NATIONAL PUBLIC HEALTH PARTNERSHIP

news

Issue 17 Spring 2001
ISSN 1445-6877

Index

1 Launch of Nutrition Strategies

2 Message from New Chair – Dr John Scott

2 Message from Outgoing Chair – Prof Andrew Wilson

3 Meeting Report

3 NPHP Group Members

4–5 Tribute to Dr Arnold Puggy Hunter

5–7 NPHP Work Program

Public Health Expenditure Report

World No Tobacco Day Medal

Preventing Chronic Disease – A Strategic Framework

Response to the Draft National Aboriginal and Torres Strait Islander Health Strategy

Chronic Disease Surveillance

Workforce

8–11 Round-up on Injury

11 Other News
Health Inequalities Research Networks

12 Public Health Happenings
Grapevine Resources
Secretariat Contact Details

Launch of the National Nutrition Strategy – EatWell Australia

National Public Health Partnership

L to R – Dr John Scott, Dr Shirley Hendy, Prof John Catford, Ms Carolyn Briggs, and Mr Gabriel Gate.

PROFESSOR JOHN CATFORD, Chief Health Officer, Victorian Department of Human Services, and Chair of the NPHP Strategic Intergovernmental Nutrition Alliance, launched the *Eat Well Australia* national nutrition strategy in Melbourne on 31 October 2001. The launch was attended by over 50 people representing State, Territory and Commonwealth governments, non-government organisations, educational institutions, and industry groups with an interest in food, nutrition and health.

Mr Gabriel Gate, one of Australia's best know chefs, and a long time supporter and promoter of the benefits of healthy eating also spoke at the launch. Mr Gate supports the Strategy, as he has been promoting healthy eating as a way to reduce the risk of cancer and other illnesses for many years through his publications and work with the Anti-Cancer Council. Mr Gaté spoke engagingly about his personal experience in trying to develop healthy eating habits with his own children. He believes that early exposure to a variety of foods is essential, and that parents should experiment with preparation techniques which provide variety in texture and flavour.

A Welcome to Country was performed by Ms Carolyn Briggs, a Boonerwrung Elder. The Boonerwrung is one of 5 language groups of the greater Kulin Nation. The Boonerwung traditional boundary extends from the Werribee River to Wilson's Promontory, including Melbourne CBD.

Introductions to the launch were provided by Dr Shirley Hendy, member of the National Public Health Partnership Group, Chair of the NPHP National Strategies Coordination Working Group, and Assistant Secretary Public Health, Family and Children's Services and Chief Health Officer of the Territory Health Services. Dr John Scott, Chair of the National Public Health Partnership Group, and State Manager, Public Health Services, Queensland Department of Health closed the launch.

Eat Well Australia is a vital national resource that provides broad directions for the improvement of public health nutrition in Australia.

Professor Catford pointed out that, "The evidence is unequivocal that poor nutrition is a major contributor to illness and death in Australia. Poor nutrition impacts on the normal development of infants and children; it causes ill health in adults; and it contributes to the development of chronic and life-threatening diseases such as heart disease, diabetes and a number of cancers."

The national nutrition strategy and action plans focus on the needs of all Australians and especially Aboriginal and Torres Strait Islander peoples:

- Eat Well Australia: an agenda for action for public health nutrition, 2000-2010
- National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 and first phase activities 2000-2003

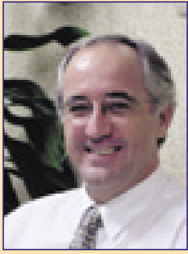
The Strategy has been developed through a comprehensive consultative and participatory process with hundreds of key stakeholders across the food and nutrition field.

There is considerable scope for the health portfolio to take a lead role in creative partnerships with other government departments and the food industry. The national strategy will aid in the facilitation of strategic linkages with other groups working in chronic disease prevention.

Health Ministers have agreed that jurisdictions should continue to work cooperatively through the National Public Health Partnership and over the next five years to invest in priority areas for action. The Strategy has recently been endorsed by Australian Health Ministers.

For more information contact: Leticia White at the SIGNAL secretariat:

Letecia White
Tel: 02 6289 8052
Email: leticia.white@health.gov.au



Looking forward **Message** from the New Chair

From time to time organisations go through periods of change. The National Public Health Partnership is no exception. I have the pleasure of co-authoring this report with Prof Andrew Wilson as the outgoing Chair of the Partnership. Andrew has moved to take up the position of Professor of Public Health with the School of Population Health at the University of Queensland. All of us who have worked with Andrew appreciate his professionalism and dedication in his role as Chair and no doubt this will be continued in his new position. We wish him every success.

As State Manager of Public Health Services in Queensland Health, and Queensland member on the National Public Health Partnership Group, I have been given the task of Chairing the Partnership Group following Andrew's departure. I believe we are fortunate in Queensland in having a structure which recognises the key role of public health independent of the area-based services providing hospital and community-based client management, while still ensuring that we support these services as a second tier service provider. We are structured as one statewide service, incorporating central policy units for major public health issues, and networks of public health units based around Queensland.

Prior to my entry to the area of public health I worked in rural general practice for a period of eleven years, having done my early training in Queensland. My diverse experience along the road has instilled in me a belief in a population health approach.

The final report of the independent consultant's review of the Partnership will soon be complete for presentation to the Australian Health Ministers' Advisory Council (AHMAC) at their meeting in February 2002. I was pleased to present the Partnership's strategic directions and a brief description of the Partnership's successes to date, to AHMAC, at their last meeting in October. The Council members raised a number of matters for discussion at the time, ranging from a clearer statement of the role of public health in matters like chronic disease prevention, to appropriate arrangements for addressing cross-cutting issues including Indigenous health and mental health more broadly. There are undoubtedly issues to be resolved in terms of the core business of the Partnership and its links to other groups, but I believe there is general support from among the jurisdictions for continuation of the Partnership Memorandum of Understanding due for re-negotiation after the February AHMAC meeting.

The strategic directions, endorsed by the NPHP, positions the Partnership well to seek resolution of these issues and if given direction from AHMAC to do so, to engage in those pieces of work needed to respond to what could be seen as key public health concerns. In this process the Partnership needs to also ensure that relationships with other key bodies are clearly defined and advice from AHMAC on these matters will ensure coordinated, efficient action on what are some of our key shared targets over the next few years.

