

Queensland Health

Population Health Plan 2007–2012



Queensland
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Queensland Health

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Queensland Health Population Health Plan 2007–2012

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Message from the Chief Health Officer

Queenslanders experience very good health compared to people in other parts of Australia and the world. However, there are areas for improvement. For example, chronic diseases (including diabetes, heart disease and cancer) cause 87.6% of premature death and disability in Queensland. There are also substantial differences in health status and life expectancy between different groups, with Aboriginal and Torres Strait Islander people, socio-economically disadvantaged people and those living in rural and remote locations experiencing much poorer health than the rest of the population. These challenges are placing increasing and unsustainable pressure on our health care services and on Queensland families. There is a need for Queensland Health, other health sector providers and other sectors to focus on reducing health inequalities and improving the health of our community.

Population health services are a critical component of the health continuum. While many other health services focus on the treatment of an individual's health condition, population health services focus on addressing the range of risk and protective factors that determine the health of our community. Population health services aim to protect health gains; prevent disease, illness and injury; and promote health and wellbeing.

Queensland Health has a wide range of population health services that are located within the Division of the Chief Health Officer and Area Health Services, and which collectively represent the Department's population health function.

The *Queensland Health Population Health Plan 2007–2012* outlines the major service reforms for Queensland Health's population health function. It builds on the overarching direction and guidance provided by the *Queensland Statewide Health Services Plan 2007–2012* and the *Queensland Health Strategic Plan 2007–2012*. Over time there is an expectation that resources for the strategic directions in this Plan will be sought in line with the Department's statewide health service planning processes.

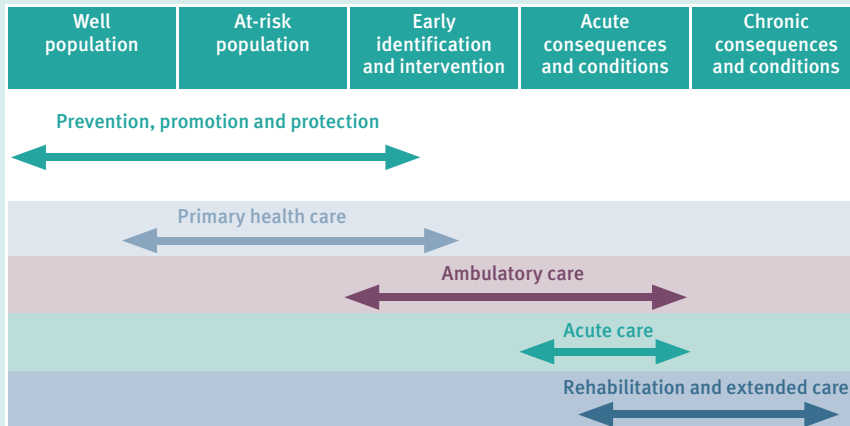
The responsibility for promoting and protecting the health of our community belongs to us all. Effective population health approaches require partnerships with a broad range of stakeholders including other health service providers, other government departments (for example: Education; Communities; Local Government, Planning, Sport and Recreation; Natural Resources and Water; Primary Industries; and Environmental Protection Agency), local governments, non-government organisations, private industry, universities and research institutions; and communities.

The *Queensland Health Population Health Plan 2007–2012* was developed to communicate our directions to all Queensland Health staff and partners. I trust that you find this Plan to be informative and hope you will continue to work with us to protect and promote the health of the Queensland population.

Dr Jeannette Young
Chief Health Officer, Queensland Health

Queensland Health’s mission

Creating dependable
health services
and *better* health
for *all* Queenslanders



Population health’s vision

Healthy communities,
healthy people

Focusing on:

- promoting health and wellbeing
- preventing illness and injury
- reducing health inequalities
- creating safe and healthy environments.

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Introduction

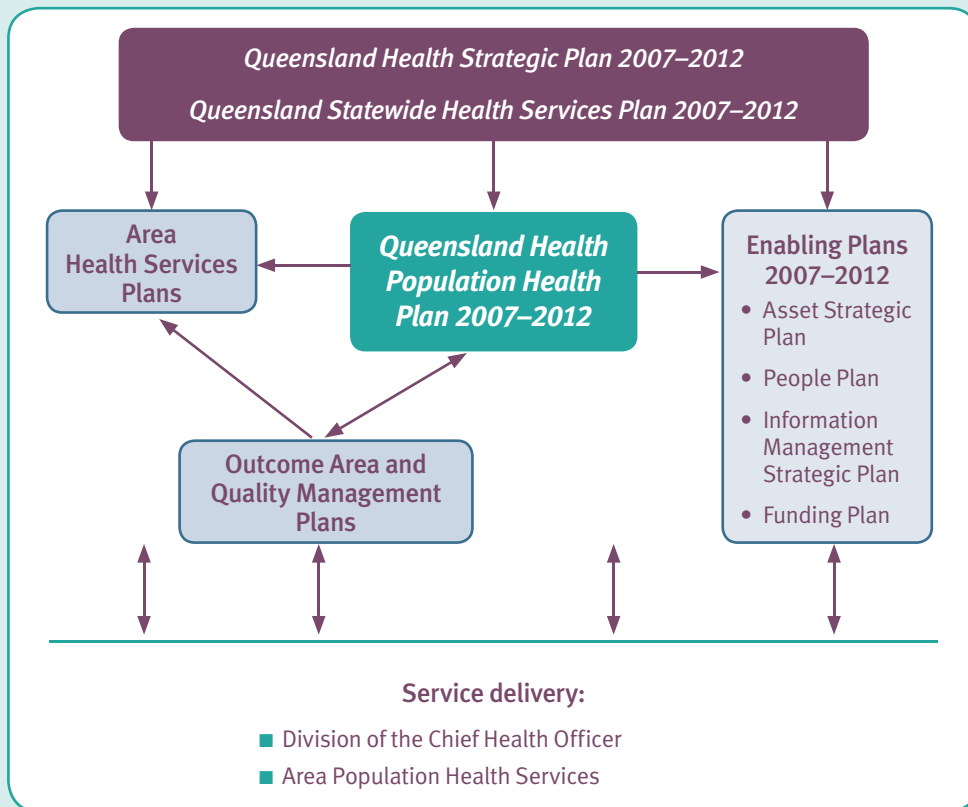
Queensland Health aims to deliver the best population health services nationally, improving the health and wellbeing of the population and reducing the health status gap between the most and least advantaged in the community. This will require increased funding allocated to the Prevention, Promotion and Protection Program, the introduction of new and enhanced services, and additional workforce and infrastructure. This Plan identifies the major change agenda and key investment priorities for Queensland Health’s population health function over the next five years (2007–2012) which are critical to the achievement of this ambitious aim.

