

WORKSHOP RESEARCH DESIGN AND ANALYSIS IN PUBLIC HEALTH

By Margaret Shapiro,
 QLD Branch
 President



In August 2001 the Queensland Branch of the PHAA in association with James Cook University and other universities conducted an intensive workshop on practical and theoretical aspects of research design and quantitative data analysis for public health professionals. The workshop co-ordinators were Drs Petra Buettner and Reinhold Muller of James Cook University, Townsville supported by Prof. Bob MacLennan (QIMR, Brisbane) and Dr Sansnee Jirojwong (Central Queensland University, Rockhampton). The workshop was held on beautiful Magnetic Island situated just 8 km off the coast of Townsville, North Queensland. The workshop was thoughtfully planned leaving the participants sufficient time for exploring the Island during early afternoons, while lectures and practicals were limited to the mornings and late afternoons.

Members of the PHAA and others who wanted to gain, refresh, or update knowledge on research design and data analysis were invited to participate.

Fifteen enthusiastic participants were attracted to the workshop (and the tropical setting), most participants living in Queensland, but some flew in from Victoria and Tasmania.

The main focus of the workshop was on quantitative methods in public health; however, a short introduction to qualitative methods was also included. The workshop tried to provide a general overview of research methodology in public health, introducing the main research designs and discussing the roles of random and systematic errors. The participants seemingly enjoyed the critical analyses of several published articles which is a most successful teaching tool for research methodology in PH. The basic principles of medical statistics relevant to public health were revised and the preparatory steps leading to multivariate statistical analysis were also introduced. Participants learnt the basic language of a statistical software program and by the end of the course several people were prepared to discuss their own research proposals in the group.

The overwhelming feedback of the group was so positive that we have to believe that we reached our declared aims of the workshop which were that participants should now:

- be able to critically read publications;
- have a starter kit for "How to conduct research";
- gain a vocabulary for effective communication with researchers and statisticians; and,
- strengthen links with other members of the public health community.

The participants' enthusiasm also encouraged us to plan future workshops on specific issues of research design and analysis – in North Queensland.

Petra Buettner, PhD and Reinhold Muller, PhD

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Statement of the Public Health Association of New York City

Adopted by the Executive Committee In a meeting by conference call, Monday, September 17, 2001

Friends and colleagues from throughout the United States and many other nations have sent messages of condolence and inspiration to PHANYC and have inquired about public health work in the face of such tragedy. PHANYC mourns the loss of so many lives in New York City, Washington, and

Pennsylvania as a result of terrorism. PHANYC honors and supports the firefighting, police, construction, medical, public health, and other personnel who have performed such extraordinary and courageous services for our people. PHANYC condemns all acts of terrorism, which can wound and destroy not only the lives of individuals but also community well-being and public health. PHANYC pledges to continue to work for a broad public health response to the catastrophe, which includes:

Care - Support for:
-Medical and social service assistance for the surviving victims and their families
-Mental health services and counseling for relatives and others close to those who have died or are missing
-Public health, medical and other workers who have provided and continue to provide these essential services
Well-being - Promotion and protection of
-Conditions that support the health

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AIHW Project Provides Unique Perspective on Health



A new burden of disease electronic discussion group has been established by the Australian Institute of Health and Welfare (AIHW) to share the latest information on the incidence, prevalence and disability states for 176 diseases and conditions.

Head of the Institute's Summary Measures Unit, John Goss, said the discussion group was a step towards improving the epidemiological estimates presented in its report *The Burden of Disease and Injury in Australia*.

'The report produced preliminary estimates of incidence, prevalence and disability states for 176 diseases and conditions for 18 age-sex groups, and analysed the impact of 10 important risk factors on each of these diseases and conditions.'

'We now need epidemiologists, clinicians, health planners and those working in the disability area to contribute to future improvements in these data, disease models and disability weights.'

The electronic discussion group works in a way similar to that of other listserv groups on the web. Comments on the burden of disease material are submitted to all members of the group, and group members can reply to these postings.

