

**NATIONAL DELPHI STUDY ON  
PUBLIC HEALTH FUNCTIONS  
IN AUSTRALIA**

**Report on the findings**

**January 2000**

**APPENDICES**

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# AUSTRALIAN DELPHI STUDY ON PUBLIC HEALTH CORE FUNCTIONS

## PROJECT BRIEF

### AIM

To define the core functions of public health in Australia through a consensus process

### BACKGROUND

1. At its November 1998 meeting, the NPHP Group agreed to advance the work on public health core functions, which till then had been part of the *Planning and Practice Framework*, by using a Delphi<sup>1</sup> approach.
2. The US Institute of Medicine's 1998 landmark study "*The Future of Public Health*" has informed the definitions of core functions developed so far in the *Framework*. The IOM report remains an authoritative source for defining the essential mission and core functions of public health and will continue to be a key reference for the NPHP's work. However, further development of this concept for an Australian context will require consultation with stakeholders.
3. The WHO International Delphi Study on Essential Public Health Functions (EPHFs) conducted in 1997, provides the model for this consultative process. The Study achieved a high degree of consensus between public health experts across sixty-seven countries on defining EPHFs. The Study recommended that "*national studies be launched as a means of defining EPHFs within specific national contexts ... and to help tailor the EPHFs approach to specific contexts of implementation*". Further work by WHO has seen the notion of EPHFs used to define public health workforce requirements into the 21<sup>st</sup> century.
4. Furthermore, the NPHP can avail itself of a growing body of international experience and literature, particularly in the US, on applying the notion of core functions in practice. A key lesson from the US is that without an implementation strategy, work on core functions will remain largely conceptual. There are now programs in the US, such as the National Partnership for Essential Public Health Services, which are attempting to translate the concept into public health practice.

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<sup>1</sup> The Delphi technique is a way of eliciting expert opinion and reaching consensus on key technical or policy issues. It involves a respondent group filling in successive questionnaires over several rounds. A summary of the group's responses from each preceding round is provided to respondents with each successive questionnaire. The process is continued until responses become stable, opinions converge or the response rate decreases significantly.

5. The WHO work, developments in the US and elsewhere (eg. England) not only provide signposts for this project, but also offer potential opportunities for international collaboration to support the work in Australia.
6. Within Australia, independent work by a group convened by Dr Marilyn Wise from Sydney University has been looking at the concept of core functions in relation to defining local infrastructure for delivering public health services. The first part of this work entailed a review of different ways public health core functions have been defined, and the approaches used to arrive at those definitions.
7. Also the NPHP Public Health Workforce Working Group is considering how the concept of core functions might be used to define workforce requirements.
8. A nationally agreed definition of public health core functions can become the reference point for much developmental work in public health including:
  - defining public health capacity and infrastructure requirements now and in future
  - performance evaluation and improvement
  - expenditure mapping and estimating resource requirements
  - designing service delivery systems

## **STUDY DESIGN** (see Attachment)

### ***Respondent Group***

9. The respondent group will consist of experts nominated through consultation with relevant public health bodies. Respondents need to be recognised leaders or experts in public health generally or within their specialised area. The selection process will also need to ensure that the respondent group adequately covers the range of professional backgrounds, functional areas, program areas and settings.

### ***Study Management***

10. Based on WHO experience, stakeholder input is critical to ensure support for the final outcome of the Delphi process. For this reason a *Delphi Study Reference Panel* with broad stakeholder representation is proposed to advise on the selection of respondents and on the questionnaire design. A smaller *Core Functions Technical Working Group* will be responsible for steering the project.

#### ***Core Functions Technical Working Group (TWG)***

- The TWG will oversee the NPHP's work on core functions and to ensure links with other parts of the NPHP work program. The Delphi Study will be steered by the TWG. It will be responsible for overseeing the design and administration of the questionnaire and the analysis and write-up of the results.