This Plan for Queensland Health’s population health function directly responds to the strategic service reforms contained in the *Queensland Statewide Health Services Plan 2007–2012*¹ and the direction articulated in the *Queensland Health Strategic Plan 2007–2012*.

Figure 1 illustrates the relationship between the departmental planning activities and population health’s strategic planning processes, which resulted in the development of this Plan and the more detailed Outcome Area Plans.

It should be noted that this Plan does not capture all of the work to be undertaken by Queensland Health’s population health function. The complete agenda is captured in the Outcome Area Plans, which identify the collective investment and three-year strategic direction for all of the priority issues addressed by population health.

Figure 1: Relationship of the statewide population health strategic planning processes with departmental planning activities



1. The *Queensland Statewide Health Services Plan 2007–2012* articulates that health services are provided across a health continuum addressing the needs of all persons from the well population to individuals with acute and chronic conditions. Services delivered across this health continuum can be categorised into five program areas (prevention, promotion, protection; primary health care; ambulatory care; acute care; and rehabilitation and extended care). All of the work undertaken by Queensland Health’s population health function aligns with the Prevention, Promotion and Protection Program.

Table 1 illustrates how the reform agenda and directions identified in the *Queensland Health Strategic Plan 2007–2012* and the *Queensland Statewide Health Services Plan 2007–2012* have been cascaded down to the *Queensland Health Population Health Plan 2007–2012*.

Table 1: Alignment of strategic directions in the <i>Queensland Health Population Health Plan 2007–2012</i> with the reform agenda identified in the <i>Queensland Health Strategic Plan 2007–2012</i> and the <i>Queensland Statewide Health Services Plan 2007–2012</i>		
<i>Queensland Health Strategic Plan 2007–2012</i>	<i>Queensland Statewide Health Services Plan 2007–2012</i>	<i>Queensland Health Population Health Plan 2007–2012</i>
Improving access to safe and sustainable health services <i>(SHSP Aim 1.7)</i>		Achieve and progress a shared agenda for population health and primary prevention ² with key partners <i>(System enabler 1)</i>
		Invest in actions to reduce health inequalities <i>(System enabler 6)</i>
Better meeting people's needs across the health continuum <i>(SHSP Aim 2.1)</i>		Address the burden of chronic disease and cancer <i>(Service development and enhancement 1)</i>
		Invest in actions to address priority population health issues for critical life stages <i>(Service development and enhancement 2)</i>
		Assess and respond effectively to population health threats and risks <i>(Service development and enhancement 3)</i>
		Achieve a safe and fluoridated water supply <i>(Service development and enhancement 4)</i>
		Facilitate the creation of healthy physical and social environments <i>(Service development and enhancement 5)</i>
Enhancing organisational work processes and systems to support service delivery and business effectiveness <i>(SHSP enablers of funding, information and its use, infrastructure and assets)</i>		Enhance the effectiveness and quality of operations within a decentralised structure <i>(System enabler 2)</i>
		Increase investment in the Prevention, Promotion and Protection Program <i>(System enabler 3)</i>
		Enhance collection and use of information to support decision-making and practice <i>(System enabler 4)</i>
Developing our people in a way that recognises and supports their role in the delivery of health services <i>(SHSP enablers of workforce)</i>		Attract, develop and retain a skilled population health workforce <i>(System enabler 5)</i>

2. Primary prevention activities include those that stop the development of risk factors in the well population. This means making the healthy choice either the easy choice or the only choice.

The scope of this Plan and the work undertaken by Queensland Health’s population health function is also influenced by other specific national and state plans, strategies and initiatives, including:

a) National

- Australian Better Health Initiative
- Be Active Australia
- BreastScreen Australia Program
- Cross Border Health Partnership within the Torres Strait Treaty Zone with Papua New Guinea
- Eat Well Australia
- National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000–2010
- National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005–2008
- National Bowel Cancer Screening Policy Framework
- National Cervical Screening Program
- National Directory for Radiation Protection
- National Drug Strategy
- National Environmental Health Strategy and Implementation Plan
- National Falls Prevention for Older People: 2004 onwards
- National Immunisation Program Schedule
- National Injury Prevention and Safety Promotion Plan 2004–2014
- National Mental Health Strategy
- National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013
- National Tobacco Strategy
- Strategy for Consistent Implementation and Enforcement of Food Regulation in Australia
- The Council of Australian Governments (COAG) National Reform Agenda, particularly in relation to type 2 diabetes

b) State

- Action Plan: Building a better health service for Queensland
- A Trauma Plan for Queensland
- Be Active Queensland 2006–2010
- Blueprint for the Bush – Building a sustainable, liveable and prosperous rural Queensland
- BreastScreen Queensland State Plan
- Eat Well Be Active – Healthy Kids for Life 2005–2008
- Eat Well Queensland, Smart Eating for a Healthier State 2002–2012
- North Queensland Dengue Fever Management Plan
- Partnerships Queensland – Future directions framework for Aboriginal and Torres Strait Islander policy in Queensland 2005–2010
- Queensland Aboriginal and Torres Strait Islander Cervical Screening Strategic Plan 2006–2010
- Queensland Cancer Control Strategic Directions 2005–2010
- Queensland Cervical Cancer Screening Program State Plan
- Queensland Drug Strategy
- Queensland Eat Well Be Active Taskforce Work Plan (established after the Obesity Summit)
- Queensland Government Implementation Plan 2004–2008 for the National Strategic Framework for Aboriginal and Torres Strait Islander Health
- Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011
- Queensland Indigenous Environmental Health Strategy
- Queensland Policy Framework for Children’s and Young People’s Health 2002–2007
- Queensland Strategy for Chronic Disease 2005–2015
- Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People’s Health 2005–2010
- Towards an Early Years Strategy

Strategic directions

Service development and enhancement priorities

Queensland Health's population health services undertake a diverse range of activities for the achievement of their vision. It is important that the full range of services continue to be provided and grow in line with population growth; however, the following priorities have been identified for investment and development over the period 2007–2012.