The discussions on a particular topic are kept together, and when the discussion thread is completed it is archived. Archived threads can be read but not altered.

Members of the discussion group will be able to subscribe to sections that interest them. Current sections include: communicable diseases; cancer; diabetes and other endocrine and metabolic

disorders; mental disorders and congenital anomalies; nervous system and sense organ disorders; cardiovascular and chronic respiratory conditions; diseases of the digestive and genitourinary systems and oral health; skin and musculoskeletal diseases; injuries; and Indigenous health.

For further information on the Australian burden of disease project and the electronic discussion list visit the AIHW website at: www.aihw.gov.au/bod/discussgroup.html or contact John Goss, Summary Measures Unit, tel. 02 6244 1151, fax: 02 6244 1199 or e-mail: john.goss@aihw.gov.au

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Statement of the Public Health Association of New York City

of the people of New York City
-Medical and public health services, including environmental and occupational health services, for all in New York City

-The public health infrastructure of New York City, which is required both in extraordinary times and to meet the continuing needs of our people

-Respect for every person and avoidance of recrimination against any person

or group in New York City and, more broadly, maintenance of civil liberties and human rights

-Efforts to deal with the long-term consequences of the tragedy for New York City, the nation and the world

Justice and Peace - Advocacy of
-National policies that seek punishment under international law of perpetrators of violence rather

than retaliation and perpetuation of conflict and violence

-Renunciation of use of force for vengeance and war against populations, which can wound and destroy not only the lives of individuals but also community well-being and public health

-City, national and international policies that seek to alleviate some of the antecedents of the tragedy, including social and economic disparities, health disparities, injustices and violations of human rights that contribute to conflict and violence

PHANYC welcomes the help of all who are concerned about the health of our people.

PHAA RESPONSE

The PHAA has written to the Public Health Association of New York offering our condolences and support for their efforts during this very difficult time.

It is worth noting that terrorism has not been a public health issue in Australia up until the present time. However, in a period where the global community has often been mentioned but has yet to be achieved, the issue of terrorism is no longer one we can simply ignore because it hasn't yet reached our shores.

The PHAA continues to stand against the inevitable impacts of war, including terrorism. Members please refer to both the older policies on this issue and the policies which were adopted at the recent Annual Conference which are now on the website.

PHAA Member Receives Fulbright New Century Scholarship



Mark Darby, Executive Director, Australian-American Fulbright Commission, Dr Gabrielle Bammer and Professor Ian Chubb, Vice Cancellor at ANU.

Dr Gabriele Bammer is the sole Australian recipient of an internationally prestigious Fulbright New Century Scholarship. She will join a high profile group of international health researchers exploring “The Challenges of Health in a Borderless World” over the next twelve months. Australia’s leading researcher into the prescription of heroin as a means of treating heroin addiction, Dr Bammer is Deputy Director and Senior Fellow at the National Centre for Epidemiology and Population Health at the Australian National University.

The 2001/2002 New Century Scholar topic of “The Challenges of Health in a Borderless World”, will be coordinated by Dr Ilona Kickbush, Head of the Division of Global Health at Yale University School of Medicine. Dr Bammer will join a group of 30 leading international researchers from the United States, China, India, Japan, Peru, Russia,

South Africa, Uganda and ten other countries.

Dr Bammer will join the inaugural Fulbright New Century Scholar group for an international orientation program at the Rockefeller Bellagio Conference Centre on Lake Como in Italy, at the end of October. She then plans to spend six months at Harvard University. Through understanding the latest research in negotiation, policy development in civil society and multi-disciplinary approaches, Dr Bammer aims to develop a systematic, theoretical and methodological approach to tackling complex and controversial public health issues.

The New Century Scholar program will provide a virtual seminar for all the New Century Scholars mid 2002 and conclude with a two week seminar in Washington DC in November 2002.