### *Delphi Study Reference Panel*

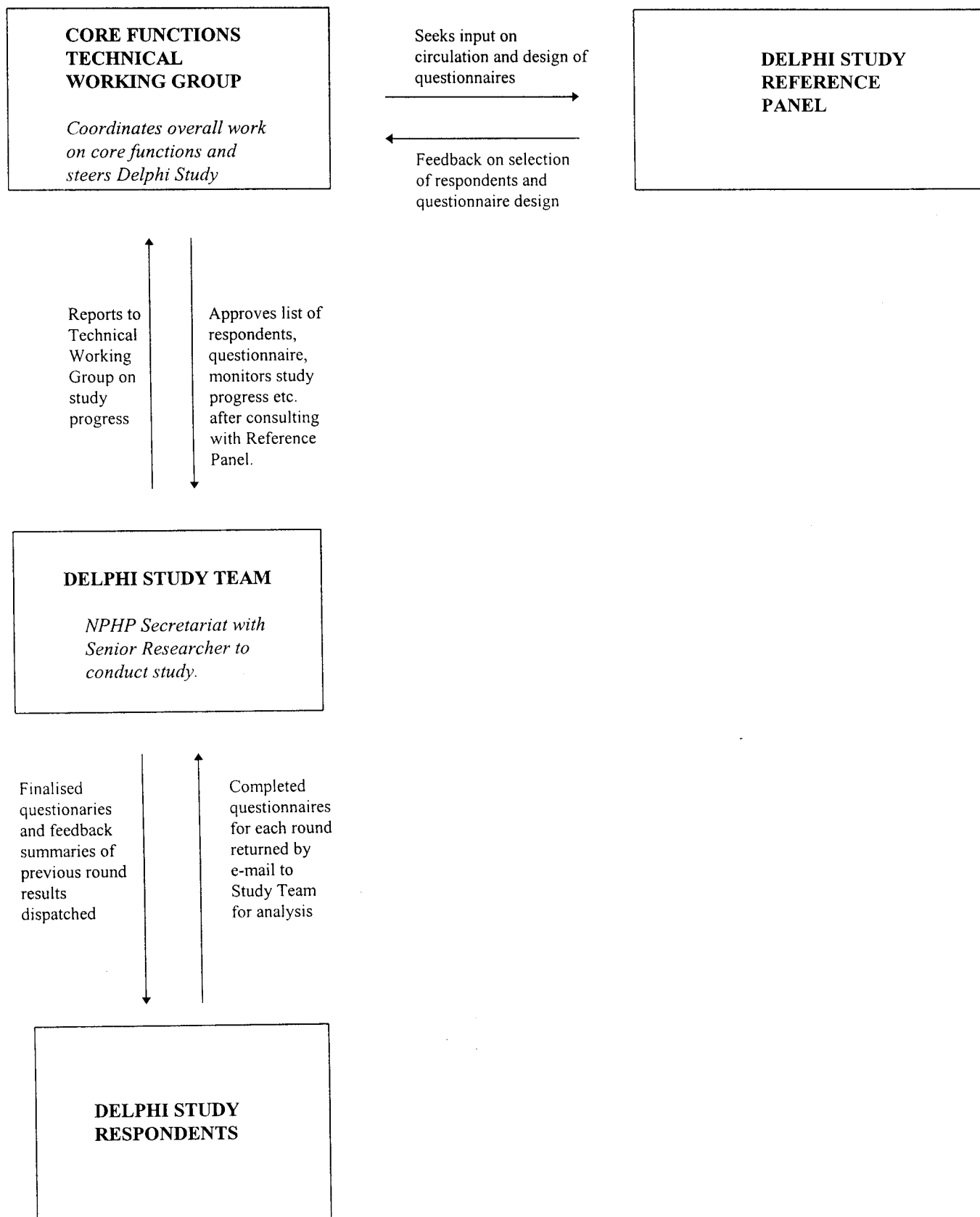
- Membership of the Reference Panel would need to reflect the full spectrum of perspectives from the public health field and jurisdictions. It is anticipated that feedback from the Reference Panel will be mainly provided as individuals. It is proposed that the Reference Panel be made up of the members of the NPHP Advisory Group with additional members as required.

### *Study Implementation*

11. The NPHP Secretariat will oversee the management of the project and will liaise with the TWG and the Delphi Study Reference Group. A senior researcher will be appointed to the NPHP Secretariat to design, conduct and report on the Delphi study, with the assistance of the TWG and the NPHP Secretariat.