1. Address the burden of chronic disease and cancer.
2. Invest in actions to address priority population health issues for critical life stages.
3. Assess and respond effectively to population health threats and risks.
4. Achieve a safe and fluoridated water supply.
5. Facilitate the creation of healthy physical and social environments.

System enablers

The operations of Queensland Health's population health function can be improved through a focus on enhancing critical organisational systems that support and apply to all parts of the function.

1. Achieve and progress a shared agenda for population health and primary prevention with key partners.
2. Enhance the effectiveness and quality of operations within a decentralised structure.
3. Increase investment in the Prevention, Promotion and Protection Program.
4. Enhance collection and use of information to support decision-making and practice.
5. Attract, develop and retain a skilled population health workforce.
6. Invest in actions to reduce health inequalities.

What is population health?

Population health is the prevention of illness and injury; and the protection and promotion of health and wellbeing through organised efforts and informed choices of society, organisations (public and private), communities and individuals.

A population health approach is characterised by:

- addressing the entire range of risk and protective factors that determine the health of the community, including environmental and socio-economic factors, community capacity, health behaviours and person-related factors
- action targeting the entire population and/or sub-populations.

The approaches used by population health differ from that of other parts of the health system. Population health uses a range of strategies to achieve health outcomes at a population level, including:

- policy
- legislation and regulation
- social marketing
- environmental change
- organisational and community development
- surveillance
- disease control.

Queensland Health's population health function

Queensland Health is the primary provider of population health services in Queensland. Population health programs are delivered directly by Queensland Health or by providing funding to non-government and community organisations. Queensland Health's key role is to provide leadership for population health; provide information and other support to influence the health enhancing operations and practices of key partners; and develop and maintain services/programs for delivery at a population and group level.

Queensland Health has a range of population health services that are located within the Division of the Chief Health Officer and Area Health Services. These services work together to prevent illness and injury, and protect and promote the health and wellbeing of the community.

The services located within the Division of the Chief Health Officer are Population Health Branch (Cancer Screening Services Unit, Environmental Health Unit, Health Promotion Unit and Planning and Development Unit), Alcohol, Tobacco and Other Drugs Branch, Communicable Diseases Branch, and Maternity, Child Health and Safety Branch.

Each of the three Area Health Services has a Population Health Service comprising a network of population health units. These networks focus on the delivery of services and programs relevant to their geographical area in line with agreed priorities and strategic directions outlined in this Plan and the more detailed Outcome Area Plans. The delivery of selected population health services, (such as BreastScreen Queensland, mobile women's health services and immunisation) occur through Health Service Districts.

In addition, a group of statewide services that support the operations of the population health function is managed through the Southern Area Health Service. These include the Information Systems and Data Management Unit, Queensland Needle and Syringe Program, Queensland Tuberculosis Control Centre and the Drugs of Dependence Unit. Area Health Services also host a number of positions which undertake work that benefits the population health function across the state. These include positions which currently focus on regional planning for healthy communities and community capacity development.

The collaborative and interdependent working relationship between the above Branches and Units within the Division of the Chief Health Officer and the Population Health Services located in the Area Health Services supports:

- high quality of and equitable access to a range of prevention, health promotion and protection services, coordinated with or complementary to local primary health care services
- the rapid mobilisation of resources across the state in response to critical incidents, disasters, significant disease outbreaks and other major incidents
- effective and coordinated working relationships with other sectors at state, regional and local levels which have an important population health contribution in priority areas such as transport, environment, employment, education, housing and primary industry.

The achievement of desired population health outcomes is reliant upon statewide service and investment planning, collaborative program/intervention development and coordination with consistent central and local implementation in line with local requirements and operational management.

Our principles

Focus on populations

- Improve the health status of the population, sub-populations or communities.
- Address the needs of the community to improve health and wellbeing across the lifespan.

Commit to address health inequalities

- Focus on the needs of the most at risk in the population, particularly Aboriginal and Torres Strait Islander peoples and people who are socio-economically disadvantaged or socially marginalised.
- Work with other sectors and levels of government to address the social determinants of health³.
- Focus program/service investment in areas where there are not alternative providers which ensures equitable access for all, regardless of ability to pay or geographic location.

Work in partnership

- Establish and maintain partnerships across and within the health system, all levels of government, industry and other agencies for the achievement of population health outcomes.
- Work with the community to identify and address needs and build capacity.

Commit to quality and continual improvement

- Establish and use quality management systems.
- Use the best information available about what works (and what doesn't) and use the best mix of approaches to get the best value for the investment.
- Undertake monitoring, research and evaluation to assess effectiveness and contribute to the population health knowledge and evidence base.

Be accountable for resources and actions

- Use resources optimally.
- Be a leader for population health at all opportunities.
- Take long term, sustainable action.

3. Health is determined not merely by behavioural, biological and genetic factors but also by a range of environmental, economic and social factors. A safe environment, adequate income, meaningful and valued social roles, secure housing, higher levels of education and social support are all associated with better health and wellbeing. These determinants are referred to as the 'social determinants of health'.

