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PHAA Planning Day Board Meeting in Melbourne

Cathy Mead, PHAA President

The Board held a planning day in Melbourne on 17 February. It was a lively day, and I appreciate the enthusiastic contribution of all the members of the board.

We decided on a number of priorities that we agreed will guide the work of the Board over the next year. These are:

Aboriginal and Torres Strait Islander Health; nutrition physical activity and obesity; child health; mental health and mental health promotion; climate change; workforce develop in public health; and issues of research translation and evidence in public health practice.

We discussed a range of ways for the Board to engage with these issues, including supporting the relevant SIGS, seeking resources to update our policies, and enhancing our advocacy effort based on our current policies and updated policies. We will report back to members via In Touch and the website on our activities in these areas.

We also spent sometime discussing the Journal, ANZJPH, and its future in the age of electronic publishing. I see it as the flagship of our organisation and a major part of Australia's public health infrastructure and we will be seeking ways to enhance its circulation.

Inevitably we discussed membership fees and the fee structure. As a Board we are very mindful of our responsibility to ensure that the organisation serves its members well. We agreed that no change would be made to membership fees this year and we aim to reduce fees in the longer term.

We also briefly touched on PHAA's role in the current debate on abortion and access to abortion services. Our primary goal in this area is the prevention of unplanned pregnancies and we recognise that there is a wide range of ethical and religious beliefs regarding abortion in the Australian community. The most effective way of achieving this is through comprehensive sexual health education, and easy access to a wide range of contraceptive options.

The criminal law is an inappropriate vehicle – both in principle and practice – for regulating the provision of abortion. Our policy therefore holds that all reference to abortion should be removed from the criminal laws and codes of the States and Territories of Australia, and should be regulated, as are all other medical services, under the health care legislation.

The Women's Health SIG is currently developing an updated set of Fact Sheets in support of our position. These will be available on our website in the next few weeks.

Prevention of Unplanned Pregnancies

Vicki Lambert

The abortion debate has reignited once again in Australia, and both pro-choice and pro-life lobbyists have entered the public and political arena with renewed vigour. Abortion is a divisive and contentious community issue and the need to address this issue in a constructive manner is critical. One option is moving the issue to a preventive paradigm, rather than focusing on legislative change or challenging women's health rights. The adage 'prevention before cure' is an area of interface for both pro-choice and pro-life factions and is one possible way forward in this difficult debate.

Australia has the second highest abortion rate for any developed country: 22.2 per 1000 abortions (15-44 year olds) and 20 per 1000 live birth (15-19 year olds). The public health implications, including the cost to the community both short and long term, are considerable (Short, 2000). Giving birth while still a teenager is also strongly associated with disadvantage later in life (UNICEF: Teenage Births in Rich Nations).

Australia must learn lessons from the global health arena. In 2002 I undertook a study tour to Sweden, UK and The Netherlands to investigate preventive pregnancy programs in these countries. In particular, The Netherlands is an important gold standard model for reducing rates of unplanned pregnancies (low unplanned birth rates, low abortion rates). The Healthy Respect Project (UK) is a three-year national health demonstration project focusing on young people's sexual health. The program's aim was to reduce sexually transmissible infections (STIs) and unplanned pregnancy rates amongst a cohort of young people within the Lothian District. To date, independent assessment of this program by the University of Aberdeen has indicated that the project is meeting its objectives. The Swedish Youth Clinic Model has also proven successful in reducing STIs and unplanned pregnancies. Swedish levels of welfare assistance for young women who continue with their pregnancy are also of merit. The efficacy and effectiveness of widespread use of emergency contraception and RU486 (Mifepristone) in overseas countries also require further investigation.

It is important to recognise that there is no 'Magic Formula' that will provide all the answers. What is important is the need for health professionals from both sides of the abortion debate to join forces to seek solutions. There are many reasons why unplanned pregnancies still occur in an era of ready availability of contraceptives. Psychosocial factors (e.g. self esteem, financial, cultural, accessibility) impact on health outcomes and need to be taken into account in developing effective preventive interventions. School sexual health programs are thus only one 'prong' for effective intervention. Sexual health is a community issue and a community response is required. Sexual and reproductive health education is not the sole responsibility of our education system. Pro-choice and pro-life health professionals have an important contribution to make in the shift towards a preventative paradigm. The time for a united front has arrived!