The aim of the program is to provide a unique platform for the multinational and multidisciplinary investigation of the concept of public health and the challenges and potential solutions for addressing public health issues on a global basis. A publication of the outcomes of the program and New Century Scholars work will be produced following the seminar.

The potential topic for the 2002 / 2003 Fulbright New Century Scholar Program is:

“Addressing Sectarian, Ethnic and Cultural Conflict within and across National Borders”

Applications will be called for in March/April 2002, and details available at www.fulbright.com.au For further information contact – Mark Darby, Executive Director, Australian-American Fulbright Commission, Ph: 02 6240 4460

From the Secretariat

As this is our last edition for 2001 I thought that I would bring you a little news from the Secretariat. It has been a fruitful year, with the Secretariat completing its staffing down sizing while maintaining all its services to members.

Some of those services have now changed - for example - we now have the membership directory up on our website in the members only section which has provided a considerable savings over printing and distributing the directory to members annually. The directory will be updated bi-monthly.

The domination issue in the Secretariat, however, has been the production, distribution and media follow up for our policies in an election year. Most notable, have been the development of our top ten public health priorities and the re-energisation of the Friends of Medicare Campaign. Both have only been possible because of the exceptional effort of our Vice President (Policy), a small group of enthusiastic members, and our part time (and unfortunately, temporary) policy officer. Both policy campaigns elicited significant media coverage in the lead up to the election and the responses from individual candidates to our top ten public health priorities were published on our website.

We have also put considerable effort into developing our relationships with non-government organisations that have similar policy objectives. Most notable amongst these have resulted in joint policy statements on tobacco, drugs mental health and alcohol, emergency contraception and dental health. Each of these joint policy statements have been championed by an individual member or Special Interest Group, showing the impact of enthusiastic members.

The internal policy officer has been focused on updating the Health Promotion Special Interest Groups policies. The revised versions of these

policies will go to the SIG for discussion in mid November.

The Secretariat has also been closely involved with the Policy Action Committee, under the Vice President (Policy), leadership.

The policy development process has been

revised to reflect the complexity of policy instruments we now use. The revised processes are now on the website and can be found under (about phaa- Policy).

At a more mundane level, there has been

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Place Curtin
University ad
here

For Your Information

Quality Use of medicines in Aboriginal Communities – the final report of this project was recently released. For more information or to obtain copies contact Lance Emerson from the Pharmacy Guild of Australia on 02 62701888 or e-mail: lance.emerson@guild.org.au

Improving Oral Health for Older People – an on-line oral health educational program has been released. It is designed to assist pharmacists and other health professionals and carers of older people identify ways to assist carers and older people achieve better oral health. The site looks at problems with teeth, gums and dentures as well as other common oral health conditions that affect older people. The program is hosted on the Victorian College of Pharmacy's on-line education web-site at www.PharmaCE.vic.edu.au.

National Injury Prevention Plan

The Commonwealth Department of Health and Aged Care (DHAC) has recently (August 2001) released the 'National Injury Prevention Plan. Priorities for 2001-2003' and its accompanying 'Implementation Plan'. The goal of the plan is to reduce the incidence and impact of injuries on the health and wellbeing of Australians. The aims are to:

- focus national injury prevention efforts towards four priority areas: falls in older people, falls in children, drowning and near drowning, and poisoning among children;
- strengthen national infrastructure to improve knowledge and implement prevention activities;
- promote evidence based, sustainable injury prevention interventions to health and other sectors.

The implementation of the plan will be overseen by the Strategic Injury Prevention Partnership (SIPP) (www.nphp.gov.au/sipp), who will report to the National Public Health

Partnership Group. A separate plan will be prepared for injury prevention for Aboriginal and Torres Strait islander people.

For further information contact SIPP or the Injury Prevention Section of the DHAC (02 6289 8074)

Academy Award to PHAA Member

A member of the PHA has received an Academy Award. Not the Hollywood variety, but the Academy of Social Sciences Medal for Younger Scholars. The medal will be presented to Dr Kaarin Anstey at the Academy's Annual Dinner on 12th November. Kaarin has recently taken up an appointment at the Centre for Mental Health Research at ANU. Kaarin was awarded the medal for her research into ageing, sensory functioning and mental health.

by Anthony Jorm.