Challenges

Effective delivery of Queensland Health's population health services into the future is dependent on the ability of Queensland's health system to change to meet emerging challenges. These include the pressure on health care services related to the increasing burden from chronic disease and health inequalities related to socio-economic and Indigenous status.

- Responding to rapid population growth, with the majority of the growth projected in older age groups.
- Addressing the high and increasing rates of some health risk factors, such as overweight and obesity. These risk factors are linked to the increasing rates of chronic diseases (for example, type 2 diabetes and renal disease).
- Growing demands on acute care services, which restrict capacity to invest in prevention, promotion and protection.
- Influencing other sectors whose policies and practices have a significant impact on the health of the population.
- Developing sufficient capacity to deliver a coordinated and consistent critical mass of core evidence-based interventions across the State required to achieve the desired population level change.
- Balancing the provision of statewide services while being responsive to local needs.
- Ensuring effective and timely response to changing policies (eg. role of private health insurers in preventive programs) which maximise opportunities to ensure optimal use of resources and equity of access.
- Responding to new and complex population health challenges while maintaining gains already made.
- Responding to the impact of global issues, such as increased mobility, climate change and environmental degradation on population health risks.
- Effectively addressing the greatest burden of disease and ill health that is borne by the most disadvantaged populations, particularly Aboriginal and Torres Strait Islander peoples, and people who are socio-economically disadvantaged.
- Maintaining capacity to provide a diverse range of services that are delivered by a relatively small workforce across Queensland Health.
- Securing the required workforce in an environment of a reduced workforce labour supply.

Strategic directions: **Service development and enhancement 1**

Address the burden of chronic disease and cancer

There is good evidence that a range of interventions are effective in preventing chronic disease and the most common cancers. The population health approach promotes health and wellbeing by addressing the common risk factors of smoking, poor nutrition, alcohol, physical inactivity and excessive sun exposure; and the provision of statewide population screening programs for breast, bowel and cervical cancer.

What are we seeking to achieve?

- Increased adoption of healthy lifestyle behaviours in the areas of nutrition, physical activity, smoking, alcohol consumption and skin cancer prevention to levels that produce health benefits in the general population, early years, young people and among Aboriginal and Torres Strait Islander peoples.
- Increased primary prevention workforce capacity to work with other agencies and the community to reduce population risk factor levels.
- Increased participation by eligible people in the population cancer screening programs for bowel, breast and cervical cancer, particularly in relation to Aboriginal and Torres Strait Islander peoples.
- High rates of vaccination against the Human Papilloma Virus (HPV) in school-aged girls and young women.

What are we going to do?⁴

- Increase our engagement in the governance arrangements for the *Queensland Chronic Disease Strategy 2005–2015* and *Queensland Cancer Control Strategic Directions 2005–2010*.
- Provide support and resources; and facilitate the provision of training for the chronic disease primary prevention workforce within Queensland Health and the non-government sector.
- Provide data collection systems, program evaluation, professional development and quality management of training and resources to support increased availability of evidence-based healthy lifestyle group-based programs, including *Lighten Up to a Healthy Lifestyle* and the *Living Strong Healthy Lifestyle Program* for Aboriginal and Torres Strait Islander communities.
- Support widespread provision of healthy lifestyle programs across the State by promoting the role of private providers and ensuring Queensland Health focuses on facilitating equity of access for those unable to afford alternatives.
- Support the implementation of key initiatives in the *Eat Well Be Active Taskforce Work Plan*, including social marketing, community partnerships grants program, demonstration sites and supply initiatives including *A Better Choice* to increase healthy choices in Queensland Health facilities and those focused on Aboriginal and Torres Strait Islander communities.

4. Please note: supportive environment actions under Service Development and Enhancement direction No. 5 also contribute significantly to addressing the burden of chronic disease and cancer through changes at an environmental level.

- Actively promote the routine inclusion of prevention activities in the services delivered by primary health care providers, including the systematic use of brief interventions and referral mechanisms.
- Support the Queensland Aboriginal and Islander Health Council to research service models that support the provision of chronic disease primary prevention services by community controlled health services.
- Complete the development of an ongoing, well coordinated social marketing program which addresses multiple risk factors.
- Expand and further strengthen the effectiveness of partnership arrangements with local government and other key departments/agencies to deliver joint action for supportive environments.
- Support the increased availability of evidence-based smoking cessation assistance through the establishment, delivery and promotion of a new Quitline telephone service which will provide improved clinical assessments, quit smoking assistance and call-back counselling for smokers wishing to quit.
- Increase the availability of culturally effective programs which address tobacco smoking by Aboriginal and Torres Strait Islander peoples, including event support, quit smoking brief intervention and targeted social marketing.
- Support the development and implementation of a cross-sector strategy framework for skin cancer prevention in Queensland through the Queensland Public Health Forum.
- Develop an evidence-based approach to progress the development and implementation of the early detection of skin cancer in Queensland.
- Negotiate with the Australian Government in relation to statewide implementation of the national bowel cancer screening program and implement the program effectively beyond start-up phase. In particular, to ensure equitable access to Faecal Occult Blood Testing (FOBT) screening and assessment colonoscopy services in accordance with national directions.
- Develop an implementation plan and complete the transition to digital mammography for the BreastScreen Queensland Program.
- Implement social marketing initiatives, workforce strategies, education and training and other service enhancements to increase participation in BreastScreen Queensland and the Queensland Cervical Screening Program.
- Enhance the school-based immunisation program to effectively implement the HPV vaccination program for school-aged girls and young women, and other additions to the national Vaccination Schedule.

Strategic directions: **Service development and enhancement 2**

Invest in actions to address priority population health issues for critical life stages

The health benefits of early intervention initiatives are disproportionately greater for younger age groups (antenatally, infancy and early childhood (0–8 years)). In addition, they are related to improved health and wellbeing throughout the lifespan.

The proportion of the population aged over 65 years is increasing. Falls are the most common form of injury among this age group and result in high costs to the health system and considerable effects for the individual. Most falls by older people are preventable and the benefits of prevention are considerable for both individuals and health care organisations.