"Too Little, Too Late and Too Biological" (Research comment from teen about their school sexual health education program- Teenage Pregnancy Strategy UK)

Short RV. A wish list for improving Australian women's reproductive health in the new millennium. Aust NZ J Obstet Gynaecol 2000 Feb; 40 (1): 7-9

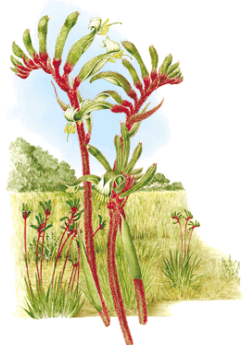
Child Protection Australia 2003-04

This report is based on information from three national child protection data collections - child protection notifications, investigations and substantiations; children on care and protection orders; and children in out-of-home care. These data are collected each year by the Australian Institute of Health and Welfare from the community services departments in each state and territory. Most of the data in this report cover the 2003-04 financial year, although data on trends in child protection are also included.

Catalogue No. CWS-24, Available from CanPrint (ph: 1300 889 873); \$24.00

36th Public Health Association of Australia Annual Conference

Successes in Public Health Call for Papers



25 -28 September 2005, Sheraton Perth Hotel, Perth WA

For more information go to the PHAA website at: www.phaa.net.au

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From the Women's Health Special Interest Group

Rhonda Small and Angela Taft
Co-convenors

Following our AGM teleconference in December 2004 with the election of convenors and our national committee for 2005, the Women's Health SIG already has a number of issues on the agenda and priority areas to address for this year.

Abortion rights..on the agenda again

Sadly we find ourselves faced yet again with the re-opening of a debate on women's right of access to legal, safe and affordable abortion. In response, pro-choice coalitions are forming or re-forming in most states. Cathy Mead, PHAA President, was one of the key speakers at a press conference held in Melbourne on 6 February with a range of organisations including the YWCA and Liberty Victoria. The resulting TV and press coverage highlighted the arguments for not turning back the clock on this issue.

PHAA's current policy on abortion emphasises that 'the primary public health goal in the area of unplanned pregnancy must be prevention'. It also supports the removal of abortion from the criminal laws and codes of the States and Territories and underscores the importance of abortion services that are available, safe and equitable. The policy further argues that Medicare rebates for abortion should provide adequate recompense. The Women's Health SIG will be reviewing the Abortion Policy during 2005.

PHAA's Abortion Kit is currently being revised and updated and it's hoped it will be ready to launch in Victoria on International Women's Day. We know from feedback about the earlier versions of this kit that it has been a resource well-used and valued by politicians and journalists in particular. The new Facts Sheets will provide updated information where this is available and these will be circulated widely to politicians not already committed, journalists, and advocates who support a public health approach to termination of pregnancy. The revised Facts Sheets will also be available on the PHAA Website.

Cervical Health - Future Directions - A Women's Health Forum

The SIG has been approached to consider the revised draft NHMRC Guidelines for the Management of Asymptomatic Women with Screen Detected Cervical Abnormalities (which can be viewed at www.csp.nsw.gov.au/nhmrc/doc4comment.php) and to participate in a forum on Monday, 14 March 2005 in Canberra to provide information to key women's organisations about the revised guidelines.

Cathy Mead will be attending the forum in behalf of PHAA and the Women's Health SIG and discussions have already been held with a range of PHAA members on what are very complex epidemiological and public health issues involved in the recommended changes to the guidelines. If there are issues any members think should be raised, please email Angela/Rhonda by Friday 11 March (a.taft@latrobe.edu.au; r.small@latrobe.edu.au).