I feel sure that the current deliberations of AHMAC and other bodies are intended to provide a strong base from which public health practitioners, in collaboration with partners from other sectors, can make this approach a reality. In this way I feel sure we can all contribute to a more effective and efficient health care system well into the future.

John Scott

Dr John Scott
Chair of the National Public Health Partnership Group

Looking back Chair NPHP Group 1999 – 2001

Senior bureaucrats spend much of their lives in intergovernmental forums negotiating compromises or budgets or asserting positions. I am sure all have at sometime questioned the value of this work in terms of their personal and professional time. Indeed, who hasn't thought "I would be better off back in the office getting some real work done?" It certainly featured in my mind as I entered my first National Public Health Partnership meeting, lugging a one or two or three volume set of meeting papers and facing the inside walls of a meeting room in one of our capital cities. So more than 4 years later, as I step down as Chair of the NPHP Group and, indeed, leave government service for academia, do I feel my time in this effort was well spent?

I can honestly answer that with one or two small exceptions I believe that the time I have committed to the NPHP activities was not wasted. In the first 5 years or so of the Partnership, with relatively limited resources, we have advanced a national public health agenda. The meetings, concentrated minestrone soup of different topics, always contains something new, different and challenging. Benchmarked to other national fora in the health arena, we can point to a reasonable output for every year of operation including informative work on aspects of public health law, innovative work on best practice in national strategies development, and implementation and fledging efforts to define public health workforce. Over that time we have been responsive to criticism, for example focussing more on health improvement and less on capacity development such as the development of the *Eat Well Australia* strategy. Despite the always full strategic agenda, the Partnership has also made time to be the key forum for senior public health officials to discuss emerging or crisis issues.

What have been the success factors that have made it so? I have no doubt that a key component was the decision to fund a separate "intelligent" secretariat from the start. It is increasingly difficult even within larger state jurisdictions to expect staff to commit additional time and resources to managing national working parties unsupported. The secretariat has not only supported the working groups but in many cases provided the intellectual impetus to get them going and, from the Chair's perspective, actively minimised the amount of additional paperwork time. Another key factor has been a commitment (possibly disproportionate) from the smaller jurisdictions to make it work. However, the major factor is that whenever the Partnership Group has navel-grazed it has been obvious that some form of national forum on public health was necessary and inevitable.

The hard-nosed among you will ask what benefits this has translated into for the health of the Australian community and I can only give a woolly answer. The Partnership was set up with a parallel independent evaluation process. The evaluators will report to the Australian Health Ministers' Advisory Council and to the Commonwealth (as the main funder of the Partnership secretariat and activities). They will have a hard time pointing to direct health benefits of the NPHP work because the NPHP does not immunise children, screen women for cancer or ensure septic systems are operational. It assists in creating relationships that enable these activities to be carried out in a coordinated way across a Federation. It provides opportunities for public health providers to compare the efficiency and effectiveness of different approaches. It aims to link health improvement strategies to achieve synergies. The next phase will, I hope, see that synergy not just in agreeing on common approaches but also in sharing of resources and efforts. I wish it well.

Prof Andrew Wilson
Professor in Public Health, School of Population Health
Faculty of Health Sciences, University of Queensland

Partnership Group Meeting

31 October 2001 - Melbourne

The final meeting of the National Public Health Partnership Group for 2001 was held in Melbourne on 31 October with Dr John Scott Chairing the meeting for the first time following the departure of Prof Andrew Wilson. As outgoing Chair, Prof Andrew Wilson also attended.

Chemical and biological incidents

The meeting opened with timely presentations from Drs John Carnie and Paul Van Buynder on the Victorian response to the Anthrax situation. Discussion of the presentations led to a decision to hold a two day national workshop to be hosted by Victoria to progress a number of key national policy issues.

Future directions

Following the discussion of future directions and priorities at the last meeting of the Partnership, Dr Scott had presented a paper to Australian Health Ministers' Advisory Council (AHMAC) on the current thinking of Partnership members regarding future directions. Dr Scott reported on the outcomes of the discussions with AHMAC. AHMAC members have agreed to give further consideration to the proposals, with further discussion at the next AHMAC meeting in February 2002.

Healthy Ageing

At the request of AHMAC, the NPHP is planning to establish a joint mechanism with the Healthy Ageing Taskforce to progress the Health and Well Being component of the Strategy on Healthy Ageing. Ms Sue Preston, a member of the Health Ageing Taskforce, attended the meeting. It was agreed that a joint working group would be established to identify opportunities for action.

National Aboriginal and Torres Strait Islander Health Strategy – Draft for discussion

Members considered and endorsed the Partnership's response to the draft National Aboriginal and Torres Strait Islander Health Strategy (NATSIHS). The future NATSIHS will guide Partnership decisions in Indigenous public health. Members were keen to ensure that the range of public health activities are reflected in planning, program and accountability mechanisms in the document. The process for preparing the response had ensured input to the response from the range of Partnership working groups. Members agreed that the process had been very valuable.

Public Health Expenditure

The terms of reference for a review of the Public Health Expenditure Study were agreed. This review will focus on the value and potential uses of the study rather than the technical aspects of the data collection. This review follows the release in early October of the expenditure reports for 1997–1998 and 1998–1999 (see *Grapevine Resources* on page 12).

Legislation Reform Papers

Following a decision at the last Partnership meeting to restructure the approach to dealing with matters of public health legislation, the Legislation Reform Working Group (LRWG) has been finalising a number of its current projects. The draft paper *Best Practice Legislation for the Management of Infected Persons who Knowingly Place Others at Risk* was endorsed for release for wider consultation, and two papers were endorsed for consideration by AHMAC with a view to publication. These are *A Summary of Public Health Laws of Relevance to Remote and Aboriginal and Torres Strait Islander Communities* and *The Role of Local Government in Public Health Regulation.*

Infection Control Guidelines

Members also agreed to release the draft *Infection Control Guidelines* for final consultation.

SIGNAL

A proposal from the Strategic Inter-Governmental Nutrition Alliance (SIGNAL) was approved to trial provision of SIGNAL endorsement to industry and non-government organisation's for activities that are inter alia, of an educational nature or promote fruit and vegetable consumption, and are consistent with priority action areas in *Eat Well Australia*.