Increasing notifications of HIV have been experienced across Australia since 2001⁵.

In Queensland, there are persisting high levels of syphilis in Aboriginal and Torres Strait Islander populations⁶ and hyperendemic rates of chlamydia and gonorrhoea in remote areas. Increasing rates of hepatitis C will have a significant impact on the need for health care services in future. Effective prevention and control requires additional infrastructure, contact tracing, and health promotion strategies targeted at high risk populations.

Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just. There are key stages in people's lives when mental health issues are of particular concern, namely childhood and parenting; and young people. Aboriginal and Torres Strait Islander peoples also experience disproportionately higher rates of mental health and social and emotional wellbeing problems.

5. NSW has been able to reverse this trend after considerable investment in social marketing targeted at gay men and increasing Sexual Transmissible Infections testing and treatment campaigns amongst gay men.

6. Recent declines in this population are promising, but this trend requires confirmation by longer term data.

What are we seeking to achieve?

- Increased access to initiatives relating to parenting and early years services across Queensland.
- Reduced proportion of older people who experience a fall.
- Reduced HIV infection rates in gay and other homosexually active men and prevention of any HIV increase among Aboriginal and Torres Strait Islander peoples.
- Reduced rates of sexually transmissible infections (STIs), particularly in young people, Aboriginal and Torres Strait Islander peoples and others at high risk.
- Reduced rates of hepatitis C infection in high risk populations.
- Enhanced social and emotional wellbeing among Queenslanders, particularly among Aboriginal and Torres Strait Islander peoples.

What are we going to do?

- Monitor the implementation of, and where appropriate expand access to the suite of parenting programs (Triple P Positive Parenting Program and Family CARE nurse home visiting program) across Queensland.
- Actively participate in the planning of parenting and family support services to be delivered through the integrated Early Years Centres (in collaboration with the Department of Communities), including at the trial sites of Cairns, Caboolture, Browns Plains and Nerang.
- Investigate the need to expand the delivery of growth assessment and action programs across Queensland.
- Enhance statewide capacity at population health, health service district, government and non-government levels to implement a multi-strategy falls prevention approach for older people.
- Implement and evaluate the *Queensland Safe Sex No Regrets* campaign in conjunction with other supporting strategies targeting young people in a range of tertiary education settings.
- Develop, deliver and evaluate a multi-strategy intervention for STI and HIV/AIDS prevention that includes a social marketing campaign and strengthening health system response capacity with the population of Torres Strait and Northern Peninsula Area and Cape York, and assess its application to Aboriginal and Torres Strait Islander peoples in other areas of Queensland.
- Work with the service planners in the Area Health Services to address HIV/AIDS, hepatitis C and sexual health clinical service delivery requirements of Logan, Redcliffe/Caboolture and Wide Bay.
- Develop, trial and evaluate mental health promotion service models for Aboriginal and Torres Strait Islander peoples and the early years that can be implemented statewide.
- Evaluate the effectiveness of a multi-strategy approach, including the use of social marketing in relation to mental health promotion, and determine its suitability for statewide implementation.

Strategic directions: **Service development and enhancement 3**

Assess and respond effectively to population health threats and risks

The changing world environment has resulted in an increased risk of bioterrorism, critical incidents, emerging communicable diseases and pandemics. Bioterrorism aims to cause serious physical harm or death; serious risk to public health or safety; serious damage to property; or serious interference with essential systems. Several communicable diseases have emerged over the last decade, which have the potential to cause significant morbidity and mortality (eg. Hendra virus, Australian bat lyssavirus and Japanese encephalitis). There is also worldwide concern about pandemics due to SARS and pandemic influenza.

It is predicted that climate change is going to expose Australia to more frequent and severe natural disasters. There is an increased risk from cyclones, storm surges, sea level rises, bushfire, heatwave, water shortages, drought and increased spread of diseases such as dengue fever, Ross River fever, and Japanese encephalitis.

What are we seeking to achieve?

- Improved incident and disaster management systems and relationships regarding natural disasters and other major incidents and outbreaks, eg. criminal acts, tampering, environmental and food contamination.
- Increased pandemic response capacity and capability to respond to an influenza pandemic should it arise.
- Enhanced prevention and control of mosquito borne diseases, particularly related to the vectors of *Aedes albopictus* and *Aedes aegypti*.
- Improved response capability for toxicology and chemical risks.
- Prevention of the spread of HIV/AIDS from Papua New Guinea and minimisation of the impact of other communicable diseases (tuberculosis, dengue and malaria) on the Torres Strait population.
- Industry compliance with nationally consistent regulation of food safety and standards.
- Improved security of high risk radioactive sources to protect against these sources being used in terrorist activities.

What are we going to do?

- Lead and progress pandemic influenza preparedness to enable an effective containment response.
- Collaborate with other parts of the health system and other agencies to ensure an effective health sector and whole of government response to pandemic influenza.
- Develop and test plans and tools and develop and implement training to assist in the effective management of population health incidents and disasters.
- Develop a service model for the effective delivery of toxicology services and provide training to increase knowledge and skills of the existing workforce.
- Develop, implement and monitor a cross-sector plan for mosquito control in south-east Queensland, including systematic surveillance surveys for *Aedes aegypti* and *Aedes albopictus* and of water hoarding practices, such as the physical condition and maintenance of rainwater tanks.
- Strengthen food borne illness surveillance and outbreak control activities in response to changing food practices.
- Implement new food standards and key provisions of the *Food Act 2006*, including requirements for food safety programs, and food safety systems and equivalent administrative arrangements for state government agencies.
- Achieve compliance with the security requirements of the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Code of Practice for the Security of Radioactive Sources (2007) to decrease the likelihood of unauthorised access or acquisition of the sources by people with malicious intent.