PHAA Policy revisions due this year

The Women's Health SIG will be considering each of the following PHAA policies due for review in 2005 and we welcome input from all interested PHAA members:

- Women's health in Australian overseas aid programs (with International Health SIG)
- Emergency contraception
- Abortion

continued on next page

- Domestic violence/family violence
- Trafficking in women and children for prostitution
- Maternity leave, equity and women's and children's health

Contact either of us via email: r.small@latrobe.edu.au or a.taft@latrobe.edu.au

Women's Health SIG Gathering at the Fifth National Women's Health Conference, Melbourne, 20-22 April

We'd like to end this SIG update by warmly inviting all PHAA members attending the Fifth National Women's Health Conference being held in Melbourne from 20-22 April to an informal SIG gathering with drinks and nibbles on Thursday 21 April from 5.30-6.30pm in the Belair Room at the Conference venue (Carlton Crest Hotel, Queens Parade, Melbourne). For information about the Women's Health Conference go to: <http://www.womenshealth2005.com.au/program.htm>

Annual report, Primary Health Care Special Interest Group

Helen Keleher

The members of the Primary Health Care SIG represent many good things that characterize PHAA – they are steadfast, committed, passionate, believe in a better future...and never, ever give up their vision! Our recent AGM made the following decisions:

2005 Committee

Convenor Helen Keleher
Committee Fran Baum
Paul Butler
Gai Wilson
Laurann Yen
Sansnee Jirojwong
Jane Sims

After much robust debate, agreement was finally reached on the revisions to the PHAA Policy on Primary Health Care. The Policy has been through the process of endorsement and we are delighted that it is now available on the PHAA website.

For 2005, the SIG has committed to:

- Completion of the Scoping Paper of PHC in each jurisdiction
- Make visible a stronger alignment with People's Health Assembly
- Disseminate information and support People's Health Assembly in Ecuador, July 2005
- Participate actively in the National PHC Network
- Advocate for PHC in next Australian Healthcare Agreement and advancement of policy frameworks for PHC in Australia

We always welcome new members so please consider joining our the PHC comrades to make your contribution to primary health care advocacy and development activities through PHAA!

Happy 26th Anniversary to the Alma Ata Declaration on Primary Health Care!

Overweight and obesity

Mary Osborn, NSW Branch

It is very interesting looking at the PHAA 1998 position statement on overweight and obesity. The most recent survey from Australia,¹ suggests that 67 per cent of adult men and 52 per cent of adult women are overweight or obese. Similar increases have occurred in overweight and obesity in children, and over the period 1985 to 1995, overweight and obesity doubled (now some 20 per cent of Australian children are in the overweight/obese category.² This increase is mirrored in many countries throughout the world.³

The increasing prevalence of obesity in Australian children and young people parallels that observed in most other countries. Childhood obesity is important as it tracks into adulthood and is associated with cardiovascular risk factors normally seen in adults. But most immediate is the psychosocial impact of obesity for children.

PHA NSW has accepted the invitation to sit on the Advisory Committee of the NSW Centre for Overweight and Obesity (COO). COO works very closely with also newly established NSW Centre for Public Health Nutrition (CPHN) and NSW Centre for Physical Activity and Health (CPAH). These three organisations make up a formidable trio and hopefully their participation will seek to address a major risk factor in disease prevention. As CPAH states on its web site "Physical activity ranks second (to tobacco control) as the most important factor in disease prevention in Australia. Physical inactivity is responsible for between 8,000-13,000 deaths per year in Australia, and costs the health system at least \$400 million in direct health care costs."

For further information on these three centres visit the web sites:

<http://www.cphn.biochem.usyd.edu.au/>

<http://www.cpah.unsw.edu.au/index.htm>

(Footnotes)

¹ Dunstan D. et al. *Obesity and associated disorders in Australia. Final report of the Australian diabetes, obesity and lifestyle study (AUSDIAB)*. 2001, International Diabetes Institute: Melbourne.

² Booth ML., et al., *The epidemiology of overweight and obesity among Australian children and adolescents, 1995-97*. Aust NZ J Public Health, 2001; 25: 162-169.



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Epidemiologist - Tropical Public Health Unit Network, Cairns, Public Health Services Branch.