National Health Performance Framework Report

Sounds exciting doesn't it: National Health Performance Framework Report (August 2001), prepared by the National Health Performance Committee for the Australian Health Ministers' Conference. Is there an emoticon for boredom?

Well, spend an hour reading this 66 page report and you're in for a very pleasant surprise. The framework is designed to provide a structure for appraising and presenting evidence about the performance of Australia's health system, and to facilitate benchmarking. Best of all, though, it is based on an explicit, population-oriented conceptual framework of health itself. The performance framework has three tiers: Health status and outcomes, Determinants of health, and Health systems performance, and equity is built in to all of them.

If it's true that we measure what is important and that what we measure becomes important, then the implementation of this report is very significant for public health.

Copies can be obtained from: cathy_mcgreevy@health.qld.gov.au and www.aihw.gov.au.

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From the Secretariat

a strong focus over the past year on ensuring we have a tight hold on our finances. Possible the most obvious change that has eventuated from this has been the reduction of the Secretariat staff from 7.5 full time equivalents to 4.5 full time equivalents. All our staff (seven in all) are now part-time, with the exceptions of myself and the publications officer (you might like to note, that its better to call the Secretariat in the mornings when most of the staff are available).

Having put in place a number of cost-saving measures, my focus over the rest of this financial year will be on developing new income streams, and on increasing income from existing sources. This will, of course include developing our membership base - a task that can only be achieved with the help of the Branches and SIGs. All help on increasing our membership is gratefully accepted.

It is also worth noting at this point, that the Australian Taxation Office has granted the Public Health Education and Research Trust (PHERT) tax exemption status for donations. PHERT is the Associations Trust Fund and is used explicitly to provide funds to the advancement of medical education and research, in its broadest sense. If you are thinking of making a donation to a good cause, please consider PHERT.

The tax deduction status for donations should make this an attractive way for individuals to make private contributions to the advancement of public health.

By the time this edition of intouch reaches your desks, offices or homes, the lead up to Christmas will be in full swing. The staff of the Secretariat would like to wish you all a Merry Christmas and a Happy New Year. We will catch up with you again then.

UTS: Were you a nurse ad

PHAA Profit & Loss Statement

1/07/2001 through 30/09/2001

Income

Branch Income	\$4,078.09
SIGS Income	\$13,995.46
Interest Received	\$5,965.64
In Touch Advertising	\$3,356.81
Membership	\$299,104.18
Secretariat Income	\$14,299.68
Journal (ANZJPH)	\$34,055.60
SIG Carried Forward Income	\$72,667.60
Branch - Total Carried Forward	\$92,653.91
Total Income	\$540,176.97

Expenses

Branch Expenditure	\$12,362.06
SIGS Expenditure	\$11,094.23
Communication	\$7,127.91
Operating Costs	\$45,422.73
Journal Expenditure	\$28,215.01

InTouch Expenditure	\$12,086.96
Salaries & oncosts	\$37,193.10
Projects	\$841.18
Total Expenses	\$154,343.18

Operating Profit

Conference Income	
Conference Income	\$223,678.66
Total Conference Income	\$223,678.66

Conference Expense	
Conference Expenses	\$209,278.81
Total Conference Expense	\$209,278.81

Net Profit/(Loss)	\$400,233.64
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PHAA Conference Resolutions 2001

INDIGENOUS HEALTH

This 33rd Conference of the PHAA notes that:

- The health status of Indigenous Australians continues to be dramatically poorer than for the Australian population as a whole;
- The PHAA is committed to 'consult with appropriate Aboriginal community organisations in formulating any policies relating to Aboriginal health' (PHAA Aboriginal Health Policy, 1989);
- The PHAA Aboriginal & Torres Strait Islander SIG is lead by, and has the active involvement of, many Aboriginal Health organisations, and their leadership;
- The PHAA Council voted unanimously at its September 2001 meeting, to reinstate the Indigenous health plenary session at every Annual Conference.

