

## INVESTMENT

### Staff

Population health experience, skill, knowledge & expertise, including high level medical, allied health professional, nursing and professional staff

### Budget

Population Health Services total is **\$33.6M** (2013-14); comprising:  
\$13.1M State  
\$20.5M Australian Government

### Legislation

Statutory responsibility is central focus and main relevant legislation administered is;

#### Public Health Act 1997

As well as:

Food Act 2003

Radiation Protection Act 2005

Fluoridation Act 1968

Poisons Act 1971

### Partnerships

Leading, collaborating and contracting with others is central, including schools, business health and non-government sectors. For 2013-14 PHS administers 59 contracts/agreements with 39 organisations, totalling \$10.3M. \$8.2M is held centrally by the Finance and Grants Unit and is additional to budget

## WHAT WE DO

### Information for health decisions – from health literacy to health intelligence

- Motivate and educate Tasmanians in disease prevention and early detection
- Provide expert health information, policy and advice
- Interrogate, monitor, report and utilise health related population level data
- Promote making healthy choices easier choices

### Early detection and early treatment

- Monitor and respond to health risks and hazards
- Deliver cancer screening services and facilitate strategic development of cancer care services
- Inform national policy

### Prevention of disease and protection of the population's health

- Prepare for and manage public health and mass casualty emergencies
- Deliver or direct clinical interventions and advise on research, clinical and ethical issues
- Regulate scheduled drugs and poisons
- Develop, monitor and ensure compliance with relevant legislation
- Build and contribute to health promoting systems
- Manage funding agreements with community sector organisations
- Develop, deliver and report on progress on priorities, goals and obligations under National funding or agreements
- Partner with other Government Agencies to ensure consistency in policy and regulation in support of best health outcomes

### Who we reach

- Tasmanian population and communities
- At-risk population groups
- Childcare, schools and workplaces as settings for intervention
- Health care and consumer groups
- Community Sector Organisations
- Health service providers
- Tertiary institutions
- Local, State and Commonwealth governments

## WHAT WE ACHIEVE

### Short term

- Safer food and water supplies

- Timely response to public health threats

- The settings in which Tasmanians live, learn, work and age protect and promote health and wellbeing

- Control of communicable diseases

- Earlier detection and treatment of cancers and other chronic conditions

- Safe and sustainable supply of blood and blood products

- Reduced harms from drugs and poisons

- Greater investment (including financial) is targeted at the health of future generations

### Medium Term

- Safer and healthier environments

- The community is protected from threats to health and safety, or better able to protect itself

- Decision making across the community is informed by quality data and evidence (health intelligence)

- Improved health equity across at risk population groups

- All public health care service providers promote health and wellbeing

- Tasmanians receive contemporary cancer detection and care

- Reduced preventable illness and death from chronic conditions

- Increased healthy eating and physical activity

- Reduced harms from smoking and alcohol

### Long Term

- Reduced burden of disease in Tasmania

- Safe and healthy communities and individuals

### Assumptions

- Continued Government commitment to health protection and promotion, disease prevention, equity, and early intervention services;
- Continued support from strategic, research and community partners;