## STUDY DESIGN AND MANAGEMENT

(Based on WHO International Delphi Study)



**PUBLIC HEALTH IN AMERICA**

**VISION:**

*Healthy People in Healthy Communities*

**MISSION:**

*Promote Physical and Mental Health and  
Prevent Disease, Injury, and Disability*

**Public Health**

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

**Essential Public Health Services**

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Enforce laws and regulations that protect health and ensure safety
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Assure a competent public health and personal health care workforce
- Develop policies and plans that support individual and community health efforts
- Research for new insights and innovative solutions to health problems

Source: Essential Public Health Services Work Group of the Public Health Functions Steering Committee

Membership: American Public Health Association  
Association of State and Territorial Health Officials  
National Association of County and City Health Officials  
Institute of Medicine, National Academy of Sciences  
Association of Schools of Public Health  
Public Health Foundation  
National Association of State Alcohol and Drug Abuse Directors  
National Association of State Mental Health Program Directors  
U.S. Public Health Service  
Centers for Disease Control and Prevention  
Health Resources and Services Administration  
Office of the Assistant Secretary for Health  
Substance Abuse and Mental Health Services Administration  
Agency for Health Care Policy and Research  
Indian Health Service  
Food and Drug Administration  
National Institutes of Health

Fall 1994

## WHO INTERNATIONAL DELPHI STUDY ON ESSENTIAL PUBLIC HEALTH FUNCTIONS

Essential public health categories and functions<sup>9</sup> (resulting from the international Delphi survey of 1997) (Rank out of 37)

1. Prevention, surveillance and control of communicable and noncommunicable diseases
  - Immunization (1)
  - Disease outbreak control (3)
  - Disease surveillance (4)
  - Prevention of injury (20)
2. Monitoring the health situation
  - Monitoring of morbidity and mortality (2)
  - Monitoring the determinants of health (6)
  - Evaluation of the effectiveness of promotion, prevention and service programmes (10)
  - Assessment of the effectiveness of public health functions (11)
  - Assessment of population needs and risks to determine which subgroups require service (12)
3. Health promotion
  - Promotion of community involvement in health (5)
  - Provision of information and education for health and life skill enhancement in school, home, work and community settings (9)
  - Maintenance of linkages with politicians, other sectors and the community in support of health promotion and public health advocacy (14)
4. Occupational Health
  - Setting occupational health and safety standards (18)
5. Protecting the environment
  - Production and protection of, and access to, safe water (7)
  - Control of food quality and safety (8)
  - Provision of adequate drainage, sewerage and solid waste disposal services (15)
  - Control of hazardous substances and wastes (16)
  - Provision of adequate vector control measures (17)
  - Ensure protection of water and soil resources (29)
  - Ensure environmental health aspects are addressed in development policies, plans, programmes and projects (32)
  - Prevention and control of atmospheric pollution (33)
  - Ensure adequate prevention and promotive environmental services (34)
  - Ensure adequate inspection, monitoring and control of environmental hazards (35)
  - Controlling radiation (36)
6. Public health legislation and regulations
  - Review, formulation and enactment of health legislation, regulations and administrative procedures (13)
  - Ensure adequate legislation to protect environmental health (22)
  - Health inspection and licensing (23)
  - Enforcement of health-legislation, regulations and administrative procedures (24)
7. Public health management
  - Ensuring health policy, planning and management (19)
  - Use of scientific evidence in the formulation and implementation of public health policy (21)
  - Public health and health systems research (30)
  - International collaboration and cooperation in health (37)
8. Specific public health services
  - School health services (25)
  - Emergency disaster services (27)
  - Public health laboratory services (28)
9. Personal health care for vulnerable and high risk populations
  - Maternal health care and family planning (26)
  - Infant and child care (31)

## National Delphi Study on Public Health Functions in Australia

### Round 1 questionnaire

Thank you for agreeing to participate in this study and taking time out of your schedule to complete this questionnaire. Around 200 public health experts from across Australia are taking part in the study. The Delphi method involves using successive questionnaires to establish expert opinions, with the aggregated results from each round being fed back to respondents for use in the next round. The results will be used to assist in defining public health functions and enhancing public health capacity in Australia.

The purpose of this first questionnaire is to gain *your opinion* on:

- i) defining the characteristics of public health functions,
- ii) establishing a general list of public health functions,
- iii) defining what public health functions should address, and
- iv) ascertaining what characteristics make public health functions “core”.

