional development of its members.



PUBLIC HEALTH ASSOCIATION
OF AUSTRALIA INC

NPHP News: *Helen, what is the Public Health Association?*

Helen: The Public Health Association is the peak body in Australia for public health policy development and advocacy, and professional development. It is an influential force, with a reputation for rigour, the willingness to address challenging health issues, the ability to identify emerging threats to health, and the capacity to champion the health rights of all Australians.

NPHP News: *When was the Public Health Association established?*

Helen: The PHA has evolved from the former Australian Society for Epidemiology and Research into Community Health (ANSERCH). Led by Douglas Gordon, Tony Adams, Basil Hetzel and others, the first annual meeting was held at the Royal Adelaide Hospital in 1969. The name was changed to ANZSERCH when the New Zealanders joined a year later. At the same time, there were two state based organisations in Western Australia and NSW who formed the Australian Public Health Association. When these bodies merged in 1988, they became the Public Health Association of Australia.

NPHP News: *How does the Public Health Association operate?*

Helen: We have a membership of around 2,000 people and operate a very busy National Secretariat in Canberra. The PHA is renowned for its state-of-the-art annual conference held in September each year. We also conduct additional conferences on topics of strategic importance to the health of the public. Currently, we hold two regular bi-annual conferences on Immunisation and Food Safety. Members belong to State or Territory branches who run professional development and information seminars for members. Branches work on an honorary basis; all the resources of the Association are vested in the National Office which is charged with providing

membership services. Members can also belong to Special Interest Groups around particular policy areas such as International Health, Child Health, Food and Nutrition, Aboriginal and Torres Strait Islander Health and so on. Each Special Interest Group has a National Committee who meet by regular teleconferences through the year in order to conduct their policy and advocacy work.

NPHP News: *What are the core functions of the PHA?*

Helen: Members of the PHA have a commitment to promoting the health of the public, as well as serving as a professional resource for public health personnel. To do so, the PHA undertakes such initiatives as promoting particular policy options with governments, advocating for particular research priorities, and encouraging public debate about issues of strategic concern to the public health community.

NPHP News: *Who are the members of the Public Health Association?*

Helen: Our membership comes from over 40 different professions, and they come from health and allied fields. Membership is open to all individuals and organisations who support the aims and objectives of the Association.

NPHP News: *What other NGOs does the Public Health Association work closely with?*

Helen: We provide Secretariat support to the Australian Epidemiological Association (AEA) and the Australian Hepatitis Council so we have a very close working relationship with them. We liaise and collaborate with other NGOs on an issue-by-issue basis. For example, on the Friends of Medicare campaign we are working with the Australian Council of Social Service, the Australian Nursing Federation and Doctors' Reform Society. Other organisations with whom we might work on a particular issue are the Australian Medical Association, the Australian Indigenous Doctors Group, the Australian Health Promotion Association (previously the

Australian Association of Health Promotion Professionals), and the Australian Institute of Environmental Health.

NPHP News: *What are some of the benefits to, or contributions made by, the Public Health Association and its members to foster greater support for, and understanding of, public health?*

Helen: There is a wide range of benefits to members of the PHA. There is great value from the networking opportunities within the PHA both for established professionals and for students who want to find work opportunities in public health. The PHA e-mail list for 'Positions Vacant' is very popular with our members. The opportunities to exchange information and to hear of the cutting edge work of public health professionals is another benefit, and this occurs through our conferences, and printed media such as our monthly newsletter, *InTouch*, and our prestigious journal, the *Australian and New Zealand Journal of Public Health* which is published six times per year. Through these, there is rich debate about public health issues. Finally, our policy platforms are highly regarded because our policies are evidence based and developed through a rigorous process before they are published. These form the platform for the advocacy work of our members.

NPHP News: *Then the Public Health Association has a strong advocacy function?*

Helen: Oh yes, absolutely. It is vital that the PHA takes public health advocacy very seriously because if the best minds in public health aren't advocating for the health of the public, then who will? What is more, people who lean to advocacy will join the PHA to work with others. Indeed members of the PHA are regularly asked to make public comments on topical issues.

NPHP News: *What are some of the key public health issues currently being looked at by the Public Health Association?*

Helen: We are running a major campaign in support of Medicare.

