

Sydney Olympic and Paralympic Games – protecting and monitoring health

Index

- 2 Message from the Chair
- 2 Partnership Group Members
- 3 Partnership Group Meeting
- International Society for Equity in Health
- 4–7 National Public Health Partnership Work Program
- JAG – an integrated approach
- Tools for planning and practice improvement in public health
- enHealth Council
- Health Promotion issues for oral health
- Strengthening laboratory capacity in public health
- National public health information development plan
- SIGPAH
- 8 Health Promotion – Bridging the Equity Gap
- 8 Vector Borne Disease
- 10 Queensland Public Health
- 12 Public Health Happenings Grapevine Resources Secretariat Contact Details

The Sydney 2000 Olympics Games opened on 15 September 2000 and is one of the biggest events ever held, involving over 10,000 athletes and about 5,100 officials from 200 countries participating in 28 sports. During the Games period 15,000 media will cover the event, with around 300,000 domestic and international visitors attending. Between 13 September and 3 October 2000, there will be an extra 150,000 to 200,000 people in the central Sydney area at any one time between the hours of noon and 10:00 p.m. The Games period extends for 60 days, commencing with the opening of the Olympic Athletes' Village on 2 September 2000 to the closure of the Paralympic Athletes' Village on 1 November 2000. In between are a series of mass gathering events, including the Opening and Closing Ceremonies and multiple events in the city.

Keeping the "Olympic dream" both alive and healthy depends on maintaining effective mechanisms to protect and monitor health among both visitors and Sydney residents, and to take swift action in the event of disease outbreaks or natural or man-made disasters.

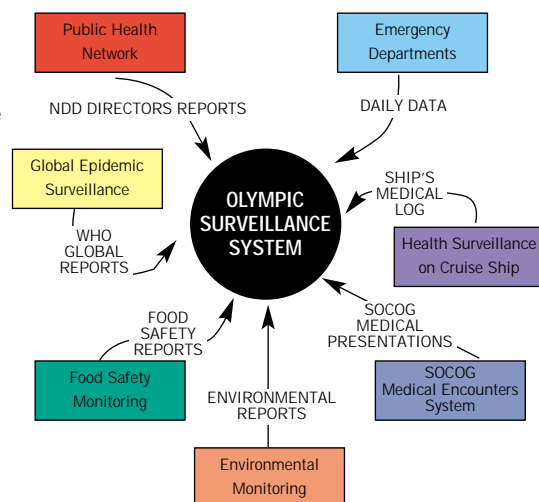
The challenges inherent in planning for such an event have spawned innovative service solutions. Particularly noteworthy are the Olympic Health Surveillance System and the plans for intensive monitoring of food outlets and cruise ships during the Games.

The New South Wales Olympic Health Surveillance System has been established to provide timely health information and has seven components.

The Notifiable Disease Database

The existing Notifiable Disease Database will continue to be used to detect infectious disease outbreaks, however during the Games period enhanced surveillance will be undertaken, including active laboratory surveillance of acute disease and enhanced reporting structures.

NSW Health Olympic Surveillance System



Emergency Department Olympic Surveillance System

This database captures information from selected hospital emergency departments on patients presenting with the following symptoms – diarrhoea; vomiting; pneumonia; influenza-like illness; pertussis; meningitis; acute viral hepatitis; febrile illness with a rash; injuries occurring outside of the home environment; and illicit drug related episodes. Each day, data surveillance officers in the emergency departments will collect the information and forward it electronically to the NSW Department of Health.

Message from the Chair

Legislation continues to be an important vehicle for public health policy seeking to support practices that improve and sustain healthy environments and communities.

The Partnership has maintained a focus on legislative reform, progressing through a work program of nationally agreed priority reform areas. A feature of this program has been the development of model drafting instructions for the Commonwealth, states and territories to use as a guide in achieving good public health practice. The collaboration of jurisdictions on this work is an example of their individual jurisdiction's expertise and experience combining to inform a national best practice position based on evidence. This position is largely without the varying political and economic realities that may ultimately shape law making, but will provide important leverage when opportunities for legislative reform arise within jurisdictions.

To assist in dissemination of this national work, a Legislator's Toolkit has been established on the Partnership's web site. The Toolkit currently provides access to material on Implementation Options for National Legislative Schemes in Public Health and Model Provisions for Certification of Immunisation Status on School and Child Care Entry. Two new reports have been endorsed and will now be considered by the Australian Health Ministers' Advisory Council. These are the Application of Risk Management Principles to Public Health Legislation and Notifiable Diseases and Notification Mechanisms.

At its August 2000 meeting, the Partnership Group agreed to the design of a series of Public Health Law Lectures. The series is intended to broaden the understanding of public health law, primarily by students of law and health related disciplines, but also to foster contacts between public health law academics and policy-makers.

Workforce development was also the focus of further discussion on how to proceed on a national public health leadership program. A small group has been asked to develop a strategy for the enhancement of leadership skills in public health, which would augment generic development programs and specific activities of individual jurisdictions.

Initial work on the design of a short course will focus on the most important knowledge and skills required of a public health leader working in government, health agencies or non-government organisations. In keeping with the promotion of partnerships for more effective, coordinated effort, this initiative is being undertaken with the Health Leaders' Network.

*Dr Andrew Wilson,
Chair of the National Public Health Partnership Group*

Sydney Olympics (continued from previous page)

Health Surveillance on Cruise Ships

A Cruise Ship Olympic Surveillance System has been designed to enhance the existing notifiable diseases reporting system and to actively identify unusual patterns of illness and disease on cruise ships. The large number of cruise ships converging on Sydney for the Games presents a unique opportunity to develop and test a comprehensive system for surveillance of health on these vessels.

Sydney Organising Committee for the Olympic Games (SOCOG) Medical Encounters Reporting System

During the Games, SOCOG will operate a medical encounters reporting system which will record basic medical data for all presentations to medical centres and St John's Ambulance Officers located at Olympic venues.

Environmental Monitoring

Priority has been given to three environmental monitoring issues during the Games period, the development of a Legionella plan; education on prevention of Cryptosporidium in pools; and improved public health preparedness for mass gatherings.

Food Safety Monitoring

A major food-borne disease outbreak has been identified as one of the leading threats to public safety. Operation Foodwatch is a program of enhanced food hygiene surveillance for food

premises, which has been implemented since mid 1999 across Sydney. In addition, a comprehensive program of venue food inspection is planned during the Games.

Global Epidemic Surveillance

In the lead up and during the Games period, it is essential to be aware of infectious disease outbreaks occurring around the world. Data from various web and email sites will be used for exchanging outbreak information.

Many of the public health strategies developed for the Games rely on strong inter agency collaborations, particularly among the NSW Department of Health, other NSW Government Departments and agencies, NSW Area Health Services and local Councils. Such partnerships underpin the plans for food safety and environmental health during the Games and will be vital in the event of any large-scale health emergencies.

Most of the structures, linkages and strategies that have been developed to support public health aspects of the Games will continue after the events. The general public health infrastructure in NSW, and more specifically the capacity to effectively manage the public health aspects of mass gatherings, will be enhanced.