R E S O L U T I O N :
That one member of the Aboriginal Health SIG be nominated to future PHAA Conference Committees.

BORDER PROTECTION & ASSOCIATED BILLS 2001

Conference notes with grave concern that this week (September 24th 2001) the government is likely to rush through parliament, without adequate consultation or debate, seven bills which are reported to:

Excise Cocos and Xmas island, Ashmore and Cartier Reef from the Australian migration zone;
Create an exclusion zone, in which persons arriving have no right to seek refugee status and from which they may be forcibly transported to a designated country;

Ensure that those refugees who have reached Australia by passing through intermediate countries, such as Indonesia, will not be granted permanent residence, even when their refugee status is recognised;
Prevent arrival of vessels and allow forcible removal of vessels from Australian territorial waters ;
Narrow the interpretation and definition of refugees and restrict their claim to asylum status under Australian law;
Enable private organisations to give information about citizens' proposed travel plans into and out of Australia to government authorities;
Restrict the rights and grounds of a claimants' appeal to the Federal and High Courts;
Prevent class actions to the federal and High Courts in regard to refugee rights
Introduce time limits to judicial review of a person's status in the High Court.

Conference notes in the last year that 91% of those arriving by boat (including refugee children) in Australian waters are fleeing oppressive regimes (Afghanistan, Iraq and Iran)¹. From these groups, 75-90% are granted refugee status and temporary protection in Australia. (2)

The impact of these bills is likely to: Jeopardise the lives and health of those refugees on vessels, which Australia will have the power to force to leave Australian waters;
Subject already vulnerable and traumatised people to further trauma and dislocation;
Exploit and place additional strain on services in less developed and poorer transitional countries;
Restrict the role of the Australian courts in interpreting the Refugee Convention remove from asylum seekers or their advocates any rights to appeal under any form of Australian law;
Leave Australia in breach of article 27 of the Vienna Convention on the Law of Treaties;
Greatly diminish Australian commitment as a signatory under the 1951

Convention relating to the Status of Refugees and the Convention of the Rights of the Child.

Conference recommends that:
Any future government repeals this regressive legislation;
The content and impact of these bills be addressed widely through public debate and community consultation;
Asylum seekers not be removed to countries where they face further removal or even persecution or torture;
Government will not detain people, especially children, for lengthy periods of time in poor conditions;
PHAA seek clarification, in collaboration with governments, UN and other agencies, about the standards and quality of health care provision for refugees in designated countries, such as Nauru.
Temporary Protection Visas be abolished and replaced with Permanent Protection visas.

¹ Department of Immigration and Multicultural Affairs. Background Paper on Unauthorised Arrival Strategy, 2001
2. Joint publication of The Edmund Rice Centre for Justice and Community Education & the School of Education, Australian Catholic University ; " Just Comment"

Recommendations for health care provision: (based on Guidelines for Immigration Detention – HREOC and advice from Refugee Health Services)

As a minimum, health care provided to refugees should include:

- Comprehensive health assessments and screening for all boat arrivals;
- Access to ongoing medical management of identified physical and psychological health conditions;
- Preventative and primary health care incorporating access to basic health needs of adequate shelter, nutrition and sanitation;
- Access to professional interpreters

and culturally appropriate health care;

- Provision of health services to be provided by staff who are familiar and competent in working with refugee health issues including the impact of war and trauma;
- Access to acute care facilities for health conditions requiring surgery or services unavailable at the location of detention.

**Conference Resolution Proposed by:
Anna Whelan, Angela Taft, Ruth Das,
Cathryn Finney-Lamb (International
Health SIG)**

AUSTRALIAN INVOLVEMENT IN THE AFGHANISTAN SITUATION

1. This conference notes the PHAA Policy on Public Health and War that has been adopted at this conference.
2. In that context this conference condemns the recent attack on the World Trade Centre and Pentagon in the USA.
3. This conference also expresses grave concerns about the manner in which Australia has been committed to support the US response to these events.