The campaign was developed in response to calls for the dismantling of the universal publicly provided health care which is the cornerstone of Medicare. Income distribution and equity are key platforms for advocacy because of the widening gap between rich and poor and the poor health outcomes associated with poverty. We are continually concerned with Aboriginal and Torres Strait Islander health issues. Our annual conference to be held in Darwin during September, will provide a wonderful forum for the advancement of our understanding about Aboriginal and Torres Strait Islander health issues and their implications for wider public health practice. Food safety and gene technology research are also prominent public health issues at the moment, as is immunisation.

NPHP News: *As Public Health Association members come from a variety of areas, how do Public Health Association members communicate with each other and come to consensus on issues?*

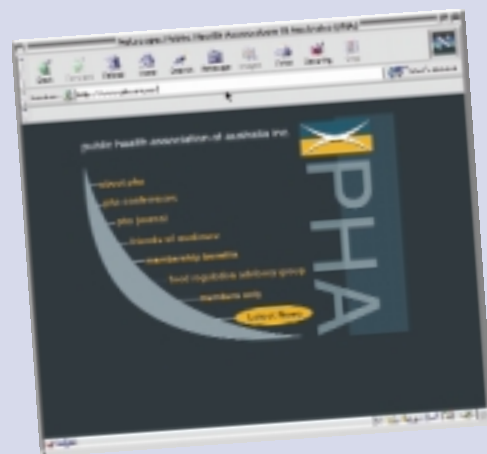
Helen: PHA members consult widely, network, read and discuss a variety of issues. They are great users of email to talk over issues, through Special Interest Group lists for example. Newsletters are another method of communication. Consensus is reached through our established policy development process. This process is cyclic and requires that draft policies are promulgated in writing to all members before being presented to the policy forum at our annual conference. Any agreed changes are made before the policy can proceed to the Annual General Meeting. Not until the membership has accepted a policy, can it be considered a policy platform of the PHA. At any one of those points in the policy process, debate will occur, but the most important foundation of our policies is the evidence from which they are written. This last point cannot be underestimated. It is one of our organisational responses to problems, or sets of problems,

whereby we seek to provide direction to public policy making. Not just any direction is sought by our members. Rather, our members seek to develop a rightness of direction, based on their knowledge of public health matters, their wisdom gathered over years of experience and the research literature which is available on an issue.

NPHP News: *What role do you see the Public Health Association playing in bringing public health thinking and issues into the wider health arena?*

Helen: The PHA has a leadership role in this country and beyond, in bringing public health issues to wide attention. Our policy processes, our networking and our membership services all achieve outcomes for the professional public health sector. The PHA is pivotal in establishing support networks to nurture and develop the public health professional community in this country and beyond.

NPHP News: Thank you for an interesting and informative interview. Your comments have certainly given us a broader understanding of the work of the PHA and what the organisation is trying to achieve.



For more information on the Public Health Association of Australia
Telephone (02) 6285 2373
Facsimile (02) 6282 5438
Website at <http://www.pha.org.au>

Public Health Happenings

21-23 July, 1999

1999 National Social Policy Conference.
Social Policy for the 21st Century:
Justice and Responsibility. University of
New South Wales, Kensington Campus.
For more information: Conference Manager,
Tel: (02) 9385 1631 Fax: (02) 9385 1049
Email: conferenceorg@unsw.edu.au

8-11 August, 1999

Health Services Research Conference.
Sydney, Australia.
For more information: Conference Secretariat,
ConSec, PO Box 3127, Belconnen Delivery
Centre, ACT 2617
Tel: (02) 6251 0675 Fax: (02) 6251 0672
Email: consec@spirit.com.au
website: www.hsr.conf.au

16-18 August, 1999

**First National Conference of the Australian
Transcultural Mental Health Network.**
Carlton Crest Hotel, Melbourne.
For more information:
Tel: (03) 9411 0308 Fax: (03) 9416 0265
Email: h.minas@medicine.unimelb.edu.au

26-29 September, 1999

31st Annual PHA Conference
Our place, our health: Local values
and global directions. Carlton Hotel,
The Esplanade, Darwin.
For more information: PHA Australia Inc,
PO Box 319 Curtin ACT 2605
Tel: (02) 6285 2373 Fax: (02) 6282 5438
Email: conference@pha.org.au