For more information contact Sarah Thackway, Olympic Planning Unit Manager on tel: (02) 9391 9215; email: satha@doh.health.nsw.gov.au

The National Public Health Partnership Group Members

New South Wales

Dr Andrew Wilson (Chair)
Chief Health Officer/Deputy Director General
Public Health, NSW Health Department

Australian Capital Territory

Dr Shirley Bowen
Chief Health Officer/Executive Director
Population Health Group, Department of
Health and Community Care

Victoria

Prof. John Catford
Director, Public Health Division
Department of Human Services

Western Australia

Dr Rowan Davidson
Acting General Manager
Public Health Services,
Health Department of WA

South Australia

Prof. Brendon Kearney
Executive Director, Statewide Division
Department of Human Services SA

Tasmania

Dr Mark Jacobs
Director, Public and Environmental
Health Service
Department of Health and Human Services

Northern Territory

Dr Shirley Hendy
Assistant Secretary Public Health
Family and Children's Services &
Chief Health Officer, Territory Health Services

Queensland

Dr John Scott
State Manager, Public Health Services
Queensland Department of Health

Commonwealth

Mr Brian Corcoran
First Assistant Secretary
Population Health Division
Department of Health and Aged Care

National Health and Medical Research Council
To be advised

Australian Institute of Health and Welfare

Dr Richard Madden
Director
Australian Institute of Health and Welfare

New Zealand (observer)

Dr Lynne Lane
Director/General Manager
Public Health Group, Ministry of Health

The next meeting of the National Public Health Partnership Group will be hosted by Queensland in Brisbane on 16-17 November 2000.

Partnership Group Meeting August 2000 – Canberra

The Partnership held its 24 August 2000 meeting at the rooms of the Pharmacy Guild in Canberra. The meeting was hosted by the Australian Capital Territory Department of Health and Community Care.

Colleagues from the Department gave us some excellent insights into the practical application of public health legislation in the Australian Capital Territory in the area of water quality and infection control in community settings. It was clear that the use of skin penetration legislation as a tool for education is proving to be very valuable in this setting and the Department is to be congratulated on its work.

Dr Michael Hills from the New South Wales Department of Health also spoke to the meeting about planning for a response to health aspects associated with chemical, biological and radiological hazards in the context of the Olympic Games.

Work continues on the development of the draft *Schema for Evaluating Evidence on Public Health Interventions*, with the approval of the first case study to test the schema in the area of Promotion of Increased Consumption of Fruit and Vegetables. This case study, which will be carried out by the project team, will provide some valuable experience in use of the schema which can then be picked up by other groups conducting case studies. Plans are under way to consult with key community and professional groups about the use of the schema as part of its development.

Evaluation of the Partnership's work continues and we discussed the Public Health Nutrition case study currently in progress and the development of the Computer Assisted Telephone Interview (CATI) Health Survey System.

Continuing its extensive work program, two new projects proposed by the Legislation Reform Working Group were agreed and will commence shortly. Firstly the development of a series of public health law lectures for students of law and public health and secondly a Stocktake and Case Study of Australian Legislation designed to prevent non-intentional injury in children.

With the establishment of an Inter-Governmental Group on Injury we now have strategic intergovernmental groups in three key areas of public health: nutrition, physical activity and injury. On the new group's agenda will be the development of an Indigenous Injury Prevention Plan.

Genetics and genetics testing is a rapidly evolving area in public health. It was an initiative of the Victorian Department of Human Services that some work be commenced in this area. A meeting of jurisdictional representatives will be held to canvass the public health issues and consider development of a discussion paper. A representative of the Australian Health Ethics Committee will be invited to attend the meeting.

The meeting considered progress reports about the ongoing work of the task groups on Health Promotion Workforce Development and Health Promotion for Oral health Improvement.

The next meeting of the Partnership Group will be in Brisbane, 16 – 17 November 2000, and will be held in conjunction with an international workshop on the Chronic Disease Prevention Framework.

Dr Cathy Mead
NPHP Executive Officer

International Society for Equity in Health

In late June 2000, more than 200 people from around the world met in Havana, Cuba, to launch the International Society for Equity in Health. After the United States contingent, the Australians represented the largest group at the launch.

The Principles Declaration for the Society states: "The purpose of the Society is to encourage advances in knowledge about the importance of equity in the improvement of health of all people, and to promote the application of knowledge to activities directed at this goal".

Many of those who attended took the opportunity, prior to the Conference, for two days of site visits to health care facilities in Havana. Delegates were able to visit facilities for mothers and children, senior citizens and primary health care centres.

The Conference began with a welcome from Professor Barbara Starfield, who along with Jose Maria Paganini of Argentina, has been a driving force for the Society. Barbara pointed out that there are international societies for health economics, medical services and public health but none with an equity focus. She said that the Society was necessary because of the substantial gaps in knowledge about the pathways to equity and the need for research that was useful in the quest to eradicate inequitable health outcomes. She also highlighted the desirability of researchers working across national and disciplinary boundaries on equity issues given the limited usefulness of the lone researcher and of small research teams.

In his keynote address, Professor Sudhir Anand, made the point that health is important because it is directly constitutive of a person's well-being, enabling that person to have basic capability functions. He argued that fair equality of opportunity requires normal functioning and in this way health is a foundational good. Analysis of health equity must consider the most unjust inequities: those that cannot be changed, such as gender and race.

An impressive array of scientific sessions followed over the next day and a half, before the final coming together to ratify the Society's Constitution and By-Laws and to elect an executive board. The Society has a website, www.iseqh.org, through which the secretariat can be contacted. Recruiting members will start in earnest in Australia once credit card facilities have been established. Tentative moves were made to establish regional affiliates of the Society and an Asia-Pacific affiliate is operating through an email list while the regional website is being designed. The idea is that regional members will meet annually with a biennial meeting of the international body.

Contact: Jane Dixon
Executive Board Member, ISEqH.
Email: jane.dixon@anu.edu.au

National Public Health Partnership Work Program

For more information on the work of the NPHP email:nphp@dhs.vic.gov.au telephone (03) 9637 5512 website: www.nphp.gov.au

JAG – An Integrated Approach To Common Risk Factors

The Joint Advisory Group (JAG) of the General Practice Partnership Advisory Council (GPPAC) is working with the National Public Health Partnership to explore ways for population health to engage with general practice.

One of the projects of the Joint Advisory Group is looking at the relationship between population health risk factors including smoking, poor nutrition, lack of physical activity and alcohol consumption, and finding ways to promote an integrated approach to addressing these risk factors in the general practice setting.

These risk factors are known to contribute to a number of chronic diseases such as cardiovascular disease, diabetes type II, stroke and some cancers targeted by national public health strategies.

In late July and August, Professor Mark Harris, the Chair of the Joint Advisory Group, met with the Chairs of four National Strategies (Dr David Hill – Tobacco; Mr Bill Bellew – Physical Activity; Prof. John Catford – Nutrition; and Professor Charles Watson – Alcohol) to discuss some of the issues and identify possible joint approaches.

There was general agreement that all national strategies need to make advice on interventions/approaches simple and appropriate for general practitioners. The meeting with Chairs of related National Strategies also discussed the increase in evidence suggesting that the four risk factors are connected. For example, physical activity and smoking use are linked with the level of smoking, affecting people's ability to participate in physical activity. Similarly, there is also evidence to show that if someone is ready to make changes in relation to one risk factor then they are likely to be ready to change on more than one.

Further work to promote an integrated approach to these risk factors in the general practice setting will be undertaken by the Joint Advisory Group with the Chairs of the four National Strategies. Colin Sindall, who is also working on the Framework for Chronic Disease Prevention and Control, will be a member on the group progressing this work. The Joint Advisory Group will also draw on the background and consultation papers prepared by Sophie Dwyer Integrated Public Health Practice: Supporting and Strengthening Local Action which was a project undertaken on behalf of the National Strategies Coordination Working Group of the National Public Health Partnership.