Strategic directions: **Service development and enhancement 4**

Achieve a safe and fluoridated water supply

There is evidence of variance in the quality of drinking water across Queensland. In addition, the rapid emergence of a water crisis has required an effective population health response. Given that recycled water will be added to the water cycle, a robust regulatory system is needed to enable appropriate monitoring and oversight of drinking water standards.

Tooth decay is the most common chronic childhood disease. Despite clear evidence that fluoride helps to prevent tooth decay, Queensland has the lowest proportion of its population living in areas with fluoridated water in Australia.

What are we seeking to achieve?

- Improved drinking water quality and systems for managing treatment and supply of drinking water.
- Greater community acceptance of fluoridated water supply and increased number of communities and proportion of the population that receive fluoridated water.
- Reduction in rates of dental caries in children.

What are we going to do?

- Establish and implement a regulatory system for the monitoring and management of drinking water quality with a focus on rural and remote; and Aboriginal and Torres Strait Islander communities.
- Establish and implement appropriate policy, regulation and monitoring to address the health risks associated with the expansion of recycled water schemes to end users (including commercial industry, agriculture, dual reticulation systems in new residential developments, and for indirect potable reuse).
- Develop and implement communication strategies to increase the community focus on and awareness of health standards and monitoring of drinking water.
- Develop and promote a fluoridation website and community pamphlet to improve community access to evidence-based information related to the safety and effectiveness of water fluoridation.
- Establish and implement appropriate policy to support water fluoridation implementation in the new water environment and ensure the inclusion of fluoridation requirements in the redevelopment plans for water treatment facilities in Aboriginal and Torres Strait Islander communities.

Strategic directions: **Service development and enhancement 5**

Facilitate the creation of healthy physical and social environments

Creating healthy physical and social environments is one of the cornerstones of population health and requires ‘joined-up’ multi-agency, multi-strategy approaches. Planning at local and state/territory levels is most appropriately undertaken using a population (local or regional) or settings (communities, workplaces, homes and schools) approach.

Regional, land use and local government planning (planning schemes and corporate plans) and the planning for major developments and community infrastructure provide ideal opportunities to address upstream health determinants. These include environmental, socio-economic, community capacity and health behaviour factors.

What are we seeking to achieve?

- A dedicated workforce within the population health function to facilitate the inclusion of population health issues in policy; state, regional and community planning; major developments and other land use planning processes.
- An established process within Queensland Health and other government departments for the systematic consideration of the health impacts of state and local policies and major developments.
- Increased access to and use of health status and health determinant data in regional and local impact assessment and planning activities.
- Routine inclusion of population health issues in local government corporate plans.

What are we going to do?

- Develop a service model for the effective engagement in planning processes and seek to deliver this model.
- Develop tools and resources to facilitate proactive engagement in the assessment of state and local policies and major developments.
- Increase knowledge and skills of the population health workforce and other key staff in relation to health impact assessment and in effectively influencing planning processes.
- Engage with town planners and developers to increase consideration of population health issues in policy, planning processes and major developments.
- Actively engage in local government corporate planning processes to ensure positive health (ie. beyond regulatory) is a consideration at a strategic level, eg. design of physical environment to support physical activity, shade creation and access to a healthy food supply; and placement of industry which minimises risks to residential areas.
- Enhanced development and collection of information to provide indicators of health status and health determinants to assist regional and local planning and impact assessment accessed through a web-based portal.

Strategic directions: **System enabler 1**

Achieve and progress a shared agenda for population health and primary prevention with key partners

A range of government, non-government organisations, tertiary institutions and private sector stakeholders contribute to the achievement of population health outcomes. Effective population health action is dependent on the development of a common understanding of complementary roles and a shared vision for the future.

What are we seeking to achieve?

- Enhanced relationship with the local government sector to jointly resolve solutions for local government population health functions, development of new models for service delivery and inclusion of population health issues in local and regional planning.
- Improved collaborative action with the Departments of Communities and Natural Resources and Water, and the Environmental Protection Agency.
- Strengthened capacity of the non-government sector to undertake complementary primary prevention actions.
- Enhanced relationship with Divisions of General Practice for effective collaborative action.
- Enhanced Queensland Public Health Forum that is able to progress critical public health issues and provide a mechanism to support partnership relations.
- Improved collaborative and complementary actions with Health Service Districts for the reduction of avoidable hospital admissions.

What are we going to do?

- Develop, implement and monitor a Memorandum of Understanding with the Local Government Association of Queensland and the Department of Local Government, Sport and Recreation regarding effective joint operations and implementation mechanisms at state and regional levels.
- Provide support for local government for professional development, research and the implementation of new legislation.
- Develop, implement and monitor Memorandums of Understanding with the Department of Natural Resources and Water and the Environmental Protection Agency for effective public health legislation enforcement for water and food safety.
- Facilitate formalised mechanisms with the Department of Communities and other key partners to enable coordinated dialogue to identify priorities that would benefit from collaborative action.
- Develop, implement and monitor the population health component of the Queensland Health/Queensland Divisions of General Practice Joint Work Plan and work collaboratively as a part of Area-based Queensland Health/Division of General Practice forums.
- Actively participate in Primary Health Care Partnership Councils at state, area and local levels for a clear understanding of roles, responsibilities and complementary actions.
- Actively and consistently participate in Regional Managers' Coordination Networks and Regional Health Forums to progress population health issues.
- Actively participate in the Queensland Public Health Forum Executive and processes and support the development of a model to enhance information exchange and the development and monitoring of cross-sector frameworks for priority issues.
- Develop, implement and monitor processes to enable increased engagement by Health Service Districts in appropriate interventions to reduce avoidable hospital admissions related to smoking, falls, risky and high risk alcohol use, overweight and obesity.

Strategic directions: **System enabler 2**

Enhance the effectiveness and quality of operations within a decentralised structure

Queensland Health has a wide range of population health services that are located within the Division of the Chief Health Officer and Area Health Services. These services work together to prevent disease and illness, promote and protect health and wellbeing. The achievement of population level outcomes requires collaborative, coordinated and consistent action across the population health service providers.