20 November, 1999

Seventh National Symposium on Hepatitis B & C.
St Vincent's Hospital, Melbourne.
For more information: Ms Eleanor Belot
Tel: (03) 9288 3580 Fax: (03) 9288 3590
Email: BELOTE@svhm.org.au

For additional conference information
visit the NPHP website:
<http://hna.ffh.vic.gov.au/nphp/>

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Telephone: (03) 9637 5512
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Post: GPO Box 1670N, Melbourne Victoria
3001
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For more information on the National Public
Health Partnership contact Darryl Kosch:
Telephone (03) 9637 5439
Facsimile (03) 9637 5510

Grapevine Resources

**A Stronger Primary Health and Community
Support System: Policy Directions.**
Aged, Community and Mental Health
Division, Victoria Government Department
of Human Services. December 1998.

For further information contact Ms Tracey
Slatter, Telephone (03) 9616 7021,
Facsimile (03) 9616 8277 or
Email: tracey.slatter@dhs.vic.gov.au

**Guidelines for Collaboration and Integrated
Services. Working Together in the NSW
Public Sector.**

For further information, contact the
NSW Premier's Department on
Telephone (02) 9228 4180 or
Email: psmo@premiers.nsw.gov.au

**Healthy Horizons: A Framework for Improving
the Health of Rural, Regional and Remote
Australians. 1999 - 2003.**

A joint development of the National Rural
Health Policy Forum and the National
Rural Health Alliance for the Australian
Health Ministers' Conference.

Copies are available by contacting the
Health Department in your State or by
visiting the National Rural Health Alliance
website at www.ruralhealth.org.au

Hepatitis C: A Review of Australia's Response.
Prepared by David Lowe and Ruth Cotton
for the Department of Health and Aged
Care: January 1999.

For enquires regarding the publication
contact the Manager, Legislative Services,
AusInfo, GPO Box 1920, Canberra, ACT 2601

**Independent Review of The Public Health
Education and Research Program. April 1999.**
Report to the Commonwealth Department
of Health and Aged Care, Commonwealth
of Australia.

Copies are available by contacting
Dean Valente, Telephone (02) 6289 7687,
Facsimile (02) 6289 1089 or
Email: dean.valente@health.gov.au

Paradigm Shift

Injury: from Problem to Solution
Strategic Research Development
Committee of the National Health and
Medical Research Council.

Copies are available by contacting AusInfo,
Telephone 132 447, or website http://www.ausinfo.gov.au/general/gen_hottoBUY.htm

**The Virtuous Cycle: Working Together for
Health and Medical Research. Health and
Medical Research Strategic Review 1999.**

Copies are available by Emailing
nhmrc.publications@health.gov.au

The National Public Health Partnership Group Members

New South Wales

Dr Andrew Wilson (Chair)
Chief Health Officer/Deputy Director General
Public Health, NSW Health Department

Australian Capital Territory

Dr Shirley Bowen
Chief Health Officer/Executive Director
Population Health Group and Community Care

Victoria

Prof John Catford
Director, Public Health
and Development Division
Department of Human Services

Western Australia

Dr Rowan Davidson
Acting General Manager
Public Health Services, Health Department WA

South Australia

Prof Brendon Kearney
Executive Director, Statewide Division
Department of Human Services SA

Tasmania

Dr Mark Jacobs
Director, Environmental and Public Health
Department of Community and Health Services

Northern Territory

Dr Shirley Hendy
Chief Health Officer
Territory Health Services

Queensland

Dr John Scott
State Manager, Public Health Services
Queensland Department of Health

Commonwealth

Mr Brian Corcoran
First Assistant Secretary
Population Health Division
Department of Health and Aged Care

**National Health and Medical
Research Council**

Prof George Rubin
Director
Effective Healthcare Australia

Australian Institute of Health and Welfare

Dr Richard Madden
Director
Australian Institute of Health and Welfare

New Zealand (observer)

Dr Gillian Durham
Director/General Manager
Public Health Group, Ministry of Health

The next meeting of the Partnership Group
is 24-25 August 1999 in Adelaide.