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PHAA Members Launch the People's Health Movement Australia

Sally Kingsland

In December 2000, an historic first People's Health Assembly (PHA2000) was held at Dhaka in Bangladesh. Over 1400 progressive health activists from 92 countries gathered for a week to share experiences, analyses and strategies. The meeting followed 18 months of preparatory work towards the goal of reinstating the 'Health for All' principle of the Alma Ata declaration to its rightful place in the development agenda. The personal testimonies were a key feature of the meeting; stories from different communities where the struggle for health is at its sharpest.

This was a unique meeting for several reasons. It was a meeting of grassroots practitioners and activists and community based NGOs; not government officials. The dominant perspective on problems and pathways to health development was a bottom-up third world perspective. Among the sponsors of this position were a small number of Australian and New Zealand participants, including PHAA members David Legge, Fran Baum, Frank Tesoriero and Rob Moodie.

The participants of PHA2000 recognised themselves as part of a global People's Health Movement and authorised a small group of organisers and activists to put a global infrastructure in place to sustain and build upon the energy of the December 2000 gathering. They have since undertaken further initiatives and projects to advance the shared program, and have organised further meetings under the name of the People's Health Movement (PHM).

At the first Assembly, the participants reviewed their problems and difficulties, shared their experiences and plans, and formulated and endorsed the People's Charter for Health. The Charter sets out a clear analysis of the causes of global inequity in health and expresses a range of strategies and policies to redress those causes. It is now the common tool of a worldwide citizen's movement committed to making the Alma-Ata dream a reality.

Since the first Assembly, the PHM has undertaken a wide range of campaigning, projects and activities, including co-organising the International Health Forum held in Mumbai in January 2004.

A group of PHM representatives from India, Ecuador, South Africa and Nicaragua attended the 2004 world health promotion conference in Melbourne and, in association with that conference, undertook a speaking tour to Adelaide, Melbourne and Sydney. Many health activists were inspired by the vision presented by these PHM leaders and realised that it was the right time to bring the work of the PHM in Australia to a more active and more organised status.

The goal of the PHM in Australia, known as PHM Oz, is to (re-)establish health and equitable development as top priorities in local, national and international policy-making, with comprehensive primary health care as a central strategy for achieving these priorities. It also aims to draw on and support people's movements in their struggles to build long-term and sustainable solutions to health problems.

A small number of activists are currently working in South Australia, Victoria and NSW to create PHM Oz as a network of interested individuals and health organisations. PHM Oz will provide a link with and support the global movement as well as undertaking advocacy work within Australia.

The second Peoples' Health Assembly will be held in Ecuador in July this year. PHM Oz aims to be represented by a well-networked Australian contingent, including strong representation of Aboriginal health activists.

Launches for the NSW and Victorian branches of PHM Oz will take place this month in Sydney and Melbourne on the 21st and 24th March respectively. These will include some short presentations and a discussion about the direction of PHM in Australia.

For more information: info@phmoz.org , People's Health Movement (Australia) phmoz.org
People's Health Movement (Global) phmovement.org

Strengthening the economic case for prevention

The Australian Chronic Disease Prevention Alliance (ACDPA) seeks to encourage more investment in the prevention of chronic disease. While the new ACDPA publication *Chronic Illness: Australia's Health Challenge: The Economic Case for Physical Activity and Nutrition in the Prevention of Chronic Disease* puts forward many of the economic arguments for prevention, there are still significant gaps in the economic evidence.

To strengthen the case for greater sustained investment in prevention, we need more evidence of the efficacy of interventions in comparable outcomes measures such as Quality Adjusted Life Years (QALYs) or Disability Adjusted Life Years (DALYs). And to do this, we need more funding.

ACDPA member organisations – Diabetes Australia, Kidney Health Australia, National Heart Foundation of Australia, National Stroke Foundation and The Cancer Council Australia – call for greater funding for the collection and analysis of comparable efficacy data in public health research.

The economic case for prevention needs relevant efficacy and cost effectiveness data. If we are serious about building our case, we need to collect economic evidence alongside the health outcomes data in all current and future interventions and research.