To assist you in answering this questionnaire, we have provided definitions of “*public health*”, “*public health functions*”, and “*core*”. These are provided as guidance only, and you should feel free to go beyond these definitions if you wish.

We ask you to **read through the entire questionnaire before answering**, then go back and indicate whether you agree or disagree with each statement by circling the number on the scale that most closely corresponds to your opinion. ***Please do not spend a lot of time thinking about these statements, or searching for references and definitions - respond intuitively.*** We are looking for your immediate reactions, and ask you not to discuss your responses with other participants in the study. There are no right or wrong answers. It is *your opinion* as a public health expert that we are interested in.

**We also invite you to provide comments on each question and suggest additional functions**, particularly any that might be especially important in the Australian context. Your answers from this first round will feed into the second round, when we ask about more specific functions. While this first round is a conceptual exercise in defining public health functions, the second will be more concerned with classifying functions. Additional comments on the first stage of this study, will be utilized in the second questionnaire.

If you have any queries regarding the questionnaire, please contact the study team either by email on: [nphp@dhs.vic.gov.au](mailto:nphp@dhs.vic.gov.au), or by fax on 03 9637 5510.

**Please return the completed questionnaire by the 4th of August, either in the envelope provided, or by FAX TO: 03 9637 5510 (ATTENTION: DELPHI STUDY).**

*The Memorandum of Understanding to establish a National Public Health Partnership, as signed by all Health Ministers, uses the following definition:*

*“public health is the organised response by society to protect and promote health, and to prevent illness, injury and disability”.*

***Public health functions are defined here as: “those activities (processes, practices, services and programs) which are undertaken in order to protect and promote health, and to prevent illness, injury and disability”.***

1. Keeping in mind this definition of public health functions, what do you think are the defining characteristics of public health functions? Please indicate whether you agree or disagree with each of the following statements.

	Strongly agree	Agree	Disagree	Strongly disagree
1.1 A public health function is any activity which is necessary to improve, maintain, or promote the health of the entire population	4	3	2	1
1.2 Public health functions can have primary benefits for specific populations (e.g. indigenous groups, refugees, remote population groups, and vulnerable groups)	4	3	2	1
1.3 A service directed to individuals is only a public health function if it provides population wide health benefits	4	3	2	1
1.4 Public health functions include health care services delivered to individuals	4	3	2	1
1.5 Activities constitute public health functions only if they are the responsibility of the health sector	4	3	2	1
1.6 Public health functions are only those activities which benefit society as a whole	4	3	2	1
1.7 Activities constitute public health functions only if they address the social determinants of health	4	3	2	1
1.8 Public health functions are best carried out by public sector organisations	4	3	2	1
1.9 Only activities which empower communities are public health functions	4	3	2	1

*PLEASE PROVIDE COMMENTS / SUGGESTIONS ON NEXT PAGE ⇒*



For the next question, we are interested in gaining your opinion on which activities are public health functions. Again we ask you to keep in mind the definition of public health functions provided on page 2. Some of these categories are very general, because we want the categories to be broad at this stage. In the next round, you will be asked about more specific functions, but please add any that you think should be included in future on the following page.

2. To what extent do you agree/disagree that each of the following are public health functions?

	Strongly agree	Agree	Disagree	Strongly disagree
2.1 Establishing and coordinating intersectoral partnerships which improve health	4	3	2	1
2.2 Health policy development, implementation and evaluation	4	3	2	1
2.3 Health promotion	4	3	2	1
2.4 Planning for health care services	4	3	2	1
2.5 Mobilizing financial resources for promoting, protecting and maintaining health	4	3	2	1
2.6 Developing human resources for promoting, protecting and maintaining health	4	3	2	1
2.7 Planning and managing health research	4	3	2	1
2.8 Assessment of health outcomes	4	3	2	1
2.9 Undertaking randomised controlled trials to evaluate health interventions	4	3	2	1
2.10 Assessment of need for health care services	4	3	2	1
2.11 Monitoring the health and social and economic status of populations	4	3	2	1
2.12 Health technology assessment	4	3	2	1
2.13 Health legislation and regulations	4	3	2	1
2.14 Promoting healthy public policy	4	3	2	1
2.15 Analysing health problems and their determinants	4	3	2	1
2.16 Evaluation of the quality of health care services	4	3	2	1
2.17 Assessing social capital within populations	4	3	2	1
2.18 Developing community capacity to address health issues	4	3	2	1
2.19 Ensuring healthy and safe environments	4	3	2	1
2.20 Prevention, surveillance and control of injuries	4	3	2	1
2.21 Patient education	4	3	2	1
2.22 Advocacy for the health of the public	4	3	2	1
2.23 Encouraging community control of health services	4	3	2	1
2.24 Emergency and natural disaster management	4	3	2	1
2.25 Prevention, surveillance and control of communicable diseases	4	3	2	1
2.26 Prevention, surveillance and control of non communicable diseases	4	3	2	1
2.27 Early detection of diseases	4	3	2	1
2.28 Ensuring access to health care services	4	3	2	1
2.29 Health care services for vulnerable and high risk populations	4	3	2	1