Tools for Planning and Practice Improvement in Public Health

During the past two years, the National Public Health Partnership has been working on a number of tools to improve public health planning and practice. The following is a list of publications that are either available now or will soon be released.

A Planning Framework for Public Health Practice*

Describes an overall method for the systematic planning of public health activity. The Framework centres on a portfolio approach to planning involving six main steps – (i) defining the problem and identifying its causes or determinants; (ii) assessing which of these determinants should and can be addressed; (iii) identifying interventions and evaluating the evidence on them; (iv) deciding, on the basis of the information gathered, the interventions that will make up the portfolio; (v) turning the portfolio into action; (vi) and finally, evaluating the portfolio

The Framework is an overarching planning system. Each step comprises a series of specific tasks. The NPHP has produced a number of guides and tools to assist with these tasks. Additional guides are also being developed.

Portfolio Pilot – Promoting the Consumption of Fruit and Vegetable*

This publication accompanies the Framework as one of a series of case studies in applying the portfolio method. The nutrition topic – increased fruit and vegetable consumption – is used to illustrate each step in the Framework. The nutrition pilot comes in two volumes. The first describes the process of defining an intervention portfolio to promote increased consumption of fruit and vegetables. The second summarises the evidence for the interventions selected. Further pilots are underway in injury prevention, physical activity promotion and environmental health.

A User's Guide to Portfolio Decision-Making*

The Guide describes a method for conducting the third and fourth steps in the Framework – i.e. identifying and evaluating the interventions and then deciding the portfolio. The Guide uses the nutrition pilot to illustrate the processes used.

Resource Allocation in Public Health –An Economic Approach*

This report, by Dr John Deeble, Professor of Economics at the Australian National University, analyses the planning and resource allocation issues facing public health. It also summarises a number of key economic methods for allocating resources and reflects on their potential relevance and application to public health.

Public Health Practice in Australia Today – A Statement of Core Functions*

This statement of the nine core functions of public health in Australia is intended as a common reference point for the various Partnership initiatives aiming to consolidate or build public health capacity and infrastructure. It is based on the findings of a national Delphi Study, which sought the views of public health experts and practitioners. The Statement of Core Functions complements the Planning Framework but has a different purpose. The Framework focuses on defining the activity or interventions required to address specific public health problems. The Statement, is concerned with the core business of public health as a whole and with ensuring that there is adequate capacity and infrastructure to carry this out.

(*Note: these publications are currently available from the NPHP website – www.nphp.gov.au and will be available in hard copy from the NPHP Secretariat by mid-October.)

enHealth Council

The enHealth Council is a subcommittee of the National Public Health Partnership. Its remit is to implement the National Environmental Health Strategy and to provide advice to the Australian Health Ministers, through the NPHP Group, on environmental health issues. It has an independent Chair agreed by all Australian Health Ministers and appointed by the Federal Minister for Health, the Hon Dr Michael Wooldridge, MP. Christine Ewan currently chairs the Council.

The implementation of the National Environmental Health Strategy is the core business of the enHealth Council. The National Environmental Health Strategy Implementation Plan is the business plan or work plan for the enHealth Council. Key areas of activity include:

- Indigenous Environmental Health – through the National Indigenous Environmental Health Forum
- Sustainable Development – principles and policy on integration of sustainable development and environmental health
- Economic Analysis – methodologies for environmental health economic evaluation
- Health Impact Assessment – guidelines on the implementation of health impact assessment within environmental impact assessment; and a series on health impacts of development in a range of priority areas
- Health Risk Assessment – a national framework for environmental health risk assessment
- Information – a nationally coordinated knowledge base for environmental health, comprising baseline data, environmental health indicators and the longer term goal of an environmental health information system
- Research – a priority setting framework for environmental health research, and the identification of priority research areas

- Standards and Guidelines – a strategic, inclusive and transparent process for developing environmental health standards and guidelines
- Air – indoor air quality
- Water – water quality in rural and remote Australia (also having an impact on Indigenous environmental health)

Indigenous component of work program

Indigenous environmental health is identified as an environmental health justice issue in the National Environmental Health Strategy and Implementation Plan.

In recognising the wide range of agencies and communities involved in securing improvements in environmental health conditions and the public health outcomes which flow from these improvements, the enHealth Council agreed to focus, in the first instance, on Indigenous Environmental Health Workers.

There are a number of potential areas for action in Indigenous Environmental Health. In order to assist the enHealth Council, and to provide a forum for Environmental Health Workers in Indigenous Communities to participate in deliberations and policy decision-making, the National Indigenous Environmental Health Forum was established. The inaugural Chair of the Forum is Mr Charles Jackson.

The National Indigenous Environmental Health Forum is composed of Indigenous Environmental Health Workers from around Australia and provides advice to the enHealth Council on Indigenous and environmental health issues. The Forum is presently finalising the program for the 3rd National Indigenous Environmental Health Workshop and will be identifying and referring priority recommendations from all three workshops to the enHealth Council for consideration.

For more information visit the enHealth Council's website at <http://enhealth.nphp.gov.au/>

Health Promotion Issues for Oral Health

The NPHP Group recently received a report from the Task Group considering health promotion issues for oral health. How the National Public Health Partnership Group might address these issues within its work program will be considered at its next meeting. A brief summary is provided of the key issues raised by the Task Group.

Oral health is a standard of health of the oral and related tissues, which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well being.¹ Oral health problems range across dental caries, periodontal diseases, oral cancer, dental erosion, oral trauma and oral-facial pain.

Poor oral health can have an affect on an individual's general health status including diet, nutrition, sleep, psychological status, social interaction, school and work. Recent research findings have pointed to associations between chronic oral infections and diabetes, heart and lung diseases, stroke and adverse pregnancy outcomes.

Preventive approaches to oral health have had considerable success through such initiatives as community water fluoridation and access to topical fluorides. However, traditional approaches to oral health care, which have relied on the provision of personal services, and dental information alone, have had little impact on the incidence and prevalence of oral diseases. This is particularly evident at different life stages and for population groups, which display patterns of oral health and disease indicative of a greater vulnerability to various oral conditions.

In addition, new trends are emerging related, for example, to retention of teeth, use of medications and lifestyle factors.

New strategies are required to achieve better outcomes for oral health. Essential to the effective development of these strategies is the need to take account of the World Health Organisation view that a major reason for the lack of success of many oral health programs is the fact that they operate in isolation, separate from the general health care structure. Emerging evidence that oral conditions share common risk factors with other diseases and poor oral health occurs simultaneously with a range of chronic diseases, gives added impetus to the integration of oral health into the broader framework of health policy, planning and programs.

continued on page 6



Oral health... from previous page

The evidence from available data of the magnitude of oral conditions in Australia, the scope of the problem and its links to the social determinants of health includes:

- 23,992 disability adjusted life years are attributed to oral diseases – which is similar to the levels obtained for acute respiratory infections, melanoma, lymphoma, falls and heroin or poly drug dependence and harmful use;
- priority oral diseases are dental caries, periodontal diseases, oral cancer, dental erosion, oral trauma and oral-facial pain. For example, periodontal diseases, to varying degrees, affect approximately 95% of Australian adults, and there are more deaths each year in Australia from oral cancer than cervical cancer;
- vulnerable groups requiring targeted approaches include Indigenous Australian communities, home bound people and people in residential care, rural and remote communities, health care card holders and pre-school aged children;
- substantial inequalities in oral health exist in Australia across age groups and are related to low socio-economic status; and
- predisposing risk factors for oral conditions include age, exposure to fluorides, dietary patterns, preventive oral health behaviours, smoking, alcohol consumption, stress, infection and immunity, access to and use of preventive and dental restorative services, and attitudes toward treatment preferences².