Next Meeting

The first meeting of the NPHPG for 2002 will be held in March.

The National Public Health Partnership Group Members

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

New South Wales
Dr Greg Stewart
Acting 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, ACT Department of Health, Housing and Community Care

Victoria
Professor John Catford
Director, Public Health Division
Victorian Department of Human Services

Western Australia
Mr Paul Stephenson
General Manager
Public Health Services
Health Department of Western Australia

South Australia
Mr Philip Fagan-Schmidt
Director, Policy Branch
Strategic Planning and Policy Division
South Australian Department of Human Services

Tasmania
Dr Mark Jacobs
Director, Public and Environmental Health
Tasmanian 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

Commonwealth
Mr Robert Griew
First Assistant Secretary
Population Health Division
Commonwealth Department of Health and Aged Care

National Health and Medical Research Council
Professor Adele Green
Chair, Health Advisory Committee
National Health and Medical Research Council

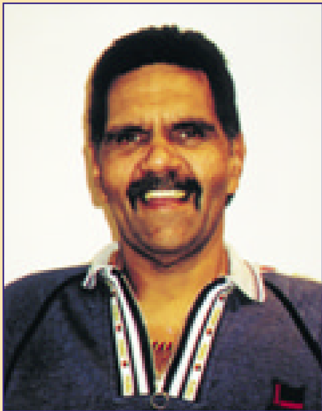
Australian Institute of Health and Welfare
Dr Richard Madden
Director
Australian Institute of Health and Welfare

National Public Health Partnership
Dr Cathy Mead
Executive Officer

New Zealand (observer)
Dr Don Matheson
Deputy Director General, Public Health
Director of Public Health
New Zealand Ministry of Health

NPHP Advisory Group (observer)
Dr Helen Keleher (Chair)
Representing the Public Health Association of Australia on the Advisory Group

Dr Arnold **'Puggy'** Hunter



At a meeting of the NPHP Aboriginal and Torres Strait Islander Working Group Dr Hunter commented that, "the Partnership should be congratulated on their initiative of forming the Aboriginal and Torres Strait Islander Working Group. The group brings together relevant parties from Commonwealth, State and community. I look forward to the group contributing to major achievements in the area of Aboriginal and Torres Strait Islander Health".

Dr John Scott

Chair, National Public Health Partnership Group

The influence of Dr Hunter through his representation of the National Aboriginal Community Controlled Health Organisation (NACCHO) in a number of facets of the National Public Health Partnership's work was significant. He was instrumental in defining the Partnership's response to the health issues of Aboriginal people and Torres Strait Islanders, and had maintained his commitment as an active participant in the implementation of this important and challenging work.

Dr Hunter's contribution to the Partnership's efforts to strengthen public health policy-making, planning and practice occurred in a number of Partnership forums, perhaps most significantly in his lead role as Chair of the Aboriginal and Torres Strait Islander Working Group (ATSIWG). The Working Group has made substantial progress and has received endorsement of a priority work program that confronts many of the fundamental issues for Aboriginal and Torres Strait Islander communities, such as public health laws, injury prevention, oral health, public health workforce and environmental health.

The leadership demonstrated by Dr Hunter and the support of NACCHO that came with his involvement in the Partnership has been invaluable. Dr Hunter's professionalism and enduring commitment impressed all members of the Partnership Group and reflected very well on the organisation he so ably championed.

Mr Romlie Mokak

Secretary, NPHP Aboriginal and Torres Strait Islander Working Group

It has been an enormous privilege to work with Puggy in my role as Secretary to the Aboriginal and Torres Strait Islander Working Group. The identity, character and focus of the group is largely a result of the Partnership's commitment to ensuring that a strong Aboriginal leader, such as Puggy, was the inaugural Chair of the group. Despite his passing, Puggy's legacy will live on, not only in forums such as ATSIWG but Aboriginal and Torres Strait Islander affairs across this country.

Puggy, as we all know, had a huge and never-ending workload. In spite of this, he was always incredibly generous with his time, his stories and his vision. Puggy saw public health as a critically important platform to launch a range of actions that would lead to the improvement in well being of Aboriginal and Torres Strait Islander peoples. He saw the ATSIWG as having a leading role in making progress in and across public health and other sectors to achieve this aim.

With Puggy, I could not dwell on the tragedy of a national Aboriginal health leader doing business while hooked up to a dialysis machine – there was too much business to do, too many important issues to progress.

I fondly hold my memories of Puggy and am comforted in the knowledge that he continues to stand side by side with all of us working to improve the health of our people.

The National Aboriginal Community Controlled Health Organisation

One of Australia's greatest Aboriginal leaders, Dr Arnold (Puggy) Hunter devoted most of his adult life to improving the appalling state of Aboriginal health in this country. He took the fight for justice forward in government offices, in Parliamentary inquiries and at the grassroots level, and never gave up hope for achieving a better future. Puggy inspired thousands to question and reform the efforts of this nation to improve the health of Aboriginal peoples.

As Chair of NACCHO, Puggy played a critical role in driving the Federal Government policy on Aboriginal health issues. He felt one of the key ways was through the National Public Health Partnership. Developed to improve national population health action, Puggy would say "God help us if 80% of the population can't help 2%."

He questioned the Partnership's focus on Aboriginal health, its current and future approach. In this way he influenced the evaluation of the Partnership, and engineered a strategy that led to the establishment of the Aboriginal and Torres Strait Islander Health Working Group of the Partnership which he chaired from the year 2000. His key concern was that Aboriginal health not be devolved to subordinate, or body-part groups ("a merry-go-round") but be part of the action oriented approach of the Partnership as a whole, through its working groups and through reform and improvements in the activities of each jurisdiction. "There is no point in just looking at what the problems are if nothing is done about them. It's like a cancer patient – there's no point in opening up the patient unless you're going to remove the cancer."

Action, he said, can only be achieved by partnerships with Aboriginal people and the peak bodies that represent them. "There is no use in someone saying they support us, and then trying to take over our agenda, or trying to do their own thing in Aboriginal health without involving us right from the beginning. There is also no point in bodies trying to work with us just to pursue their own interests. Improving Aboriginal health is what we're about and if people want to work with us, that has to be the main aim of the game for them too." For partnerships to work, partners need to demonstrate integrity. Puggy continually reminded us of this - "We go to bed with these people as partners and we wake up with them on top of us."