3. Please indicate whether you agree or disagree with each statement on public health functions below.

<i>In addressing public health needs, public health functions will:</i>	Strongly agree	Agree	Disagree	Strongly disagree
3.1 prioritize the health of populations in preference to the choices of individuals	4	3	2	1
3.2 address community priorities in preference to the priorities of government	4	3	2	1
3.3 address the social and economic determinants of health	4	3	2	1
3.4 be monitored by government agencies	4	3	2	1
3.5 increase community control over public health priorities	4	3	2	1
3.6 always have quantitatively measurable outcomes	4	3	2	1
3.7 give priority to reducing inequalities in health	4	3	2	1
3.8 involve collaboration with other sectors	4	3	2	1
3.9 always involve community participation in decision making	4	3	2	1
3.10 improve individual and community health literacy	4	3	2	1
3.11 emphasize the importance of cost control	4	3	2	1
3.12 focus on areas where the greatest health gains can be made	4	3	2	1
3.13 have improved social outcomes as a priority	4	3	2	1
3.14 work only for improving health outcomes	4	3	2	1
3.15 build community capacity to improve health	4	3	2	1
3.16 address only the most acute health issues	4	3	2	1
3.17 be scientifically based	4	3	2	1
3.18 always recognise culturally diverse groups	4	3	2	1
3.19 be sensitive to gender issues	4	3	2	1

Any comments? Do you have any suggestions for what public health functions should attend to in addressing needs?

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*For the purposes of the next question, we suggest that “core” means something which is regarded as absolutely necessary, the absence of which would imply gaps in public health capacity.*

4. Keeping in mind the definition of core provided above, what makes a public health function “core”? Please indicate whether you agree or disagree with each of these statements.

	Strongly agree	Agree	Disagree	Strongly disagree
4.1 Public health functions are only “core” if they aim to protect and promote health in <b>all</b> communities	4	3	2	1
4.2 Public health functions are only “core” if they aim to protect and promote the health of populations	4	3	2	1
4.3 Core public health functions include the treatment of disease only where it protects the health of others	4	3	2	1
4.4 Public health functions are “core” only if it can be <b>demonstrated</b> that they improve or protect the health of the population	4	3	2	1
4.5 Core public health functions are a set of indispensable activities, which should not be traded off for other policy priorities	4	3	2	1
4.6 Public health functions are only “core” if they are delivered by the health sector	4	3	2	1
4.7 Core public health functions are those activities which can be <b>demonstrated</b> to provide the greatest health benefit for the resources spent	4	3	2	1
4.8 Core public health functions are those activities that cannot be privatized	4	3	2	1
4.9 Public health functions are “core” only if they seek to redress inequalities in health	4	3	2	1

Any comments on these statements? Would you like to suggest other ways which might help in defining what makes a public health function “core”? Please use the space below to make any comments / suggestions.

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## APPENDIX 5

### National Delphi Study on Public Health Functions in Australia

#### Round 2 questionnaire

Thank you for participating in this study. Your continued involvement will add to the valuable and interesting contribution you have already made to this study. The information gathered from this second round questionnaire will be added to the first round data, and will help in further defining the characteristics of public health functions. The first questionnaire aimed to establish a list of public health functions and define what they should address, and ascertain what characteristics make public health functions “core”. This second questionnaire has used your answers from the first round to refine and expand the list of public health functions. We now seek **your opinion** on which of the functions in this new list are always, often or sometimes public health functions, or not public health functions at all.