Copies of the ACDPA documents *Chronic Illness: Australia's Health Challenge* are available on ACDPA member websites, including www.heartfoundation.com.au/acdpa or from the ACDPA Executive Officer, Helen Egan ACDPA@heartfoundation.com.au. They were produced with financial support from the Australian Government, Department of Health and Ageing.

SA Hospital Substitution Program to Grow Rapidly

An innovative healthcare-at-home program designed to avoid unnecessary time in hospital is expected to benefit up to 7000 people in South Australia in the next year.

Advanced Community Care, a non-profit organisation formed by a collaboration of South Australian community-based service providers and general practitioners, will fund a major expansion of services during 2005.

Mr David Meldrum, Chief Executive Officer of Advanced Community Care, said home health care as an alternative to hospital was a global trend in developed countries, particularly the United Kingdom, New Zealand and Canada. "International evidence shows that many conditions that required a trip to hospital in the past can now be safely treated at home," Mr Meldrum said. "In some regions up to 30 per cent of people who would previously have needed to use a hospital are now treated in the community."

Advanced Community Care funds community agencies to coordinate home-based health services recommended by the patient's doctor, ranging from observation and regular visits by a nurse to management of medications, intravenous antibiotics, complex wounds and catheters. They also arrange any home support services, such as help with meals, housework, hygiene, overnight companionship and equipment, to make it possible for the patient to remain at home.

"Advanced Community Care has developed an innovative model of health care that enables a rapid response – our providers can be delivering services in people's homes within two hours," Mr Meldrum said.

continued on next page

SA Hospital Substitution Program to Grow Rapidly - continued from previous page

General practitioners or hospital emergency departments refer their patients to Advanced Community Care through an easily accessible Contact Centre that is staffed by highly experienced registered nurses. Mr Meldrum said that in the long term, strategies such as health care at home would make the health system more affordable by creating greater capacity in hospitals. “The cost of home health care ranges from less than \$100 to \$1000, compared with an average of close to \$3000 in a hospital, yet the health outcomes and consumer satisfaction are just as good.”

Two programs funded by Advanced Community Care are: Metro Home Link, which is aimed at people of all ages who live at home, and Advanced Care in Residential Living for people living in aged care facilities. Currently nearly 60 Adelaide aged care facilities are involved in the program. Advanced Community Care was established in 2002, and the programs started operating late in 2003. The work builds on the success of earlier programs, such as Hospital at Home. In 2003, the State Government’s Generational Health Review recommended that hospital substitution should be expanded to take a major role in health care.

“This led to a number of leading service providers forming Advanced Community Care, to offer the Government a way of ensuring that hospital substitution was rolled out in South Australia in a coordinated, systematic way,” Mr Meldrum said.

Late last year Advanced Community Care received a major funding boost from the State Government to enable rapid expansion.

“Giving more people the choice of health care at home is the right model for the future, because not only does it enable people to be safely cared for at home, but also it gives hospitals greater capacity to cope, resulting in less waiting time and the availability of more beds,” Mr Meldrum said. “The majority of people, given a choice that they believe is safe, would prefer to receive health care services at home.”

About Advanced Community Care

Advanced Community Care was formed in late 2002 by South Australian health and community service providers. The membership now consists of the ACH Group, Adelaide NE Division of General Practice, Australian Restorative Care Services, Helping Hand Aged Care, Churches of Christ Life Care, Masonic Homes, Metropolitan Domiciliary Care, Royal District Nursing Service, Resthaven, SA Divisions of General Practice, Italian Benevolent Foundation, Southern Cross Care and Uniting Care Wesley – Adelaide

Further information:

David Meldrum, CEO, Advanced Community Care

Tel: (08) 8206 0000 or 0400 443 011

Rowena Austin, Austin Williams PR

Tel: (08) 8227 2155 or 0419 860 497

Items of Interest

Australia's Mothers and Babies 2002

This is the twelfth report in the annual series prepared by the Australian Institute of Health and Welfare's National Perinatal Statistics Unit (NPSU), providing national information on the pregnancy and childbirth of mothers and their babies. Two special features are included in this year's report: a chapter on homebirths and birth centre births, and a chapter on births from assisted reproductive technology (ART). The report also provides data on the number of mothers with a history of previous caesarean section and their current method of birth, and the type of anaesthetic administered for operative deliveries.