In Public Health, the role of primary health care is critical and it was Puggy who kept the issue of primary health care alive. Population health integration within Aboriginal Community Controlled Health Services is well established because "we all know that if health care services are not delivered appropriately, our people wont use them." He would say, "the community-controlled approach from our position is not something we just kicked out from under a stone last week. It's been around for over 20 years within Aboriginal health and we've tuned it up, we've made it work to the best of our ability, mainly with the resources we were lucky enough to get."

On Government commitment, Puggy would remind all of us of our responsibilities to influence political will. "We've been part of all the reviews. We've heard all the speeches. But if you don't have a government committed to implementing these programs and policies, you're pissing in the wind." Puggy pushed for a bi-partisan commitment to improving Aboriginal people's health. "This would stop the zig-zagging and change in the direction of Aboriginal affairs that goes on every time we get a change of government. Politicians think in 3 –year cycles. What we need is cross party commitment to long term funding."

Puggy was very supportive of the Partnership's efforts in Public Health law reform. "How can anyone know of their rights in the Law, its like a secret," he would say. In housing standards, environmental health, access to water and control of waste – all these areas are linked with health and with legislation. "They make these laws, yet some of my mob are living out there in some conditions you wouldn't dare put your own dog. Yet our mob is expected to live there because the law was not enforceable."

Puggy, always conscious of his own mortality and never believing he would reach the age of 50 years, would say that "the statistics tell us that Aboriginal people have a life expectancy 20 years lower than that of other Australians, and that the greatest reason for this is the dramatic excess of death among young and middle aged adults. What this means to us, in real life, is losing our elders in what should be the prime of their lives, seeing our young people losing hope and taking their own lives, and planning our lives around funerals. We are tired of burying our people."

Puggy had an ability to make Aboriginal health real to people. He told the story of injustice and inequity in words that cut through the walls of indifference and apathy. He was able to move the nation and the will of the people to improve Aboriginal health because it takes a great leader like him, but the challenge must be met by Ministers, even if they only have half the courage that Dr Hunter had.

Puggy's moderate voice of influence over the political agenda and witty intellect will help us keep up the fight for better health and conditions for the Aboriginal population of Australia. We deeply miss this great man, known and respected the length and breadth of this country.

Puggy Hunter Recalled

Prof Vivian Lin, Executive Officer, NPHP 1996 - 2000

I can't pinpoint exactly when I first met Puggy. During the course of a career in health policy, it is inevitable that one comes across Puggy in a range of settings and across a range of issues.

Puggy has, however, created an image in my mind that is impossible to erase. In the early days of the National Public Health Partnership, a series of consultative meetings were held with various non-government organisations. Meeting with Puggy, as the NACCHO president, was a priority.

Puggy was in good form. He spoke about the problems of national "body parts" strategies being inappropriate for Aboriginal communities and inconsistent with their concept of health and well-being. He painted this picture of plane load after plane load of bureaucrats and politicians, each representing different strategies, each briefly visiting Aboriginal communities for fact finding, each promising the eradication of their particular problem of interest. He urged for not only partnership between government and Aboriginal communities, but also partnerships amongst national health strategies.

Puggy didn't make the bureaucrat's life easy. That's because he always returned to first principles – about what was important for the community, and how to work effectively with communities. That image created by Puggy - of plane loads of "body part" strategies – will always be a reminder that being able to implement national strategies in a coherent manner at the community level will be the real test for effective partnerships.

Public Health Expenditure Report

$880 million spent on promoting good health

Australian Governments spent $880 million on activities designed to promote health and prevent illnesses in Australia during 1998-99, according to a recent report issued jointly by the Australian Institute of Health and Welfare (AIHW) and the National Public Health Partnership (NPHP).

This figure represents about 2% of recurrent expenditure on health services in Australia in that financial year.

The *National Public Health Expenditure Report 1998-99* presents the results of the first comprehensive study into government expenditure on public health collected on eight main public health activities throughout Australia.

Of the $880 million, about 21% was spent on health promotion activities, 20% on immunisation and 16.5% on communicable disease control.

Breast and cervical cancer screening, environmental health and food standards and hygiene were among other public health activities described in the study.

According to the report, 70% of public health activities in Australia are delivered through programs managed by State and Territory Governments. The funding of those activities, however, is shared almost equally between the Commonwealth (52%) and the States and Territories (48%).

Acting Head of the AIHW's Health Expenditure Unit, Tony Hynes, said that this study covered all public health activities funded by Commonwealth and State and Territory health authorities.

"Public health activities are also funded by local government authorities, non-government organisations and other government bodies. These activities will be included in future work under the National Public Health Expenditure Project."

State of Play of Expenditure on Public Health by Australian Governments, a companion report, also released recently by the AIHW and NPHP, outlines the status of public health expenditure data up to 1999.

"This report highlights the lack of consistent information about expenditure on public health activities that had existed across Australia," Mr Hynes said. "We have gone a long way to address this with the *National Public Health Expenditure Report 1998-99*, but we still need to know more about this critical area of health expenditure in Australia."

Further information:
Mr Tony Hynes, AIHW, Tel: 02 6244 1160
Mr John Goss, AIHW, Tel: 02 6244 1151
Dr Cathy Mead, NPHP, Tel: 03 96161515
www.nphp.gov.au
www.aihw.gov.au

1 For health and welfare statistics and information

NATIONAL Public Health Partnership WORK PROGRAM

For more information on the work of the NPHP

email
nphp@dhs.vic.gov.au

telephone
03 9616 1515

website
www.nphp.gov.au

Award winning performance for World No Tobacco Day

L to R Dr Elizabeth Dax, Head of National Serology Laboratory, WHO Collaborating Centre for AIDS, Prof Vivian Lin, Professor of Public Health, La Trobe University, School of Public Health (former EO National Public Health Partnership), Prof John Catford, Member of the National Public Health Partnership Group and Chief Health Officer, Victorian Department of Human Services, Dr Shigeru Omi, Regional Director, Western Pacific Office, World Health Organisation, Prof Garry Jennings, Director Elect, Baker Medical Institute and Head, WHO Collaborating Centre for Research and Training in Cardiovascular Disease, and Dr Cathy Mead, Executive Officer, National Public Health Partnership.

