

POPULATION HEALTH SERVICES

CHAPTER 46

Population Health is the net sum of all organised efforts in health services for individuals and populations within their socio-economic context. Population Health Services involve the provision of programs and strategies that are designed to improve population health status, reduce inequalities between population groups and address gaps in services and individual care for population groups with special needs.

Current Services

Population Health Services across SWSAHS provide a range of primary and secondary prevention services. These include but are not restricted to:

- intersectoral interventions to enhance community capacity, environmental amenity and social capital;
- large-scale health promotion initiatives, advocacy and partnerships in settings such as schools and workplaces;
- organised disease screening and immunization programs; and
- individual clinical care services for marginal groups, vulnerable clients and those posing public health risk.

Population Health Services currently include Aboriginal Health, Health Promotion, Women's Health, Community Paediatrics, Public Health, Multicultural Health, General Practice Academic Unit and Drug Health Services. These services, with the exception of SWSAHS Area Drug Health Services, are not yet organised as Area Services. Drug Health Services were integrated and formed into an Areawide Service in 2002.

The Centre for Research, Evidence Management and Surveillance (REMS) was created in the Division of Population Health in 2004 to develop an evidence based approach to population health across the Area.

The Division of Population Health retains a longstanding arrangement with the University of NSW to provide salary support and an administrative base for the *Centre for Health Equity, Training, Research and Education (CHETRE)*, an independent UNSW research group with its own Board. Similarly, the Division of Population Health 'hosts' the state-wide *Refugee Health Service* that is entirely funded by NSW Health and also has its own Board.

Current service composition and service plans

Population Health Services vary across SWSAHS. Strategic plans developed in the past are also of variable quality and their implementation impeded by current service arrangements. A mid-point review is underway of the SWSAHS *Tobacco Control Plan*; in response to the current population health indicators, a review of the SWSAHS *Women's Health Strategic Plan* is anticipated and key findings of the SWSAHS *Equity Profile* will strategically drive population health services.

Table 2 Key functions for Population Health Services and professional staff (January 2004)

Population Health Services	FTEs line-managed within Division	FTEs line-managed through General Managers
Aboriginal Health Services Advocacy and systems development for culturally appropriate care; Aboriginal self-determination including community development and health planning; reorientation of mainstream health services to indigenous needs; facilitation of Premier's commitment to partnership across government; clinical and preventive services.	2.5	30.0
Health Promotion Services Healthy public policy; ecological and social health interventions including community development (especially focussing on locational disadvantage), population health promotion encompassing lifestyle related illnesses, environmental interventions, early detection and intervention.	17.0	18.6 in health promotion teams plus 22.4 in other teams with dedicated health promotion time
Women's Health Services Gendered approach to advocacy, service and community development, especially initiatives for locational disadvantage (Villawood); educational, clinical and preventive services.	3.0	4.0
Public Health Services Prevention and control of infectious disease; prevention and control of blood-borne viruses and sexually transmissible disease; environmental health; public health regulation and enforcement.	22.6 (minus 3 inspectors later in 2004)	-
Academic GP Unit Advocacy and systems development; single high-level portal for linkages with GP Divisions; GP liaison; clinical services (~ 4000 patients pa); shared care programs; teaching; research	4.5	-
Multicultural Services Advocacy and systems development; cultural awareness, service and professional development to assure cultural competence; community development with emerging communities; health education and clinical services in obstetrics and other priority groups; EAPS monitoring	9.3	36.9 plus 11.4 in mainstream services
Epidemiology Unit Epidemiological research, monitoring and evaluation; interventional research; research transfer; QI; research collaborations with and consultancy for clinical services	4.0	-
Oral Health Services (Dentistry)	See Chapter 48	
Drug Health Services (Drug & Alcohol)	See Chapter 47	
Community Paediatrics (under Paediatrics)	See Chapter 4	

Current unmet need

The SWSAHS *Health Equity Profile, 2004*, identified major health inequities in SWS. These include inequities in the health outcomes of people from Aboriginal and Torres Strait Islander background, refugees, people who are unemployed and people with low socio-economic status.