Catalogue No. PER-29, Available (mid Jan 2005) from CanPrint (ph: 1300 889 873); \$30.00

Report on the Evaluation of the Perinatal National Minimum Dataset

This report presents statistics on trends in the employment of nurses in Australia. It is based on the main findings of the 2001 national survey of registered and enrolled nurses, and includes registration and enrolment data for 2002. Information presented in this report includes the number and characteristics of registered and enrolled nurses in each geographic region and in each state and territory, their age and sex profiles, type of nurse, area of clinical nursing, work setting and hours worked.

Catalogue No. PER-27, Available from CanPrint (ph: 1300 889 873); \$30.00

National Report on Health Sector Performance Indicators 2003

The national report on health sector performance indicators 2003 is the sixth in the series of reports to the Australian Health Ministers' Conference. It provides a comprehensive picture of the performance of the Australian health sector in regard to health status, health determinants and health services. The report will be relevant to the broader community as well as health policy makers, health professionals and researchers interested in the performance of the health sector.

Catalogue No. HWI-78, Available from CanPrint (ph: 1300 889 873); \$42.00

Disability Support Services 2002–03: the first six months of data from the Commonwealth State/Territory Disability Agreement National Minimum Data Set

This report is the first AIHW publication dealing with data from the first year (2002-03) of the redeveloped Commonwealth State/Territory Disability Agreement National Minimum Data Set collection (CSTDA NMDS). This report focuses on service users and their characteristics and service type outlets funded to deliver CSTDA services, within the first six months of 2003. Previous reports since 1995 have dealt with 'snapshot' data from a single day.

Cat. No. DIS-35, Available from CanPrint (ph: 1300 889 873); \$25.00

Medical Labour Force 2002

This report presents demographic and labour force statistics on the medical profession in Australia. It is based on the main findings of the 2002 national survey of registered medical practitioners.

Information presented in the report includes the number of registered practitioners in each state and territory, their age and sex profiles, areas of practice, medical specialties and hours worked. The report also includes

Items of Interest

comparisons with the medical profession five years earlier using data from the 1997 national survey of registered medical practitioners.

Cat. No. HWL-30, Available from CanPrint (ph: 1300 889 873); \$22.00

Adoptions Australia 2003–04

This report presents adoption statistics provided by state and territory community services departments for the period 1 July 2003 to 30 June 2004. The report covers all finalised adoptions, including information on adopted children, adoptive families and birth mothers. It provides data on the number of requests for information and the number of contact and information vetoes lodged by parties to an adoption. Important trends in the number of adoptions occurring in Australia over the last 30 years are also a key feature of the report.

Catalogue No. CWS-23, Available from CanPrint (ph: 1300 889 873); \$24.00

Data Quality of Aboriginal and Torres Strait Islander Identification

This report examines the quality of identification of Aboriginal and Torres Strait Islander clients in seven data collections. The analyses focused firstly on the extent to which Indigenous status was missing or not stated in each data collection and, secondly (where possible) whether improvements in data quality had occurred over time. Thirdly, variations in data quality were explored in relation to particular groups of clients (e.g. age, sex, or service type) and by geographic location.

Cat. No. HWI- 79, <http://www.aihw.gov.au/publications/index.cfm/title/10081>

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World Health Organization, Geneva
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WHO guidance
World Health Organization, Geneva

Cost US\$34.20 Order No. 1152068
Email: publications@who.int

Comparative Quantification of Health Risks: Global & Regional Burden of Disease Attributable to Selected Major Risk Factors

World Health Organization
Cost US\$108.00 Order No. 11500554

Email: publications@who.int

Building Blocks for Tobacco Control: A Handbook

World Health Organization
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