Oral conditions are largely preventable with safe and effective preventive measures existing for most conditions. Health promotion and disease prevention initiatives in Australia should be expanded to incorporate oral health in areas such as: broadening the workforce; engaging the community; disseminating information promoting oral health and building awareness of predisposing risk factors; advocating for improved access to services for vulnerable groups and promoting best practice.

Members and Terms of Reference of the Task Group on Health Promotion for Oral Health are available on the NPHP website www.nphp.gov.au

1 U.K. Department of Health 1994

2 Australian Institute of Health and Welfare 2000: 19

Strengthening Laboratory Capacity in Public Health

In late 1998, a National Public Health Partnership project examined the feasibility of using financing methods to strengthen laboratory capacity in public health. The project is one of a series of Partnership initiatives to improve the surveillance and control of communicable (including food and water-borne) diseases.

The first stage, completed in May 1999, described how public health laboratory services are currently provided and identified a range of operational and financing issues of concern to both laboratory service providers and public health units. The findings of Stage 1 were published in the report *The Financing of Public Health Laboratory Services – Issues Paper* (available from the NPHP Secretariat).

The next stage of the project, being conducted in the second half of 2000, will identify and cost the range of laboratory services required for public health purposes. This information will provide the basis for considering ways in which financing methods can be used to enhance laboratory capacity.

The present situation with respect to national laboratory based surveillance in Australia is ad hoc. There are some excellent state-based networks for some organisms and disease groups. However some States/Territories have little or no infrastructure and surveillance of some organisms and diseases is limited, particularly at the national level. The arrangements in the States and Territories vary markedly. Some have State health laboratories for the performance of public health and other specialised microbiological tests whilst others do not. The latter are only able to access more specialised tests through other States.

Australia has several nationally designated laboratories. It also has a number of informal laboratory networks established largely through voluntary interest and goodwill. Many have been developed in the absence of a national strategic approach and with little or no specific funding.

The existence of these networks is tenuous until a co-ordinated approach is developed which includes appropriate funding mechanisms. Furthermore there is no formal national provision for developing and applying new and improved diagnostic techniques.

In response to this situation the *National Communicable Diseases Surveillance Strategy (1996)* recommended the following to improve laboratory service capacity nationally:

- Commonwealth, States and Territories maintain adequate infrastructure to carry out surveillance and to manage communicable diseases within their jurisdictions. (p14)
- Access be ensured nationally to diagnostic and reference laboratory tests of public health importance. (p18)
- The NPHP facilitate agreement on the funding of tests of public health importance including the cost of transporting specimens (p18)

It is these three basic objectives, which underpin the current project.

All States and Territories participated in the first Stage and have indicated their intention to continue to do so in Stage 2. Laboratories will be recruited individually to participate in the study.

As for Stage 1, the second stage of this project will be conducted by a consultancy project team from the National Centre for Epidemiology and Population Health (Australian National University). The team includes Prof. John Deebie and Dr Mary Beers.

The project team is due to report early next year.

Further information and copies of the Stage 1 report can be obtained through Gianfranco Spinoso at the NPHP Secretariat:

Tel: (03) 9637 5449

Email: gianfranco.spinoso@dhs.vic.gov.au or through the NPHP website at www.nphp.gov.au

National Public Health Information Development Plan

Work Program 1999/2000 – 2001/2002

The *National Public Health Information Development Plan* represents the Partnership's first comprehensive strategy to develop public health information in Australia. The Plan, endorsed by the Australian Health Ministers' Advisory Council, sets out the action needed over the next three years to improve public health information across Australia. The recommendations are aimed at developing the public health information capacity or infrastructure, improving the scope and coverage of public health information and improving the use and delivery of public health information.

As a first step in implementing the *National Public Health Information Development Plan*, the National Public Health Information Working Group has developed a *Work Program for 1999/2000 – 2001/2002*.

While recognising the importance of all the recommendations contained in the Plan, the Working Group has grouped the

recommendations into those for which implementation should be commenced within the next six months (immediate), within eighteen months (medium term) and within three years (long term). This Work Program has concentrated on those recommendations that have been given an immediate priority, those that warrant early commencement for coordination reasons or are currently underway. A number of the immediate priority projects have built on or expanded existing activity. These include development of public health activity classification, and the associated National Public Health Expenditure Project. This project expects to publish its first report with information on the level of expenditure on public health activities later this year. The development of nation-wide public health surveillance is an immediate priority activity on which preliminary work has started. There are, however, some recommendations for activities in later years 2001 to 2004, such as the National Biomedical Risk Factor Survey and

the General Social Survey, for which action needs to be commenced immediately because of the long lead time needed to develop the surveys and the need to lock in the surveys with other data collection programs.

The Work Program provides a summarised project plan for each of the activities to be undertaken by the National Public Health Information Working Group or under its auspices by designated responsible agencies. It will be seen from these project plans that there is a high degree of interrelationship between many of these activities and many will also link into existing National Health Information processes, especially those involving data and information definitions and standards.

For information on the National Public Health Information Development Plan Work Program visit the NPHP website @ www.nphp.gov.au/info.htm

The Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH)

The National Public Health Partnership subgroup, the Strategic Inter-Governmental Forum on Physical Activity and Health (SIGPAH), is a collaborative body which facilitates national coordination for government action in physical activity and health. SIGPAH has representatives from all State and Territory Health Departments and the Commonwealth.

SIGPAH provides strategic direction on health-promoting physical activity, provides advice to the Active Australia Alliance on the health aspects of physical activity, and works towards building partnerships with other sectors and organisations within and outside the traditional health arena.

Some of the work currently being advanced includes:

Physical activity and health training for researchers and practitioners

This course was developed and run in NSW in 1999, and is being considered to be re-run in several states in 2000.

NPHP Planning and Practice Framework Pilot

This project is being developed in conjunction with the NPHP to identify transport-related strategies to increase population physical activity.

A workshop to progress the issue of the measurement of physical activity, was held in Canberra on 14 September 2000.

Proposed SIGPAH web pages to be posted on the NPHP website

This website is soon to be finalised and will include a list of SIGPAH members, outline SIGPAH's Terms of Reference and current workplan, and link to relevant resources.

Better Practice Guidelines looking at evidence on physical activity across Australia in relation to various settings and population groups is currently being written and is expected to be released in early 2001. The objective is to produce evidence-based better practice guidelines to inform the choice of strategies for promoting physical activity at State, Territory and local levels.

In an effort to develop a strategic approach to encourage the promotion of physical activity in the general practice setting, SIGPAH established a sub-group, the SIGPAH/General Practice Working Group. This sub-group is developing a strategic plan and discussion paper and will consult key stakeholders involved in the identified strategies, including the Joint Advisory Group on General Practice and Population Health (JAG) and the Royal Australian College of General Practitioners (RACGP). It is anticipated that the SIGPAH/GP Working Group will launch the discussion paper as a joint SIGPAH, JAG, RACGP and Commonwealth Department of Health and Aged Care paper in early 2001.

For more information please contact the SIGPAH Secretariat
Email: Anita.Salvestro@health.gov.au Tel: (02) 62897342 Fax: (02) 8289 8121.