A World No Tobacco Day Commemorative Medal and Citation was presented to the National Public Health Partnership by the Regional Director of the World Health Organisation, Dr Shigeru Omi, during his recent visit to Australia.

"The National Public Health Partnership has been awarded a World No Tobacco Day Medal for its achievements in tobacco control," Dr Omi said when making the presentation on behalf of the World Health Organisation Director-General, Dr Gro Harlem Brundtland.

"Through this award, WHO salutes individuals and institutions for achievements deemed worthy of international recognition in promoting the concept of tobacco free societies," he said.

"Australia now has one of the lowest smoking prevalence rates in the world with just 20.3 per cent of the adult population regular smokers. This is a reduction of 3.4 per cent since 1997.

"The decision of the Australian Government to prohibit all tobacco advertising, and phase out advertising in connection with international sporting events such as Formula One motor racing removes a major influence on young people to take up smoking.

"WHO hopes this example can be followed by all other countries," Dr Omi said.

The Partnership's national response to passive smoking focuses on the issue of environmental tobacco smoke in public places and work places, through a set of tools for development of a best practice legislative model to guide State, Territory and Commonwealth Governments. The Partnership is grateful to the Legislation Reform Working Group, the Commonwealth, and State and Territory Tobacco Policy Officers for their efforts and support throughout the drafting of the response.

The set includes:

- A background paper outlining the impact of passive smoking on public health and the rationale for a national response;
- A set of guiding principles for developing legislation; and
- Examples of core provisions that highlight key areas for consideration in legislation.

Professor Garry Jennings of the Melbourne-based Baker Medical Research Institute and Head of the WHO Collaborating Centre for Research and Training in Cardiovascular Diseases, took part in the presentation.

The medal was accepted by Professor John Catford, Chief Health Officer, Victorian Department of Human Services, on behalf of the National Public Health Partnership Group. Professor Catford is Victoria's representative on the Partnership Group.

"Many areas of the Partnership's work program reflect public health issues that receive global attention. Collaboration with WHO has occurred both formally and informally in implementation of Partnership priorities … we are keen for this collaboration to continue", Prof Catford said.

Providing an example of local action, Prof Catford said, "In Victoria, the 1st of July 2001 saw the introduction of one of the most significant tobacco reforms in the state with the implementation of smoke free dining. DHS Victoria has also put in place a cigarette sales to minors enforcement team, which monitors retailers for cigarette sales to young people. Recently, the Victorian Minister for Health launched a new media campaign for QUIT, which targets parents who smoke. In November 2001, all enclosed retail shopping centres in Victoria become smoke free and from 1 January 2002, all tobacco advertising in tobacco retail outlets will be banned and the display of tobacco products will be restricted."

For more information contact the National Public Health Partnership Secretariat.

For electronic copies of the documents mentioned, visit www.nphp.gov.au

Preventing Chronic Disease: A Strategic Framework

Background Paper

Chronic, non-communicable diseases are conditions of great concern, because of the significant burden they place on individuals, communities and health services. Yet many chronic diseases are highly preventable, and effective action on prevention is, therefore, a high priority.

The NPHP has developed a *Background Paper - Preventing Chronic Disease: A Strategic Framework*, which presents a national framework for system-wide strategic action drawing on the evidence about underlying determinants of poor health, knowledge of risk factors that are common to a number of diseases, and a lifecourse perspective on predisposing factors. The Background Paper was endorsed by the Australian Health Ministers' Advisory Council on 31 May 2001 as the basis for further national collaborative action.

The framework is based on public health principles and practice, with a strong emphasis on health promotion, and describes how this practice can be incorporated across the continuum of care. A wide range of health-related disciplines must join forces if opportunities to reduce the morbidity and mortality associated with chronic disease are to be realised. These opportunities are present in established settings for primary prevention, such as schools and workplaces; in community-based services that can incorporate early intervention strategies; and in specialist and community care services where prevention efforts focus on disease management and continuing care.

International research shows that health systems can be designed to prevent and manage chronic disease more effectively. However, it is essential that system level change is accompanied by, and supportive of, the empowerment and active participation of individuals, their families and communities.

In consulting on the Background Paper it was evident that there is growing support in Australia for a more integrated approach to chronic disease prevention. There are now a wide range of initiatives – at national, statewide and local levels – aimed at creating policies and implementing programs to coordinate action to improve the early detection and management of chronic disease as well as addressing risk and protective factors. The strategic approach proposed in the Paper would aim to build on the current developments and recognises that a broader, systematic and collaborative prevention effort has the potential to significantly increase the impact on health outcomes.

The National Public Health Partnership Group, in conjunction with the National Health Priority Action Council and with the support of the Australian Health Ministers' Advisory Council, will build on the Background Paper to agree and implement areas of national priority for public health. This work will be undertaken in partnership with the many stakeholders in government and non-government sectors concerned with the determinants and consequences of chronic diseases.

For copies of the Background Paper contact the NPHP Secretariat or visit our website.

Tel: 03 9616 1515, Fax: 03 9616 1500, nphp@dhs.vic.gov.au, www.nphp.gov.au

Response to the *National Aboriginal and Torres Strait Islander Health Strategy – Draft for Discussion*

The Australian Health Ministers' Advisory Council (AHMAC) has identified Aboriginal and Torres Strait Islander health as a key priority. In following through on this, the National Public Health Partnership has recognised the need for concerted public health action targeted to Aboriginal and Torres Strait Islander peoples. It has adopted the 1989 National Aboriginal Health Strategy (NAHS) as one of its national strategies for action, with the intention of adopting the *National Aboriginal and Torres Strait Islander Health Strategy - Draft for Discussion (NATSIHS)* in the same way once it is finalised.

The NPHP members were keen to support the development of the emerging NATSIHS by providing input on the range of public health activities and issues, to ensure ownership and commitment to it, by the wide range of players who provide public health programs and services in both health and non-health settings.

Input to the respose

Development of the response to the *NATSIHS* included compilation of comments providing a public health perspective, from key NPHP working groups following their own processes of active consideration of the document. These working groups cover a broad range of national public health interests including the areas of strategies coordination; legislative reform; public health information; environmental health; communicable diseases; immunisation; nutrition; physical activity; injury prevention; General Practice and population health; and mental health promotion and prevention. Input was also sought from the NPHP's non-government Advisory Group.