This conference deplores Australia's involvement in this military response because:

4. It has the potential to worsen the health of the people in the regions that are likely to be attacked; and,
5. This action offers no clear method for resolution of the underlying political and economic issues that provide the context for the events in the USA on September 11th.

This conference calls on the Executive of PHAA to:

- Transmit this resolution with a copy of the Policy on Public Health and War to the Australian government and opposition;
- Urge the Australian government to work in the international arena to explore ways in which this situation

can be managed using existing United Nations processes;

- Urge the Australian government to analyse more deeply the reasons behind popular resentment towards the USA and its allies; and,
- Ask the Australian Parliament to clarify and standardise the manner in which Australia is able to go to war so that a democratic process involving parliament or at least the Executive Council has to be undertaken.

**Conference Resolution proposed by
Peter Tait**

ORAL HEALTH

That this Conference endorses the advocacy for oral health by the Oral Health Alliance (of which PHAA is a member) to address the substantial inequalities in oral health, the lack of national policy and the need for increased government funding for health promotion and treatment services.

Moved: Kaye Roberts-Thomson

Seconded: John Rogers

THE PBS AND THE PBAC

1. The PBS is the pre-eminent pharmaceutical purchasing System in the world and has led to Australian drug prices being as low as 60% of the OECD average.
2. Although the unit cost of drugs has remained under control, the volume of drugs prescribed has continued to rise and the newest drugs are more expensive.
3. The PBAC plays a key role in assessing the cost effectiveness of drugs and making recommendations about their listing on the PBS based on benefit to the Australian community.

4. The Pharmaceutical Industry has a legitimate interest in maximising the return to their shareholders. This interest is potentially in conflict with the community's interests in relation to the PBS and should preclude industry representatives from participation in the PBAC.

This Conference calls on the Australian Government to

1. Ensure that the PBS is secure from negative impacts of any international agreements regarding free trade.
 2. Restore the integrity of the PBAC by excluding from membership any representation of the Pharmaceutical Industry.
 3. Strengthen the PBAC by developing and implementing clear guidelines on the required expertise, roles and accountabilities of members and ensuring that members are fully indemnified in relation to their PBAC roles.
 4. Counter the influence of pharmaceutical industry marketing through support for independent academic detailing for all prescribers including through Divisions of GP.
 5. Encourage greater use of price volume arrangements to contain the impact of unexpected growth in prescribing of particular drugs.
- Conference Resolution Proposed by:
John Boffa, Judith Dwyer and Clive
Rosewarne**

Topics of Interest...

NSW Tobacco Action Plan 2001-2004

To address the public health challenge of tobacco control in NSW, NSW Health and collaborators have released the NSW Tobacco Action Plan 2001-2004. The plan sets out the Government's commitment to the prevention and reduction of tobacco related harm in NSW. The focus areas of the plan are: community awareness and education; smoking cessation; availability and supply of tobacco products; marketing and promotion of tobacco products, tobacco product regulation and exposure to environmental tobacco smoke. Priority groups nominated in the plan are: children and young people; Aboriginal and Torres Strait Islander populations, non-English speaking background communities with high smoking rates and people with mental illness. The plan can be accessed at

www.health.nsw.gov.au/health-public-affairs/smokefree/tobacco_actionplan.html. Should you require printed copies or information regarding the implementation of this plan, contact Dr John Sanders on 02 9391 9059.