Other News

Health Promotion – Bridging the Equity Gap

The Fifth Global Conference on Health Promotion, *Health Promotion: Bridging the Equity Gap*, was held in Mexico City on 5–9 June 2000. The Conference built on the work of the past four World Health Organisation Global Health Promotion Conferences (Jakarta 1997, Sundsvall 1991, Adelaide 1988 and Ottawa 1986).

The Conference differed from the four previous conferences in that it included a Ministerial Program, running parallel to the main Technical Program, which enabled Ministers and Ministerial Delegations to share experiences and challenges they faced in the promotion of health.

The Conference objectives were to:

- Show how health promotion makes a difference to health and quality of life, especially for people living in adverse circumstances.
- Place health high on the development agenda of international, national and local agencies.
- Stimulate partnerships for health between different sectors and at all levels of society.

Ministerial Program

The Ministerial Program consisted of a two day meeting of Ministers of Health and Ministerial Delegations. Nearly 100 countries were represented at these meetings. During the opening ceremony, Ministers and delegates signed the *Mexico Ministerial Statement for the Promotion of Health*.

One recommended action in the Statement is the preparation of country-wide plans of action for the promotion of health, developed according to local needs and based on countries' own circumstances. Broad guidelines for developing these plans of action were proposed by the World Health Organisation and the Pan American Health Organisation.

The Ministerial sessions consisted primarily of a series of short presentations and responses by Ministers or Secretaries of Health, with an

emphasis on issues facing developing countries. Unfortunately there was little opportunity for real dialogue in the Ministerial sessions, and only limited engagement with other events at the Conference.

Technical Program

The Conference Technical Program was organised around a number of background technical papers, which addressed the following themes based on the priorities set out in the Jakarta Declaration.

Promoting social responsibility for health

- Increasing community capacity and empowering the individual.
- Increasing investments for health development.
- Securing an infrastructure for health promotion.
- Strengthening the evidence base for health promotion.
- Reorienting health systems and health services.

The Securing an Infrastructure paper was presented by Dr Rob Moodie, of VicHealth, and this Australian contribution was well received by Conference delegates.

The technical component also included a series of selected case studies of health promotion in action, and a section on the Role of Scientific Information in Health Promotion which examined the importance of information and communication both for decision-makers and empowerment of the public.

The technical report prepared by Dr. López Acuña of the Pan American Health Organisation was of particular interest, in the light of National Public Health Partnership work on core public health functions. The report focuses on the ways to shape health systems using health promotion criteria to obtain gains in effectiveness, quality, and equity in health sector reform. It highlights the importance of specifying essential public health functions as part of health care delivery models that are more responsive to social and technological change.

The Ministerial Statement on Health Promotion, together with all of the case studies and technical papers presented at the conference are available on the Conference website at: <http://www.who.int/hpr/conference/index.html>.

Ms Lily O'Hara, President of the Australian Health Promotion Association (second from left), flanked by members of the New Zealand contingent at the Mexico 2000 conference.



Vector Borne D

This article provides a brief summary of vector borne disease surveillance and control initiatives in each of the jurisdictions.

The Australian Capital Territory has no active vector borne programs currently.

Commonwealth

The Department of Health and Aged Care supports the surveillance and control of vector borne diseases in Australia through implementation of the *Quarantine Act 1908* in collaboration with the Australian Quarantine and Inspection Service. It has a role in policy development, the provision of national arbovirus disease statistics published in the *Communicable Diseases Intelligence* (CDI) and the CDI website, and the establishment of a mechanism under the National Health Act (section 9b) to provide funding for Japanese encephalitis vaccine in the event of an outbreak.

Under the *International Health Regulations*, Australia is required to ensure that a 400 metre zone around international air and sea ports remain free from *Aedes aegypti* and other exotic mosquitos. In order to meet this requirement, the Australian Quarantine Inspection Service conducts a vector monitoring program at almost all Australian international ports. If exotic mosquitos are found within this area the Department of Health and Aged Care collaborates with State Health Authorities to undertake mosquito control at the site. To manage the relationships and responsibilities for human quarantine, a Memorandum of Understanding has been signed between the Department of Health and Aged Care and the Australian Quarantine Inspection Service.

Arboviruses are nationally notifiable diseases and all jurisdictions contribute their data to the National Notifiable Diseases Surveillance System maintained by the Department. In 2000, the Department has funded the National Key Centre for Social Applications of Geographic Information Systems (GISCA) to develop a portfolio of Geographical Information Systems (GIS) applications using communicable disease surveillance data. It is hoped that one of the demonstration models will map Ross River virus notifications against relevant entomological, virological, ecological and vector control data.

Victoria

The Victorian Arbovirus Disease Control Program is designed to provide information to the Victorian Department of Human Services to enable the predication of, and control measures for, outbreaks of human arbovirus infections.

The Department of Human Services provides an annual grant to the Victorian Institute of Animal Science to supply virology and entomology expertise. Nine municipal councils, seven from across the Murray Valley region (northern Victoria) and two from the Gippsland

Disease Surveillance and Control

Region (south eastern Victoria) also receive funding to implement local surveillance and control programs.

Over the previous year a total of 77,024 mosquitoes were trapped and screened for the presence of arboviruses. Eight virus isolates (all Ross River Virus) were obtained from the pooled samples collected. These isolates were identified from six council areas.

Each council participating in the program undertakes regular surveillance for mosquito breeding sites within their respective areas. Council monitors in the Murray region recorded vector breeding (*Cx annulirostris*) on 483 occasions. Of these sites, 55% were reported to be resulting from irrigation practices.

Ten sentinel chicken flocks of twenty birds each were placed in various locations along the Murray Valley at the start of November 1999 and were bled weekly until the end of March 2000. No flavivirus seroconversions were detected.

There were 238 human arbovirus notifications to the Department from 1 January 2000 to 30 April 2000. Of these notifications, 198 were Ross River Virus.

Contact: Rodney Moran
Tel: (03) 9637 4133
Fax: (03) 9637 4477
Email: rodney.moran@dhs.vic.gov.au

New South Wales.

The NSW Arbovirus Disease Surveillance and Mosquito Monitoring Program along with human disease surveillance and outbreak investigations form the basis of the New South Wales Health Department's strategy for reducing mosquito borne disease.

Arbovirus disease notifications are made routinely through the State's public health network, alerting authorities to outbreaks. When notification is from a non-endemic area, local public health staff follow the case.

The NSW Arbovirus Disease Surveillance and Mosquito Monitoring Program has two main components. The first uses sentinel flocks of chickens to detect the transmission of a flavivirus through seroconversion. Nine sentinel flocks are located in central, south western and far western NSW. Sera are tested weekly from November to April at the NSW Reference Laboratory for Arboviruses at Westmead Hospital.

The second component is routine monitoring and sampling of mosquito populations in areas at risk of arbovirus. The program identifies the major pest and vector species for each locality and monitors population fluctuations. Processing, by cell culture, of selected pools of mosquitoes is made to test for the presence of flavivirus. As weather has a considerable impact on mosquito

and host abundance, and contributes to the possibility of outbreaks of disease, weather data are also collected.

While the focus is on detection and early warning, there is also ongoing surveillance of the chronic diseases, Ross River and Barmah Forest viruses, with attempts to detect and understand disease patterns.

In addition to the work of the program, the Department maintains close links with other agencies including the Australian Quarantine Inspection Service, the NSW Department of Agriculture and the Commonwealth Scientific and Industrial Research Organisation (CSIRO).