What are we seeking to achieve?

- Enhanced statewide planning and priority setting, performance monitoring and coordination with consistent, decentralised implementation and operational management.
- Effective legislation and regulation, including improved consistency and coordination of regulatory functions across the state.
- Increased availability and application of quality management systems across all population health professions and key actions, including policies, protocols, quality standards and processes.
- Establishment and monitoring of minimum service levels for priority issues.
- Improved organisational communication, consultation and decision-making processes.
- Systematic integration of risk management processes (organisational and population health) in planning, monitoring, strategic decision-making, and policy and practice initiatives.

What are we going to do?

- Review existing planning and monitoring processes to include explicit risk assessment and management and provide skills development for staff in this area.
- Implement and annually review, a governance structure that increases senior staff engagement; provides clear linkages between population health and other departmental decision-making processes; strengthens the relationship with Health Service Districts; and provides clarity regarding how and by whom decision-making occurs.
- Implement a Regulatory Oversight Committee to oversee the population health regulatory program, including quality standards and performance monitoring.
- Review the strategic and operational policy framework to guide consistent implementation of regulatory systems, including monitoring of compliance with agreed standards and procedures.
- Develop, implement and monitor processes for improving quality (consistency and coordination) and effective multi-strategy approaches, including the coordination and articulation of the full suite of actions for social marketing campaigns.
- Develop and implement a process for determining minimum service levels (including after hours expectations) and preferred service models to inform workforce planning and resource requirements.
- Develop and routinely review the effectiveness of tools, resources and development opportunities for effective organisational communication and consultation.

Strategic directions: **System enabler 3**

Increase investment in the Prevention, Promotion and Protection Program

Funding is one of the essential inputs required to enable effective delivery of health services and a key driver in the development of a health system that is sustainable over the longer term. In the 2005–2006 financial year, the Prevention, Promotion and Protection Program accounted for 4.0% of the total Queensland Health expenditure⁷. Achieving a balanced investment across the health continuum will involve attaining a better balance in funding allocations between the services aimed at preventing illness and those oriented towards the maintenance and restoration of health. In the future this investment will reduce the burden on the health care system.

What are we seeking to achieve?

- A minimum target level of 5.0% of Queensland Health's total budget allocated to the Prevention, Promotion and Protection Program.
- An equitable proportion of the Clinical Education and Research funds under Queensland Health's funding model allocated to the Prevention, Promotion and Protection Program.
- An effective population health response for areas of high population growth and other areas of need such as rural and remote areas.
- An enhanced regulatory workforce across Queensland Health and local government to enable an effective compliance program for public health legislation.
- Systematic consideration of population health requirements in departmental capital works, asset and other infrastructure planning processes.

What are we going to do?

- Assess and make recommendations for service enhancements and new investments to maximise health gain and deliver effective return on investments.
- Actively engage with Area Health Services' planning and priority setting processes to ensure that population health growth, capital works and other infrastructure requirements are appropriately considered.
- Review and ensure a balanced investment across prevention, promotion and protection actions.
- Develop solid business cases for all identified service priorities.
- Develop and implement revenue generation, and licensing policies and procedures for marketable programs and/or products developed by Queensland Health.
- Actively engage in relevant departmental processes, including the Funding Model development, Resources Committee processes, implementation and review and capital works planning processes.

7. It should be noted that this reflects the total expenditure for the Prevention, Promotion and Protection Program. During this period, Queensland Health's population health function accounted for 1.1% of the Department's total expenditure.

Strategic directions: **System enabler 4**

Enhance collection and use of information to support decision-making and practice

The effective planning, monitoring of and decision-making regarding services requires the timely systematic analysis, interpretation, presentation, dissemination and access to quality assured data and information resources. Participation in and undertaking of research and evaluation activities is a fundamental part of an evidence-based approach to population health.

What are we seeking to achieve?

- Epidemiological information to meet current and future business needs identified and mechanisms established for integrated and coordinated collection and reporting of data.
- Improved contribution to the evidence-base and systematic adoption of evidence-based strategies into policy and practice.
- Increased availability of timely information for the public health regulatory program, including compliance monitoring; and for sexual health, tuberculosis and the Mobile Women's Health Service programs.
- Increased use of population health and health determinant information in the planning processes of Queensland Health and key partners.
- Increased exchange of information between population health partners to improve decision-making, planning and monitoring.

What are we going to do?

- Develop and implement a Population Health Information Plan including a set of key performance indicators and measurement systems and a structured approach to address known information gaps.
- Improve alignment of the Health Promotion Queensland applied research agenda with departmental requirements and planning processes, and implement strategies to improve uptake of findings.
- Develop a system to appropriately monitor and evaluate all population health initiatives.
- Develop a systematic monitoring and reporting program, including the release of an annual report to identify progress made against this Plan.
- Align information systems and infrastructure with national data collection systems and the Queensland Health e-Health Strategy.
- Establish a peer-reviewed publication which will enable communication to key stakeholders of the good practice approaches adopted and the successes attained by Queensland Health's population health workforce and contribute to the national and international evidence-base.
- Implement integrated information systems for the public health regulatory program and sexual health, tuberculosis and the Mobile Women's Health Service program.
- Develop and disseminate a two-yearly series of Chief Health Officer reports (in 2008 and 2010) which will identify outstanding and emerging health issues for the population and priority groups.
- Establish a research agenda for population health with direct alignment to planning and investment processes.
- Develop and implement legislation, Memorandums of Understanding and actively contribute to whole of government sharing through Information Queensland to improve information exchange.
- Strengthen relationships/linkages with universities and research institutes to influence and/or drive the research agenda.

Strategic directions: **System enabler 5**

Attract, develop and retain a skilled population health workforce

Population health recognises the need to attract and retain the workforce required in an environment of reducing workforce supply. In addition, increased investigation and use of strategies that are not heavily reliant on human resources and consideration of alternate models for the delivery of services are required. A commitment to maintaining and enhancing the skills and competencies of existing staff is necessary to meet the increasing and more complex challenges faced by population health services.