National Heroin Overdose Strategy

The first National Heroin Overdose Strategy for Australia has been released by the Intergovernmental Committee on Drugs. The strategy identifies priorities for action aimed at preventing overdose and reducing morbidity and mortality where overdose occurs. The Strategy is the result of a collaborative effort between Federal, State and Territory Governments, the non-government sector and the general public. The Strategy is available on the National Drug Strategy's web-site at: www.nationaldrugstrategy.gov.au. Copies of the Strategy can be obtained from:

The Publications Order Line
Population Health Division
Commonwealth Department of Health and Aged Care
Ph:1800 020103 (ext 8654)
Fax (02) 6289 8360
Email: phd.publications.health.gov.au

National Action Plan on Illicit Drugs

The first National Action Plan on Illicit Drugs for Australia has been released by the Intergovernmental Committee on Drugs. The Action Plan draws on current effort across Australia to address illicit drug problems and builds a strong plan for future coordinated action for preventing the uptake of illicit drug use and reducing the harm associated with use. It recognises that action to address illicit drug use requires an integrated effort across a range of sectors, including health, law enforcement and education. The Plan offers a nationally consistent focus for determining resource priority issues under the National Drug Strategic Framework, but is flexible for each jurisdiction to pursue strategies appropriate to its particular circumstances. The Plan is available on the National Drug Strategy's web-site at: www.nationaldrugstrategy.gov.au.

Copies of the Strategy can be obtained from:

The Publications Order Line
Population Health Division
Commonwealth Department of Health and Aged Care
Ph:1800 020103 (ext 8654)
Fax (02) 6289 8360
Email: phd.publications.health.gov.au

Health Research Scholarships

The Department of Health and Aged Care is offering postgraduate research scholarships (Masters or PhD) for targeted research into the Quality Use of Medicines in Australia. The total scholarship value is \$25,000 per annum and available for a maximum of three years. Applicants are required to submit a detailed research proposal, a CV and provide evidence of support from their nominated tertiary institution and supervisor, together with a brief supervisor's CV. The research proposal should have direct applicability to the effective implementation of the National Medicines Policy that can be found at www.health.gov.au/pbs/natmedpol/nmp2000.htm

Application kits can be downloaded from www.health.gov.au/hbd/qum/index.htm or requested by phone 02 6289 8149. Closing date for applications is Friday 16 November 2001.

Queensland Health Outcomes Plan for Asthma 2001-2006

This report was released on 11 October and forms part of Queensland Health's series of Health Outcomes Plans for the National Health Priority Areas and strategic policy frameworks for population groups. The Manager of the Health Outcomes Unit, Mr Paul Sheehy would like to thank everyone who participated in the development process. Please contact Kerry Grimes on 07 3234 0808 or Kerry_Grimes@health.qld.gov.au with any questions or comments or to order copies of the document.

Health Online – A Health Information Action Plan for Australia

The second edition of this document was recently released by the National Health Information Management and Advisory Council. The aim of the Plan is to develop a national collaborative approach to harnessing online technologies and to build on the first edition (released in November 1999) which provided the basis for a national strategic approach to health information. The second edition reports on the progress made in many of the key activity areas described in the first edition and incorporates new strategies and projects that are planned for the next five years. It is available on the internet at www.health.gov.au/healthonline or can be ordered from nhimac.secretariat@health.gov.au. Comments are invited on the document and should be sent to this address.

Safety in Numbers – A National

Approach to the Use of Data in Health Care

The Australian Council for Safety and Quality in Health Care has been developing a number of priority areas associated with safety and quality improvement. These are outlined in its National Action Plan 2001 which is available at www.safetyandquality.org. One such priority area relates to improving the quality and usefulness of data on patient safety for making improvements in patient care.

A document titled Safety in numbers: A technical options paper for a national approach to the use of data for safer health care was considered by Health Ministers at their recent meeting. It was agreed to consult widely on this document as a first step towards better use of data for safety improvement.

In preparing the document, the Council's intention was to examine the available data about health care related deaths and serious injuries and explore how this information could be used to improve patient outcomes. The report highlights that there is no single source of statistics that provides a precise measure of the frequency or magnitude of adverse events. Most existing data collections have not been designed to collect data about incidents and adverse events in ways that are useful for improving safety, and very few give any information about the factors that contribute to the occurrence of these events. The report identifies the need for investments to improve the different data collection and analysis methods and proposes working closely with key national bodies on the elements of a national approach.