Contact: Glenis Lloyd
Tel: (02) 9816 0223
Fax: (02) 9816 0377
Email: lloyd@doh.health.nsw.gov.au

Queensland

The risk of the introduction of exotic mosquito vectors such as the Asian tiger mosquito, *Aedes albopictus* in heavy earth moving equipment, tyres and vehicles being returned from nearby Asian countries is just one of the mosquito borne disease issues for Queensland. The State also has a high incidence of Ross River virus infection and Barmah Forest virus. Outbreaks of dengue fever and more recently, Japanese encephalitis have also occurred.

Queensland Health has developed partnerships with a number of agencies in order to deal with these threats. The Australian Quarantine Inspection Service and the Tropical Public Health Units in Cairns and Townsville have collaborated in combating the introduction of *Aedes albopictus* and have joined with the University of Queensland in researching Japanese encephalitis and its possible means of introduction in northern Australia.

As the front line in the fight to control mosquitoes, local governments receive technical support/assistance from Queensland Health. Annual funding is provided to research organisations to conduct applied research into the control of arbovirus diseases in humans.

Contact: George Hapgood
Tel: (07) 3234 0948
Fax: (07) 3234 0057
Email: george_hapgood@health.gov.au



Arbovirus diseases may be transmitted by the bite of an infected female mosquito.

Northern Territory

The Medical Entomology Branch of the Territory Health Service, the National Centre for Epidemiology and Population Health's Centre for Disease Control and the Australian Quarantine Inspection Service carry out entomological surveillance and investigations to prevent dengue, malaria and other exotic mosquito borne diseases in the Northern Territory.

Due to its close geographic proximity to South East Asia and the Pacific, the Northern Territory is vulnerable to incursions of imported vector borne illnesses. For example, risk importations of dengue vector mosquitoes have been detected in various Darwin port areas on three occasions this year, with adults or evidence of recent hatchings of adult mosquitoes observed. For each importation, immediate elimination procedures and ongoing surveillance measures were implemented in cooperation with quarantine authorities. There have also been a record number of importations of cases of malaria from East Timor, with some cases resident close to sources of local potential *Anopheles* vector mosquitoes.

These importations highlight the need for a high level of quarantine entomological vigilance and onshore surveillance to prevent exotic vector borne illnesses re-establishing themselves in the Northern Territory.

Other work includes mosquito monitoring and control operations at major population centres under the Northern Territory Mosquito Borne Disease Control Program and the combined Territory Health Service and Darwin City Council Mosquito Engineering Control Program to maintain drains and rectify mosquito breeding sites near suburban Darwin.

Contact: Peter Whelan
Tel: (08) 8922 8333
Fax: (08) 8922 8820
Email: peter.whelan@nt.gov.au

Western Australia

Collaborative surveillance programs by Mosquito-Borne Disease Control, Health Department of Western Australia and the University of Western Australia accurately predicted high levels of activity of Ross River virus and Australian encephalitis during 1999/2000. In particular, a program using 'sentinel' chickens provided between two weeks and two months warning of Australian encephalitis in northern Western Australia. Similarly, monitoring of Ross River virus in mosquitoes provided forewarning of outbreaks around major population centres south of Perth.

The surveillance programs enabled timely issuing of numerous health warnings to Local Governments and the public. The warnings provided information about regions of risk and

Vector Borne Disease

continued from previous page

saltmarsh mosquitoes) in the Peel region were sought in 1999/2000. The environmental management plan for this program was also initiated and the installation of the first runnels is anticipated next summer. The runnelling program will enhance existing Health Department of Western Australia and local government mosquito control programs to reduce the saltmarsh mosquito problem in the Peel region.

Contact: Michael Lindsay
Tel: (08) 9385 6001
Fax: (08) 9383 1819
Email: mike.lindsay@health.wa.gov.au



Flocks of sentinel chickens, such as this one at Ophthalmia Dam (near the east Pilbara town of Newman), provide early warning of the activity of Murray Valley encephalitis virus.

South Australia

In South Australia the control of mosquitoes is under the Public and Environmental Health Act and is the responsibility of local councils and the State (unincorporated areas).

Ross River virus (epidemic polyarthritis) and to a lesser extent Australian encephalitis are two of the vector borne diseases of importance in South Australia. Both are notifiable. The number of Ross River virus notifications tends to be cyclic as shown below:

Year	1997	1998	1999	2000 (year to date)
Cases notified	660	61	47	272

There are several wetland environs programs operating in South Australia including: Torrens Island and Environs, Port Pirie and the Riverland areas. These specific programs require a complimentary approach between local councils and State authorities for effective control over mosquito breeding. A Statewide Strategic Plan involving interagency state government departments is being considered.

The main method of control in natural wetland environs is by larviciding using, Bti (*Bacillus thuringiensis israelensis*), methoprene or temephos (Abate). In some cases aerial application of Bti is required.

Several of the control programs operate 'light trapping' for identification and enumeration of mosquitoes. In cases of heavy breeding in the Torrens Island and Environs program, species are collected and tested for the presence of arboviruses.

Contact: Peter Jarrett
Tel: (08) 8226 7155 Fax: (08) 8226 7102
Email: peter.jarrett@dhs.sa.gov.au

Public Health in Queensland

This is the third report in the series focusing on how public health functions are organised and delivered in each of the jurisdictions.

Queensland Health is organised into two divisions, the Health Service, and the Policy and Outcomes Divisions. The Health Service Division is responsible for the provision of health services to the population of Queensland. It is comprised of 39 health service districts which are organised within three zones, four statewide services (Information Services, Pathology and Scientific Services, Organisational Development and Public Health Services) and the Statewide Health and Non-Government Services Unit.

Public health is distinguished from other roles of the health system by its focus on the health and well-being of populations, rather than individuals. The objectives of public health are:

- Protecting health.
- Preventing disease, illness and injury.
- Promoting health and well-being.

Public Health Services and the health service districts have complementary roles in providing Queensland Health's response to achieving public health goals. Public Health Services undertakes specialist public health roles, has a range of statewide policy advice and program coordination responsibilities, and provides a range of support roles to health service districts and external agencies. Health service districts identify and respond to public health issues specifically through community and hospital based services such as alcohol, tobacco and other drug services; oral health services; breast cancer screening services; child health; community health; indigenous health; and mental health services. Queensland Health also provides funding for public health activities in non-government organisations. In addition, Queensland Health's Pathology and Scientific Services provide essential support for the delivery of public health services.

Public Health Services

Public Health Services is a statewide entity that provides a streamlined, one-service approach to service delivery. In collaboration with other partners, Public Health Services provides an integrated, specialised capacity for organised community and population wide public health responses. In addition, Public Health Services has turned its attention to the broader determinants of health and ill-health.

Profile

With over 450 staff statewide, Public Health Services is comprised of:

The office of the State Manager, including a Coordinating Epidemiologist and strategic projects.

Ten units with statewide responsibilities located in corporate office.

Three public health unit networks, each with offices in multiple locations across the state.

A brief profile of each unit is provided below.

Alcohol, Tobacco and Other Drug Services: has a significant role in the planning, development and review of programs to prevent injury, illness and diseases caused by alcohol, tobacco and other drugs. Prevention is a major focus of this service with the coordination of events including the successful 100% IN CONTROL Croc Eisteddfod

Festival, 100% IN CONTROL Rock Eisteddfod Challenge, Rumble in the Jungle and Schoolies Week activities. It is also responsible for management of the Council of Australian Government (COAG) initiatives such as drug diversion and State Government funded drug court initiatives.

Alcohol, Tobacco and Other Drug Services is also responsible for the management of the Queensland Needle and Syringe Availability Program and the Methadone Program.