Following preliminary comment on the feedback from working groups in June 2001, the NPHP Group referred this material to its Aboriginal and Torres Strait Islander Working Group (ATSIWG) to incorporate in a draft NPHP response. In taking the lead role in drafting the response, the ATSIWG was also able to ensure engagement with the organisational networks associated with its members.

Comments on the NATSIHS were combined into an overall response for submission by the NPHP Group. Key headings under which comments were grouped are listed below:

- Strengthening the Strategy
- Comments against specific components of the document
- Boosting public health concepts and the identification of linkages
- Enhancing references to social and emotional wellbeing (mental health)
- Evidence base (to ensure that the document is adequately supported through referencing key public health policy recommendations and the research evidence)
- Cross sectoral work and accountability
- Cost Effectiveness of Public Health approaches
- Planning

Workforce development

All parties represented on ATSIWG agreed to the draft response which was endorsed by the NPHP Group for submission to the Aboriginal and Torres Strait Islander Health Council.

The NPHP appreciates the opportunity to participate in this consultation process and considers its contribution to be the first step in developing a fruitful dialogue which will continue as new public health developments, evidence and tools emerge.

For more information contact:
Secretariat, NPHP Aboriginal and
Torres Strait Islander Working Group
Stan Butler
Tel: 02 6289 8538
Email: stan.butler@health.gov.au

Chronic disease surveillance

The National Public Health Information Working Group (NPHIWG) convened a workshop on *Issues and Priorities in the Surveillance and Monitoring of Chronic Diseases and Associated Risk Factors* in Canberra on 8 and 9 November 2001. Senior policy makers, health information specialists, nutritionists, epidemiologists, clinicians and representatives of non-government organisations attended the workshop. The workshop was hosted by the Australian Institute of Health and Welfare in conjunction with the Commonwealth Department of Health and Aged Care.

The workshop discussed a number of strategic choices for nation-wide chronic disease and risk factor surveillance. These included:

- How to reconcile various frameworks for information gathering and management;
- Determining the type of partnership between producers and users of chronic disease information; and
- Establishing priorities for investment (for example, in data collection infrastructure, or in additional survey modules).

The workshop recommended that the National Health Performance Framework be used for chronic disease surveillance and monitoring in an analytical context, as set out in the *Chronic Disease Prevention Framework* of National Public Health Partnership. The World Health Organisation's (WHO) stepwise model was also considered to provide a suitable planning model for interlinking various risk factor measures.

Linking chronic disease surveillance and monitoring with public health interventions and policy development was another issue taken up at the workshop. Dr Judy Straton, Deputy Director, National Centre for Disease Control noted the need for national small area data in policy making and implementation processes.

Other major issues discussed were biomedical and behavioural risk factor measures and the ways to harmonise data from various sources. A national health measurement survey that will generate suitable biomedical information was given an utmost priority by the workshop.

The workshop recognised that potential exists for good alignment of the Australian Bureau of Statistics National Health Survey, jurisdiction-based Computer Assisted Telephone Interview surveys, and the proposed Australian Health Measurement Survey. Dr Merran Smith, Co-Chair, NPHIWG noted the importance of diversity in the types of information currently under collection for effective chronic disease surveillance. She identified NPHIWG as the group that could coordinate further harmonisation of data.

Prof Vivian Lin, Prof of Public Health, La Trobe University noted that Australia has the necessary national planning and coordination mechanisms for generating suitable information for chronic disease surveillance. She argued for firm leadership, both collectively and at agency level, to implement an agreed information development plan.

In summing up, Dr Richard Madden, NPHIWG Co-Chair said that the task now was to use the National Health Performance Framework for scoping chronic disease information requirements and to develop a useful, but manageable, set of indicators for regular monitoring. He also stressed the need to use existing administrative and non-administrative data collections more effectively. Dr Madden urged that the fixed costs of information infrastructure be recognised as national investment; marginal costs for additional information collected through that infrastructure should be a separate issue.

The workshop proceedings are under preparation.

For more details on the workshop contact:
Dr Kuldeep Bhatia
Tel: 02 6244 1144
Email: kuldeep.bhatia@aihw.gov.au.

Workforce Planning

As part of the Public Health Workforce Development Project, work has commenced to investigate a planning framework for public health workforce.[1] The aim of this work is to build on previous reports on the public health workforce in a practical way. Human Capital Alliance Pty Ltd, in partnership with the Australian Centre for Health Promotion, has been commissioned by the Partnership Group to undertake an initial phase that involves:

- Investigating and reporting on the concept of workforce planning;
- Describing current and evolving systems for workforce planning; and
- Drawing conclusions about the feasibility and value of a national planning system for public health workforce development.

Specific attention will be paid to approaches involving planning for a diverse workforce to deliver services in a range of settings and across a number of speciality fields. Reference will also be made to background material with implication for the public health workforce, such as the core functions for public health.

During this phase, some targeted consultation will be undertaken with key contributors to public health workforce development infrastructure.

The outcome of the research will guide the Partnership's Workforce Steering Group in developing a discussion paper about approaches to workforce planning for public health. The project report will be available early in 2002.

Contact:
Mr Lee Ridoutt, Human Capital Alliance Pty Ltd
Tel: 02 9484 9745

Ms Karen Roger, NPHP Secretariat
Tel: 03 9616 1515

1 See NPHP Newsletter, Issue No.15 for background on the Project.

Round-up on Injury

National Public Health Partnership

National Injury Prevention Initiatives

This article provides a brief summary and examples of injury prevention initiatives in jurisdictions. A number of jurisdictions have provided input under the four priority areas for action identified in the National Injury Prevention Plan: 2001- 2003 and the accompanying Implementation Plan, while others have supplied case studies of initiatives that highlight jurisdictional activity that may be of national interest.[1]

Injuries affect the daily lives of many Australians and their families. Some have lost a loved one as a consequence of an injury, others suffer the physical, cognitive and psychological affect of an injury. Injuries cost the Australian health system around $2.6 billion each year, or 8 per cent of total recurrent health expenditure. In 1999, over 8,300 Australians died as a result of injury and a further 400,000 were hospitalised from injury.