In addition, SWS has an age-standardised all-cause mortality rate for women significantly higher than the NSW average. Rates of ambulatory care sensitive conditions and other avoidable hospitalisations are high and costly. SWSAHS spends \$24M each year on tobacco-related admissions. Half of all chronic disease in SWSAHS including cancers such as lung cancer, cervical cancer and colorectal cancer; vascular disease; respiratory disease and mental health related illnesses are attributable to modifiable risk factors.

Less than 3% of the Aboriginal population has reached the age of 65 years or older in SWS compared with 12% of the non-Aboriginal population. Intergenerational marginalisation, loss and grief, culturally inappropriate health care services and inadequate rates of identification impair Aboriginal health.

Table 2 illustrates the potential gains that may be made in SWSAHS by a more strategic focus on primary, secondary and tertiary prevention.

Table 2 Potential for population health gain in SWSAHS

	Men	Women
Premature mortality avoidable through <i>primary</i> prevention *	38%	31%
Premature mortality avoidable through <i>secondary</i> prevention **	14%	18%
Premature mortality avoidable through <i>tertiary</i> prevention ***	13%	16%
<i>Unavoidable</i> premature mortality	35%	36%

Therefore, significant health gain for the people of SWS requires strong and sustained population health effort and investment. The application of evidenced based practice coupled with timely, relevant and accurate epidemiological information is important to the success of this.

Legend for Table 2

* mortality averted through individual behaviour change, healthy public policy and community development to change adverse risk factors or protective factors around and within individuals before disease ever develops. An example is shifting SWS population towards a more healthy weight range. Primary prevention encompasses interventions targeting individuals, communities and whole societies.

** mortality averted through early detection and treatment of people with asymptomatic disease, including optimal management of chronic disease that delays, avoids or mitigates disease progression. Secondary prevention includes hypertension screening and management; cancer screening, detection and management of diabetes to avoid vascular and neurological complications and co-ordinated management of risk factors to reduce rates of re-infarction or other vascular event after an initial diagnosis of ischaemic heart disease.

*** mortality from complex, acute and life-threatening conditions averted through sub-speciality management of people with acutely complex and life-threatening conditions or those requiring access to high technology to avert morbidity or mortality. Tertiary care is typically provided in hospitals as acute episodic care (eg trauma surgery) or highly specialised services (eg oncology).

RECOMMENDATIONS

- Population Health Services continue to be developed in an Area-wide Division focussing on epidemiology, health promotion and public health to facilitate improvements in population health outcomes.
- Health promotion be organised as an Area-wide service and remain highly visible in local communities with a focus encompassing cancer, cardio-vascular disease, respiratory disease, mental health, communicable diseases and indigenous health
- An Area-wide, evidence-based approach to tobacco control be implemented for key target groups that complements social marketing campaigns initiated through the Cancer Institute and Cancer Council
- The importance of the role of population health in facilitating improvements in population health outcomes be reflected through the representation of Population Health Division in all key clinical networks and the development of service agreements.
- Population health to provide leadership in the development of an evidence-based approach to policy and practice through its interface with all clinical networks
- The Epidemiology Unit be strengthened to provide support to the clinical networks, epidemiological research, interventional research, monitoring and evaluation. It will further develop its role as a resource to support clinical units in SWSAHS in the pursuit of epidemiological research.
- Public Health Unit be strengthened in its role in the prevention and control of infectious diseases; prevention and control of blood borne viruses and sexually transmitted diseases; environmental health; and public health regulation and enforcement.
- Population Health Services to provide timely, relevant and accurate epidemiological information and advice to Clinical Council, clinical networks and Area administration.
- Population Health to have a special focus on providing guidance to all service providers who implement clinical initiatives that affect disadvantaged communities in SWSAHS.
- Population Health to work with Primary Health Care Network to form effective partnerships with other agencies involved in health promotion and public health outcomes such as local councils, other government agencies, non-government agencies, Divisions of General Practice.
- An external independent review be commissioned to assist delineate service roles for the Population Health Division vis-à-vis the Area Division of Primary Health Care. This to include further consultation with relevant staff.