Communicable Diseases Unit: plays a key role in the notification, prevention and control of communicable diseases, including vaccine preventable diseases, hepatitis C, HIV/AIDS and sexual transmitted infections; infection control and sterilising services; vector and vermin control; waste management; emergency management; and water quality.

Environmental Health Unit: their main areas of activity are foods, drugs and poisons, strategic environmental health, environmental toxicology and radiation health. In many instances this involves the development, implementation and review of policies and legislation.

Government Medical Office: provides occupational health and clinical forensic services to appropriate State Government departments and agencies.

Oral Health Unit: coordinates and provides statewide leadership for the management of adult and school based oral health service planning, strategy development, implementation, monitoring and evaluation. This includes a strong emphasis on oral health promotion.

Pharmaceutical Advisory Services: provides an expert advice service on pharmacy and pharmaceuticals to Queensland Health, and other government and non-government agencies. A major focus for the service is the Quality Use of Medicines which aims to achieve the rational use of medicines. This strategy endeavours to ensure the safe and effective use of medicines by health professionals and consumers.

Public Health Planning and Research Unit: coordinates major service-wide management systems and service development initiatives to support Public Health Services in the achievement of its planned outcomes. Some of the initiatives currently being coordinated include: the implementation of a statewide integrated planning, monitoring and reporting system; overseeing the implementation of a research position statement; implementation of a financial management improvement strategy; and improving project management performance.

Specialised Health Services: provides advice on tuberculosis and Hansen's Disease including the monitoring of trends in Queensland. The Service also coordinates anti-tuberculosis measures in order to maintain advanced control of tuberculosis towards its elimination.

Statewide Health Promotion Unit: coordinates statewide health promotion planning, implementation and evaluation to address statewide priority health issues. Currently these issues include nutrition, injury, physical activity and sun safety.

The Statewide Health Promotion Unit is also responsible for the School-Based Youth Health Nurse Program and the Young People at Risk (YPAR)

Program. The Youth Health Nurse Program, introduced in January 1999, provides youth health nurses in schools with secondary students and assists the school community with their health needs. The YPAR Program aims to improve the mental health and well-being of young people aged 10-24 years, with a focus on the prevention of suicidal and self harming behaviours.



Providing advice, information and support to young people is an important role of the school-based youth health nurse

Women's Cancer Screening Services: is responsible for planning and policy advice on the Queensland Cervical Screening Program and the BreastScreen Queensland Program.

Queensland Health's Breast Screen program provides free breast cancer screening and assessment services to women over the age of 40 years via health service district based services. Cervical screening is provided by a network of Mobile Women's Health Nurses and other women's health services in rural/remote areas, in collaboration with female general practitioners.

Public Health Unit Networks

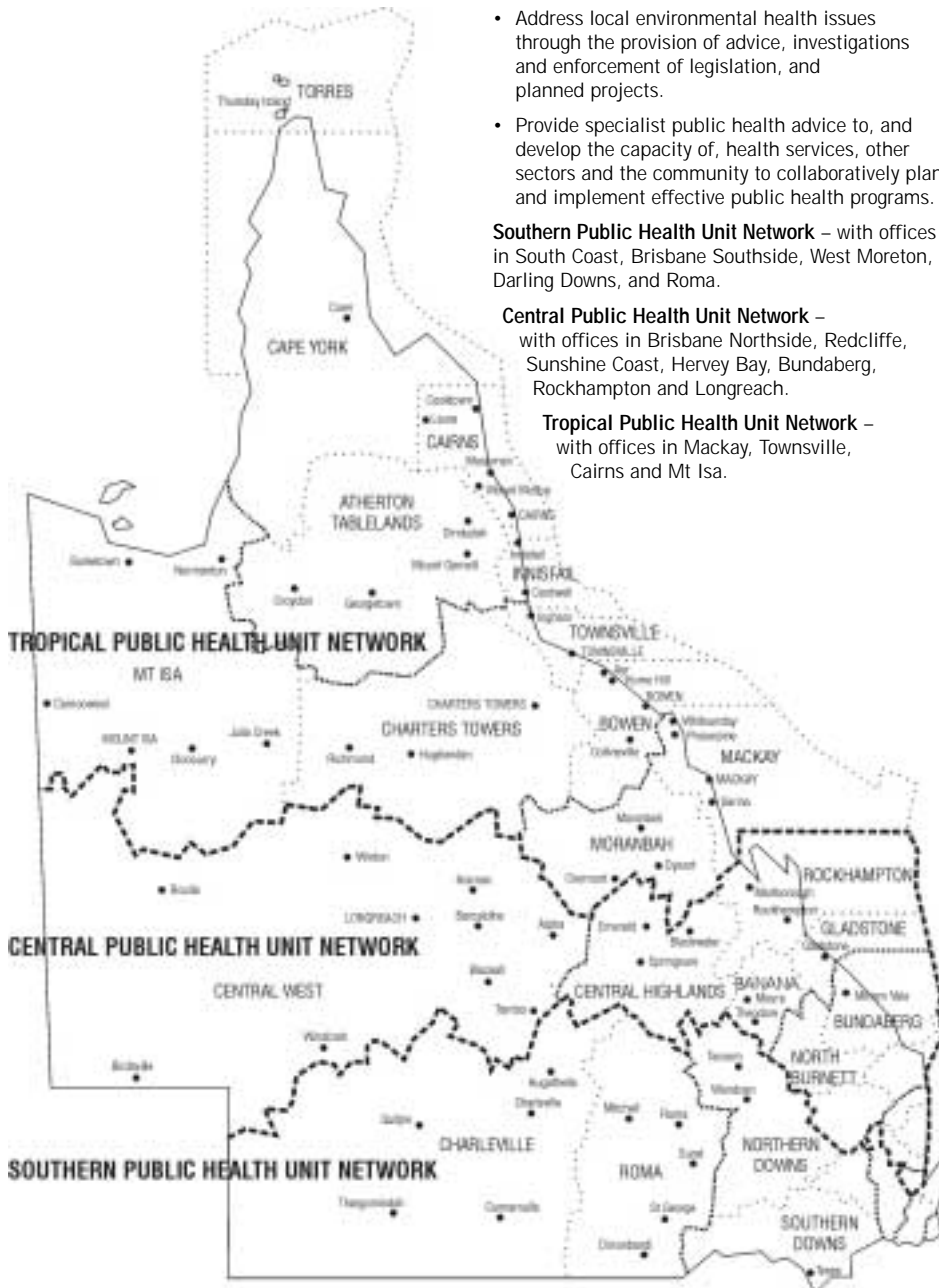
The three Public Health Unit Networks provide local service provision. These networks:

- Develop, coordinate and support public health interventions for priority health issues of statewide, zonal and local significance.
- Undertake health surveillance including the collection, analysis, monitoring and dissemination of information on health status and disease trends.
- Coordinate within a statewide context, local and zonal disease control in response to disease notifications.
- Address local environmental health issues through the provision of advice, investigations and enforcement of legislation, and planned projects.
- Provide specialist public health advice to, and develop the capacity of, health services, other sectors and the community to collaboratively plan and implement effective public health programs.

Southern Public Health Unit Network – with offices in South Coast, Brisbane Southside, West Moreton, Darling Downs, and Roma.

Central Public Health Unit Network – with offices in Brisbane Northside, Redcliffe, Sunshine Coast, Hervey Bay, Bundaberg, Rockhampton and Longreach.

Tropical Public Health Unit Network – with offices in Mackay, Townsville, Cairns and Mt Isa.