The Council is seeking feedback on this report (which is available on the Council's website above) by 30 November.

Australian Violence Prevention Awards
Australian Violence Prevention Awards were awarded at a ceremony at the Australian Institute of Criminology in mid October. Two projects were selected as national winners:
"When Love Hurts" – a violence prevention program for young people in

Victoria, developed by the Domestic Violence & Incest Resource Centre, to provide resources for young people on domestic violence. The project involved the establishment of a 40-page web-site which can be accessed at www.dvirc.org.au/whenlove/ and a 24-page colour booklet about relationship issues for young people. The project was in response to research that suggests young people were more likely to be subjected to violence than older people, yet they are also the least likely to access contact services.

"Port Augusta Aboriginal Families Project", undertaken by the Family and Youth Services, SA Housing Trust and the Port Augusta Hospital. The project also has an Aboriginal elders group attached to it that acts in an advisory capacity. The project works with Aboriginal families who have multiple agencies working with them and are therefore resource heavy. These families often need a different approach to create change. The project involves working with families through an 11-stage model.

A number of other projects received other awards and/or certificates of merit.

Cancer Services Website

A new web based cancer resource directory has recently been developed in order to make it easier for health care providers and consumers to find cancer services in Australia.

The project is not owned by any professional group, having been funded entirely by two doctors. Their hope is that eventually the project can raise enough money from sponsors to be self-funded. The site address is: www.canceranswers.com.au and the designers are keen to receive feedback, which can be sent to mpoulsen@canceranswers.com.au

Young People and Domestic Violence

The Commonwealth Attorney-General's Department recently announced that the research project (jointly run by the Department of Education, Training and Youth Affairs, Partnerships Against Domestic Violence and National Crime Prevention) into young people's attitudes

to, and experience of, domestic violence has been completed. A full report called Young People and Domestic Violence is now available and can be ordered from the National Crime Prevention Office on 02 6250 6711 and it will soon be on their web-site at www.crimeprevention.gov.au.

Foods for Special Medical Purposes

The Australia New Zealand Food Authority has released an initial assessment report on issues relating to the regulation of foods for special medical purposes (FSMP). These foods are primarily formulated food products used under medical supervision for the dietary management of people with either ongoing chronic medical conditions or during acute phases of illness. At present these foods are not specifically regulated. The Authority is seeking public comment on a number of issues relating to FSMP foods to develop a suitable regulatory framework. To obtain a copy of the initial assessment report contact the Authority on 02 6271 2258.

The National Public Toilet Map

The National Public Toilet Map was launched on 19 September 2001 by the Minister for Aged Care. The Map is an initiative of the Commonwealth Government's \$15 million National Continence Management Strategy and consists of an extensive electronic database that can be used to produce maps of more than 13,000 public toilets around Australia. The Strategy aims to help the more than one million Australians with continence problems by reducing the stigma and improving the treatment and management of incontinence. The Map aims to assist people with incontinence, their carers and people with disabilities. It will also help parents with young children.

The map can be visited at www.toiletmapp.gov.au and a helpline, 1800 330066 has been set up for those without access to the internet. This line also can be used to access advice and information about incontinence. For copies of promotional material please contact National Continence Management Strategy, Department of Health & Aged Care on 02 6289 5404 or email continence.strategy@health.gov.au

What's on

26-30 November 2001

National Short Courses in Environmental Health, Adelaide. Course 1 'Principles of Risk Assessment & Management' 26-30 Nov; Course 2 'Risk Communication in Practice' 3-5 Dec; Course 3 'Risk Assessment & Management for Water' 6-8 Dec 2001.

Further details contact

nancy.cromar@flinders.edu.au or <http://som.flinders.edu.au/FUSA/EnvHealth/NSCEH.htm>

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The PHAA secretariat would like to wish all it's members a Merry Christmas and a Happy New Year for 2002