*This is not a priority setting exercise, or an attempt to draw a boundary around what is in or out. We are interested in assessing the range of opinion that exists on the importance of public health functions amongst public health experts in Australia, in order to build public health capacity. In the US, similar work has been used to generate approaches to practice surveillance, generate practice guidelines, and build leadership and capacity in public health.*

Please read through the results of the first round questionnaire, before completing this second questionnaire. The definition of public health functions composed from the responses to the first questionnaire follows.

“Public health functions are a set of activities which protect, promote or improve health, and prevent illness, injury and disability. The activities may be directed at entire populations, priority sub-populations, or individuals in some circumstances. Public health functions can be carried out by public and private organisations, within and outside the health sector. But the overall responsibility for identifying public health needs, and coordinating and managing responses to these needs, rests with governments.”

If you have any queries regarding the questionnaire, please contact the study team either by email on: [nphp@dhs.vic.gov.au](mailto:nphp@dhs.vic.gov.au), or by fax on 03 9637 5510.

**Please return the completed questionnaire by the 24th of September, either in the envelope provided, or by FAX TO: 03 9637 5510 (ATTENTION: DELPHI STUDY).**

*On this and the following 3 pages, there are grouped lists of functions. Please circle the one number for each function, that most closely corresponds to your opinion.*

Please keep in mind the definition of core used in the first round questionnaire:

A “core public health function” means an activity (process, practice, service, program) which is regarded as absolutely necessary, the absence of which would imply gaps in public health capacity

In relation to each statement, indicate whether you think it is: always a public health function (core); often a public health function; sometimes a public health function; or not a public health function.

	Always a public health function (core)	Often a public health function	Sometimes a public health function	Not a public health function
<b>1. Research, monitoring and assessment</b>				
1.1 Identifying health research priorities	4	3	2	1
1.2 Undertaking research on health issues in populations	4	3	2	1
1.3 Undertaking research on health services and programs	4	3	2	1
1.4 Assessment of population needs and risks to determine which groups require services	4	3	2	1
1.5 Monitoring the delivery of health services and programs	4	3	2	1
1.6 Monitoring morbidity and mortality	4	3	2	1
1.7 Monitoring the determinants of health	4	3	2	1
1.8 Evaluation of health policies	4	3	2	1
1.9 Evaluation of health care services and programs	4	3	2	1
<b>2. Ensuring healthy and safe environments</b>				
2.1 Town planning and land use	4	3	2	1
2.2 Controlling housing standards and provision	4	3	2	1
2.3 Ensuring drainage, sewerage and solid waste disposal	4	3	2	1
2.4 The production and protection of safe water	4	3	2	1
2.5 Controlling land degradation and soil loss (e.g. by erosion)	4	3	2	1
2.6 Ensuring access to public transport and educational opportunities	4	3	2	1
2.7 Ensuring access to physical activity and other recreation facilities	4	3	2	1
2.8 Ensuring access to facilities for social interaction	4	3	2	1
2.9 Vector control	4	3	2	1
2.10 Controlling hazardous substances and wastes	4	3	2	1
2.11 Controlling atmospheric pollution	4	3	2	1
2.12 Controlling noise	4	3	2	1
2.13 Controlling radiation	4	3	2	1
2.14 Controlling food access, quality and safety	4	3	2	1
2.15 Controlling the quality of therapeutic goods and appliances	4	3	2	1
2.16 Ensuring safe workplaces	4	3	2	1

In relation to each statement, indicate whether you think it is: always a public health function (core); often a public health function; sometimes a public health function; or not a public health function.