How we organise our work

The collective work of Public Health Services, both routine ongoing and project managed work, is clearly identified as contributing to one or more of the following priority health outcome and partnership areas.

Outcome Areas

- Immunisation
- HIV/AIDS, sexual health and hepatitis C
- Tuberculosis, Hansen's disease and other mycobacterial diseases
- Communicable diseases –general
- Infection control and whole-of-sterilisation services
- Mosquito-borne diseases
- Environmental health
- Food safety and standards
- Quality use of medicines, drugs, poisons & therapeutic goods
- Alcohol, tobacco and other drugs
- Cancer prevention and control
- Oral health
- Nutrition, physical activity and chronic disease
- Injury
- Mental health promotion

Partnership Areas

- Communities and local government
- Settings for children and young people
- Health service districts
- Primary health careproviders
- Minister and government
- Industry

As a statewide service, the three year strategic planning undertaken for each of these areas is used as the foundation for annual business plans for each of the Units and Networks.

Public Health Services is committed to a quality approach to planning, management and reporting and our systems have been designed to deliver this in an appropriate manner. Underpinning this is a strong commitment to accountable project management, combined with measurement of our progress through the use of indicators which are consistent with departmental, state and national systems.

Focus on partnerships

A strong collaborative approach exists whereby Queensland Health staff from varied professional backgrounds work together to address a wide range of health issues. This collaboration extends beyond Queensland Health, through our commitment to effective partnerships across the broad spectrum of service providers and organisations, whose business impacts on the health of the Queensland population. As identified above this includes divisions of general practice, local government, other State Government departments, Commonwealth Government, the private sector, and not-for-profit and other community based organisations.



Local Government Association of Queensland (LGAQ) Acting President, Councillor Peter Taylor (left) and Dr John Scott, State Manager, Queensland Health's Public Health Services, at the signing of the Partnership Protocol between Public Health Services, Local Government and the LGAQ

For further information

on public health activities in Queensland contact Jackie Steele, Manager, Public Health Planning and Research Unit Telephone: (07) 3423 1423 Facsimile: (07) 3220 0708 Email: jackie.steele@health.qld.gov.au Or visit the Queensland Health website at: <http://www.health.qld.gov.au>

Vector Borne Disease

continued from page 10

Tasmania

To date the only arbovirus where locally acquired human cases have been identified is Ross River virus. Ross River virus was first detected in Tasmania in 1974 in cattle in Northern Tasmania and it was not until 1981 that the first human cases were recognised. Ross River virus infection was made a notifiable disease in 1989 and since then the numbers of notifications has fluctuated from year to year.

With information gained from individual notifications it can be confidently said that the endemic areas include all the Bass Strait Islands and the coastal strip extending from the north corner at Circular Head along the north coast, down the east coast and as far south as Dover on the edge of the south west.

In the past few years the outskirts of Hobart in the area south east of Sorell has been a strong focus of activity. Since 1995 only 200 cases have been detected. Due to the small numbers of cases (and minimal communicable disease research infrastructure given the absence of any Public Health Education and Research Program funded programs in the State), there has been little interest in research in Tasmania. However, should the surveillance system for human cases detect a substantial increase, then increased research interest may follow.

Contact: David Coleman
Tel: (03) 6233 3203
Fax: (03) 6233 6620
Email: david.coleman@dchs.tas.gov.au

Public Health Happenings

Australian

15-20 October, 2000

The Australian Institute of Environmental Health
27th National Conference
Asian and Pacific Partnerships ... alliances for
action on the 21st century – Local Issues within the
Global Context
Cairns, Queensland
For more information:
Tel: 07 3000 2299
Fax: 07 3252 9084
Email: aiehqld@lgaq.asn.au
Website: www.PacCon2000.com

29 October - 1 November, 2000

12th National Health Promotion Conference
Inequalities in Health - Reflecting Back, Stepping
Forward
Hotel Sofitel, Melbourne
For more information:

Elaine Simkiss and Lynne John
Tel: 03 9682 0244
Fax: 03 9682 0288

Email: health@icms.com.au

Craig Sinclair

Tel: 03 9635 5148

Email: craigs@accv.org.au

Website: www.icms.com.au/health

19-25 November, 2000

Injury 2000: Prevention and Management
Canberra, ACT

For more information:

Tel: 07 3369 0477

Fax: 07 3369 1512

Email: injury2000@im.com.au

26-29 November, 2000

32nd Annual PHAA Conference
Public Health Futures
National Convention Centre, Canberra

For more information:

Tel: 02 6285 2373

Fax: 02 6282 5438

Email: conference@phaa.net.au

29 November - 1 December, 2000

Australian Epidemiological Association 2000
Annual Scientific Meeting
The Future of Epidemiology
Canberra

For more information:

Tel: 02 6249 4578

Fax: 02 6249 5608

Email: Bob.Douglas@any.edu.au

International

27-29 September, 2000

International Conference: Reducing Social
Inequalities in Health
Copenhagen, Denmark

For more information

<http://www.inequalities-copenhagen.dk/>

18-20 October, 2000

2nd Environmental Conference on Industry and
Environmental Performance
Aalborg, Denmark

For more information:

Secretariat

Tel: 45 99 35 55 55

Fax: 45 99 35 55 80

Email: euro@akkc.dk

Website: <http://www.akkc.dk/environment>

Grapevine Resources

Australian Capital Territory Department of Health and Community Care

Food Premises Code of Practice No. 4

<http://www.health.act.gov.au/reports/codesofpractice/Foodpremises.pdf>

Australian Institute of Health and Welfare

Physical Activity Patterns of Australian Adults

<http://www.aihw.gov.au/inet/publications/health/papa/index.html>

Nursing Labour Force 1999 Preliminary Report

<http://www.aihw.gov.au/inet/publications/health/nlf99pr/index.html>

Territory Health Services

The Public Health Bush Book

<http://www.nt.gov.au/nths/public/bushbook/bbcover.htm>

Tasmanian Department of Health and Human Services

Regulatory Impact Statement

Smoke Free Public Places and Work Places for

Tasmania: A review of the potential impact on

business, and the costs and benefits of

environmental tobacco smoke restrictions

http://www.dchs.tas.gov.au/services/publichealth/pdf/RIS_final.pdf

National Health and Medical Research Council

Nutrition in Aboriginal and Torres Strait Islander

Peoples: An Information Paper

<http://www.health.gov.au/nhmrc/publicat/synopses/n26syn.htm>

New South Wales Health Department

Optimising Cancer Management

<http://www.health.nsw.gov.au/public-health/cancer/ocmdoc.html>

Queensland Health

Cancer Survival in Queensland

<http://www.health.qld.gov.au/publications/survival.pdf>

Department of Human Service South Australia

June 2000 Discussion Paper

Review of the Public and Environmental Health Act
1987

<http://www.health.sa.gov.au/pehs/PDF-files/PEH-Act-Review.pdf>

Victorian Department of Human Service

Strengthening Victoria's Public Health: Awards for
Excellence and Innovation

<http://www.dhs.vic.gov.au/phd/awards/index.htm>

NPHP Secretariat Contact Details

Telephone: (03) 9637 5512

Facsimile: (03) 9637 5510

Post: GPO Box 1670N

Melbourne Victoria 3001

Note New Website: www.nphp.gov.au

For more information on the
National Public Health Partnership

Contact: Darryl Kosch

Telephone: (03) 9637 5439

Facsimile: (03) 9637 5510

Email: darryl.kosch@dhs.vic.gov.au