Australia is rich in knowledge about best practice interventions that can prevent injuries. The challenge is to apply that knowledge to minimise risks of injury for the community and for individuals. This challenge has led to the development of the *National Injury Prevention Plan: Priorities for 2001-2003* (the Plan) and the accompanying *Implementation Plan*. The Plan was approved by the Australian Health Ministers' Conference at its meeting in Adelaide on 1 August 2001 and has now been printed and distributed to stakeholders.

Responsibility for implementing the Plan rests with the Strategic Injury Prevention Partnership (SIPP). SIPP is made up of jurisdictional representatives as well as members from the Australian Institute of Health and Welfare, the Federal Department of Treasury (Consumer Affairs Division), the National Health and Medical Research Council and the Australian Injury Prevention Network. SIPP is chaired by a member of the National Public Health Partnership Group and supported by a secretariat based in the Commonwealth.

The Plan is a significant step forward for injury prevention in Australia. The focus is on a manageable number of priorities for immediate action by the health sector. The four priority areas for action are falls in older people, falls in children, drowning and poisoning in children. The Plan identifies strategies, actions and best practice evidence-based interventions to assist in reducing injuries. It encourages implementation of these activities through collaboration and the establishment of partnerships within jurisdictions and across sectors.

The Implementation Plan provides clear guidance on how the strategies identified in the Plan may be implemented. It is recognised that jurisdictions have individual priorities for injury prevention activities. The Implementation Plan does not limit the ability of jurisdictions to undertake those activities, nor does it imply that all jurisdictions will participate in all strategies.

The NPHP understands that any process to develop a response to the high rates of injury in Aboriginal and Torres Strait Islander communities can only occur with the agreement of communities and after a comprehensive consultative process. The Aboriginal and Torres Strait Islander Injury Prevention Action Committee (ATSIIPAC) has been formed to progress the process of consultation with a view to the development of a complementary Aboriginal and Torres Strait Islander Injury Prevention Plan. ATSIIPAC is a sub-committee of the NPHP's Aboriginal and Torres Strait Islander Working Group and has common membership with the Strategic Injury Prevention Partnership (SIPP).

Mr Paul Sayers
Strategic Injury Prevention Partnership Secretariat
Tel: 02 6289 8074
Fax: 02 6289 7104
Email: paul.sayers@health.gov.au

Commonwealth

The *National Falls Prevention for Older People Initiative* is the response of the Commonwealth to the issue of falls in older people. The aim of the Initiative is to decrease the incidence, severity, morbidity and mortality associated with falls in older people 65 years and older in the community and residential as well as acute aged care settings. Key activities under the Initiative include:

- An audit of research to identify best practice in falls prevention;
- A national stocktake of current practice;
- Social research into the knowledge, attitudes and information needs of older people in relation to falls;
- The promotion of best practice through community demonstration projects;
- An analysis of falls prevention activities in the residential aged care sector, including opportunities for implementing best practice; and
- Support of research where gaps in knowledge are identified.

1 Note: The Australian Capital Territory currently does not have a discrete injury prevention program and is not included.

Victoria

The Victorian Injury Prevention Program is located within the Public Health Division of the Department of Human Services. The program is involved in a wide range of activities including the provision of policy advice, the development of strategies, funding of various programs and projects, research support, stakeholder liaison, monitoring, and evaluation.

Victoria is currently embarking on a number of new initiatives which will further develop Victorian capacity and infrastructure, and continue an integrated approach to the management of injury prevention within the State. These new initiatives also provide a number of avenues through which strategies in the *National Injury Prevention Plan* may be addressed. Examples include:

- The establishment of a new Injury Prevention Research Officer at the Victorian Coroner's Office. The Research Officer will conduct research into the barriers (whether they be of a social, environmental, structural or legislative nature) associated with the uptake of safety practices in key unintentional injury areas, including the four priority areas of the National Plan.
- The Victorian Swimming Pool and Spa Working Group, which is an inter-sectoral group with a focus on toddler drowning. The group is undertaking activity relating to legislative change, enforcement and compliance issues, review of technical standards, research and awareness, and education.
- The Department of State and Regional Development 'Play it safe by the water' campaign is a Statewide education and awareness raising campaign focusing on key drowning issues.
- The Department of Human Services funded Chair of Injury Prevention at Monash University Accident Research Centre, who is currently involved in research across a broad range of injury prevention issues, including falls in children and poisoning in children.
- The Victorian Injury Surveillance and Applied Research (VISAR) database, which continues to supply valuable injury surveillance information across a range of injury issues including the four priority areas of the National Plan.
- The Department of Human Services has representation on the Australian Health Ministers' Advisory Council's sub-committee on the National Coordination of Poisons Information Services in Australia.
- The re-development of a Victorian Child Injury Prevention Action Plan, which will be an intersectoral collaborative effort.
- A new three year injury prevention research program has been established that will have a focus on intervention research. Outcomes of this research are likely to be of significant benefit to the implementation of the *National Injury Prevention Plan.*

In addition to the above initiatives, many of which cut across all four priority areas, Victoria has a well developed older persons falls prevention program. The four main settings identified as areas for focusing falls prevention activities include:

- Older people living in their own homes;
- People living in Residential Aged Care Facilities;
- In-Patients in Sub Acute Extended Care Centres; and
- In-Patients in Acute hospitals

Projects focusing on preventing falls among older people living in their own home are known as *Foothold on Safety* (FOS) projects. The projects are designed to recognise and reduce the risk factors for older people to enable

them to live safely within their homes and move with confidence in the wider community. Five new projects will be funded in 2001-2002 using Primary Care Partnerships as the preferred vehicle.

In Residential Aged Care Facilities, nine projects will be funded in 2001-2002. These projects aim to establish changed practices that minimise falls and injurious falls through staff and carer education and training.

To minimise inappropriate admission into residential care, two projects will be funded in 2001-2002 to provide older people, who are inpatients, with specialised assessment and treatment, and the opportunity for supportive rehabilitation.

In the Acute Care setting, four projects related to older person inpatient falls will be funded. These projects are a response to statistics showing that 38% of all patient incidents in Australian hospitals involve a fall.