	Always a public health function (core)	Often a public health function	Sometimes a public health function	Not a public health function
<b>3. Health education and community development</b>				
3.1 Developing individuals' health knowledge, attitudes, practices and skills	4	3	2	1
3.2 Providing health information and education to individuals and groups	4	3	2	1
3.3 Developing community capacity to participate in health issues	4	3	2	1
3.4 Community mobilisation & advocacy for health issues	4	3	2	1
3.5 Developing community capacity to protect and promote health	4	3	2	1
3.6 Building social networks and social support in communities	4	3	2	1
3.7 Social marketing of health information	4	3	2	1
3.8 Providing health information and education in community languages	4	3	2	1
<b>4. Health policy and public policy development and implementation</b>				
4.1 Assessing the impact of other sectors' policies on health	4	3	2	1
4.2 Assessing the differential impact of health policies on disadvantaged communities	4	3	2	1
4.3 Ensuring universal access to health care services	4	3	2	1
4.4 Developing fiscal strategies that support health improvement	4	3	2	1
4.5 Developing sustainable financing for health protection and promotion	4	3	2	1
4.6 Developing financial incentives to encourage preventive health care	4	3	2	1
4.7 Reviewing, formulating & enacting health legislation	4	3	2	1
4.8 Developing and advocating for legislation and regulations that protect and promote health (e.g. occupational health & safety standards, road safety legislation)	4	3	2	1
4.9 Enforcing health legislation and regulations	4	3	2	1
<b>5. Public health education and training</b>				
5.1 Providing education and training for public health practitioners	4	3	2	1
5.2 Providing education and training for other health care workers	4	3	2	1
5.3 Providing education and training for professionals in other sectors	4	3	2	1
5.4 Providing education and training for consumers and community groups	4	3	2	1

In relation to each statement, indicate whether you think it is: always a public health function (core); often a public health function; sometimes a public health function; or not a public health function.

	Always a public health function (core)	Often a public health function	Sometimes a public health function	Not a public health function
<b>6. Public health management</b>				
6.1 Building organisational structures and processes for public health within agencies	4	3	2	1
6.2 Building organisational links between health agencies	4	3	2	1
6.3 Building links between the health sector and other sectors	4	3	2	1
6.4 Developing and implementing quality assurance processes for public health	4	3	2	1
6.5 Human resource development in the public health workforce	4	3	2	1
6.6 Developing resource allocation and priority setting systems	4	3	2	1
<b>7. Prevention, surveillance and control of communicable diseases</b>				
7.1 Screening for selected communicable diseases	4	3	2	1
7.2 Immunization provision	4	3	2	1
7.3 Disease surveillance	4	3	2	1
7.4 Disease outbreak control	4	3	2	1
7.5 Treatment of infectious disease cases	4	3	2	1
7.6 Veterinary public health services	4	3	2	1
7.7 Risk assessment and management in relation to environmental hazards	4	3	2	1
7.8 Public health laboratories	4	3	2	1
<b>8. Prevention, surveillance and control of non-communicable diseases</b>				
8.1 Behavioural risk factor surveillance	4	3	2	1
8.2 Screening for selected non-communicable diseases (e.g. cervical cancer, diabetes)	4	3	2	1
8.3 Chronic disease self management	4	3	2	1
8.4 Provision of cholesterol lowering and anti-hypertensive drugs	4	3	2	1
8.5 Provision of anti-depressant drugs	4	3	2	1
8.5 Lifestyle programs	4	3	2	1
8.6 Drug treatment and rehabilitation services (e.g. methadone)	4	3	2	1
<b>9. Prevention and surveillance of injuries</b>				
9.1 Prevention of intentional injury	4	3	2	1
9.2 Prevention of non-intentional injury	4	3	2	1
9.3 Injury surveillance	4	3	2	1

In relation to each statement, indicate whether you think it is: always a public health function (core); often a public health function; sometimes a public health function; or not a public health function.

	Always a public health function (core)	Often a public health function	Sometimes a public health function	Not a public health function
<b>10. Healthy growth and development programs and services</b>				
10.1 Family planning services	4	3	2	1
10.2 Prenatal and neonatal screening	4			
10.3 Maternal and child health care (not including pregnancy)	4	3	2	1
10.4 School health services	4	3	2	1
10.5 Individual dental check ups	4	3	2	1
10.6 Individual medical check ups	4	3	2	1
10.7 Prevention based care from alternative or complementary therapists	4	3	2	1
10.8 Mental health promotion programs	4	3	2	1

<b>11. Programs and services directed at specific population groups and individuals</b>				
11.1 Generating an organised approach to dealing with the consequences of chronic illness and disability	4	3	2	1
11.2 Health services for indigenous peoples	4	3	2	1
11.3 Health services for refugees	4	3	2	1
11.4 Health services for homeless people	4	3	2	1
11.5 Health services for victims of violence and other crises	4	3	2	1
11.6 Emergency and natural disaster services to protect health	4	3	2	1
11.7 Mental health care services	4	3	2	1
11.8 Occupational health services	4	3	2	1

Do you have any comments on this list of public health functions?

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