What are we seeking to achieve?

- Be known as an employer who values, develops and supports the needs of its employees.
- A robust career structure for population health.
- Service models routinely developed for emergent population health functions.
- Enhanced career mobility within population health.
- Alignment of workforce with population growth pressures, emerging service demands, new service models and workforce reforms.
- Increased proportion of Aboriginal and Torres Strait Islander peoples employed in population health functions.
- More flexible models for entry into population health including traineeships, cadetships, work placements and scholarships.
- Improved work readiness of people seeking to enter population health fields.

What are we going to do?

- Develop and implement systems and incentives to enable Queensland Health to be considered a preferred employer in population health.
- Increase engagement in broader Queensland Health workforce reform processes to ensure the appropriate consideration of population health issues and equitable conditions and career pathways for staff.
- Implement systematic succession management processes to ensure service sustainability.
- Develop, implement and communicate systems and policies that demonstrate to internal and external stakeholders that population health values, develops and supports the needs of its employees. This includes increasing awareness of flexible work options available and reporting on the effectiveness of initiatives.
- Define and communicate skill sets and competencies to assist vocational education and training providers and the university sector to better understand the needs of population health and use them to inform development requirements, including new practitioner types/roles, and engage training providers regarding their implications, and the progression of career maps and structures.
- Promote a more variable career structure conducive to multiple entry and re-entry points.
- Establish stronger linkages with the university and vocational education and training sectors to enhance the work readiness of graduates; including systematic engagement in curriculum development and review processes to ensure award courses reflect contemporary and emerging population health needs; and progressing the implementation of necessary support systems required to take on trainees, cadets and clinical placements.
- Develop options for enabling people who are undertaking study (pre- and post-qualification) to participate in the population health workforce.

Strategic directions: **System enabler 6**

Invest in actions to reduce health inequalities

Health inequalities or systematic differences in health status exist between various groups in the population. In Queensland, substantial inequalities in health exist for Aboriginal and Torres Strait Islander peoples, people living in areas of socio-economic disadvantage, areas of reduced accessibility and greater remoteness, and people from culturally and linguistically diverse backgrounds.

What are we seeking to achieve?

- All programs and initiatives undertaken by population health decrease (or as a minimum do not increase) the health status differential.
- Systematic consideration of and targeted response to the needs of disadvantaged groups in population health policies, programs and projects.
- Increased timely access by disadvantaged groups to an appropriate range of population health services.
- Increased access to evidence on the use of approaches suitable for priority 'at risk' populations.

What are we going to do?

- Systematically assess existing and new services, policies, programs and projects to ensure that they appropriately address the needs of populations most at risk or at least will not increase the health status differential.
- Increase staff awareness of the range of priority populations and effective strategies to address them.
- Invest in the collection and dissemination of evidence on effective approaches to inform strategy development and decisions regarding priority areas.
- Undertake analysis to determine the level of investment required to achieve desired changes and make recommendations for additional investment required in populations of greater need.
- Gather and provide relevant, timely information to other agencies to influence policy and practice.

Where to from here?

The *Queensland Health Population Health Plan 2007–2012* provides strategic direction for the major reform agenda for service delivery and resource investment for the Prevention, Promotion and Protection Program. This Plan will be supplemented by the three-year focused Outcome Area Plans (Cancer Prevention and Control; Chronic Disease Prevention; Communicable Disease Prevention and Control; Environmental Health; Food Safety and Standards; HIV/AIDS, Hepatitis C and Sexual Health; Injury Prevention and Safety Promotion; Mental Health Promotion; and Quality Management) which will provide the strategic direction for Queensland Health's population health function. This Plan will also be used in the development of the whole of Queensland Health enabling plans for workforce, assets, information and funding.

The Population Health Board will oversee the implementation of this Plan. This Board is chaired by the Senior Director, Population Health and is comprised of all senior management responsible for delivering population health services, together with representation from District Managers and the Policy, Planning and Resourcing Division.

A limited set of performance indicators has been developed to monitor performance against the Plan (see Table 2 below). A more comprehensive set of performance indicators which complement the strategic directions articulated in this Plan will be developed and monitored routinely by the Population Health Board. Progress against this Plan and the performance indicators will also form a key platform of the annual report for public health.

The Plan will remain current for a five-year period and will be reviewed and updated every two years, following the biennial review of the Queensland Statewide Health Services Plan. This process will include updating the strategies and further development of specific service developments. Ongoing examination of the emerging evidence, developments at state, national and international levels and consideration of local needs will occur to ensure that the long term health of the population is maintained or improved.

Table 2: Performance Indicators for the *Queensland Health Population Health Plan 2007–2012*

1.	Proportion of the Queensland population adopting healthy lifestyle behaviours related to: <ul style="list-style-type: none"> ■ Fruit and vegetable consumption ■ Physical activity ■ Tobacco smoking ■ Risky and high risk alcohol consumption ■ Safe sex practices ■ Sun protection.
2.	Vaccination rates at designated milestones for the: <ul style="list-style-type: none"> ■ General population ■ Aboriginal and Torres Strait Islander peoples.
3.	Participation rates for eligible populations for the breast, cervical and bowel cancer screening programs, including participation of people with socio-economic disadvantage.
4.	Participation rates in healthy lifestyle programs (private and Queensland Health funded) by Area Health Service and SEIFA.
5.	Number of and completion rate against agreed timeframes of high risk regulatory matters.
6.	Level and proportion of the Queensland Health budget allocated to the Prevention, Promotion and Protection Program.

Feedback and contact details

Comments on the *Queensland Health Population Health Plan 2007–2012* are welcome. Please send your feedback to PHPlanfeedback@health.qld.gov.au or you can contact:

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Further copies of the *Queensland Health Population Health Plan 2007–2012* are available:

- Electronically: www.health.qld.gov.au/ph
- Printed copies available by telephoning: 07 3225 2267



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