Collectively, all the initiatives listed above provide an important support and infrastructure base to facilitating the development and implementation of effective interventions across a range of injury prevention issues within the State of Victoria and contribute to the broader body of knowledge at a National level.

For more information contact:

Ms Nicola Rabot
Tel: 03 9637 4251
Email: nicola.rabot@dhs.vic.gov.au

Queensland

Queensland Health is currently undertaking a range of strategies in response to the *National Injury Prevention Action Plan.*

In addressing falls in older people, Queensland Health is developing a *Statewide Action Plan* with key stakeholders to ensure a consistent and coordinated approach to the issue. Complementing this is the Quality Improvement and Enhancement Program which focuses on falls prevention activities in acute care and residential aged care facilities. The Program is currently nearing completion, with the production of *Best Practice Guidelines for Falls Prevention in Public Hospitals and State Government Residential Aged Care Facilities.*

At a community level, the Steady Steps Falls Prevention Project conducted in collaboration with the Department of Sport and Recreation, and Fitness Queensland, is upskilling fitness instructors across the State to provide gentle exercise programs for older people. The successful pilot has resulted in the program being expanded in 2002. The Wide Bay/Fraser Coast region has been selected as the Queensland site for a five year community- based falls prevention project for older persons. In the first year, an assessment of current falls prevention activities and needs is being undertaken to inform the development of local falls prevention action plans. These plans will also be based on research evidence and a review of the Stay on Your Feet Program (completed on the North Coast of New South Wales).

Falls prevention projects for children continue in the State. The Department is currently working with Kidsafe Queensland on a resource for those designing, and maintaining, public playgrounds with the aim of reducing playground related injuries. A fact sheet series will be distributed to local governments, schools, government facilities with playgrounds, and private playground providers such as shopping centres with play areas. Issues cover legal responsibility, safe surfaces, relevant Australian Standards, safe home play, playground hazards, safe shade plants, and safe play design and planning. To complement this resource, a supporting manual will be produced identifying playground safety material suppliers/providers.

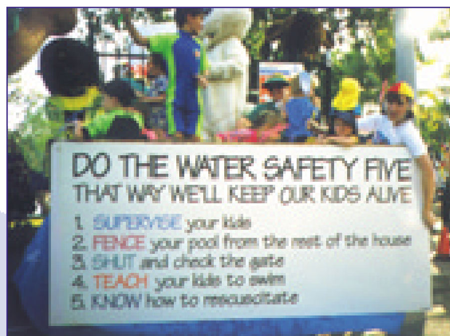
Queensland Health continues its partnership with Kidsafe and the Poisons Information Centre with the first stage development of a poisoning prevention resource for parents/carers of children who attend child care. The project aims to prevent poisoning among young children, reduce the number of inappropriate calls to the Poisons Information Centre and produce a strategic report on future directions for prevention in Queensland.

In the area of drowning prevention, Queensland Health is working with the Department of Local Government and Planning, Local Governments and a number of swimming pool supply and building companies to distribute information to pool owners on pool fencing, pool chemical safety and Cardiopulmonary Resuscitation (CPR). Good practice guidelines are also being developed for Local Governments who wish to operate a pool fence inspection program including information on relevant laws, precedents, procedures and planning tools. In addition, Queensland Health has been involved in drafting the new *State Water Safety Plan* with the Surf Living Society of Queensland.

Contact: Mr Michael Tilse
Tel: 07 3234 0622
Fax: 07 3220 0708
Email: michael_tilse@health.qld.gov.au

Northern Territory

Review of Injury Prevention and control initiatives in the Northern Territory (NT)



Recognising the high impact of injury on the health and well being of Territorians, the Centre for Disease Control in Territory Health Services is conducting a review of injury prevention and control initiatives in the NT. This review aims to assess the appropriateness of the current policy response and is to be completed by February 2002. To date, stakeholders' opinions on priority areas, current strategies and gaps, have been canvassed via written responses to a mail out, and direct face-to-face interviews.

The main issues raised so far are:

- Indigenous injuries – best ways to 'frame' injury issues, engage Indigenous organisations, and deal with underlying factors via a community development approach;
- Child restraints – issues around inadequacies of current legislation and availability of proper fitting stations;
- Childhood drowning – issues around pool fencing enforcement and impact of legislation;
- Domestic violence – issue of high incidence and need to focus on preventative strategies;
- Depression and self harm – issues of early intervention and management of at risk clients (esp. youth);
- Road traffic accidents – issues of alcohol, excessive speed, and failure to use restraints and bike helmets;
- Alcohol-related injuries and the need to maintain a focus on the 'Living with Alcohol' program; and
- Epidemiology of injury – issues around data quality and availability and relevance to priority setting.

The greater recognition of injury as a public health issue within the NT has already resulted in its inclusion as one of the five priority areas in the *THS Health Gains Planning Framework.*

The National Injury Prevention Plan

The NT review is also assessing the local relevance of the *National Injury Prevention Plan Priorities for 2001-2003,* and identifying potential gaps in the current program and policy responses to these issues.

Falls in Older People

The epidemiology of injury, especially in the area of falls in older people, is unclear, yet stakeholders indicate that it may be an important emerging issue. The current review has established a Falls Interest Group to further discussion. Non government organisations such as Arthritis and Osteoporosis NT and the Salvation Army Therapy Centre already conduct falls prevention programs.

Falls in Children

The *Kidsafe NT 2001* report states that the majority of high falls in children resulted from falls from trees and playground equipment, and has recommended that playground equipment be erected and maintained to Australian Standards with impact absorbing under-surfacing, and positioning of equipment to prevent collision.

Drowning and Near Drowning

Isolation fencing legislation and its enforcement are significant issues being examined by Kidsafe. Other priority areas being targeted by non-government organisations such as Kidsafe and the Royal Life Saving Society include familiarising children with water, parental supervision, First Aid courses for parents, and the need to review the design aspects of public aquatic facilities to ensure optimum safety.

Poisoning among Children

Kidsafe NT recommend introducing legislation for child resistant packaging of all potentially poisonous substances. Child resistant medicine cabinets and child resistant latches on kitchen, bathroom and laundry cupboards are other recommendations being promoted.

For more information contact:

Ms Justine Glover
Tel: 08 8922 8280
Fax 08 8922 8310
Email: justine.glover@nt.gov.au

New South Wales

Falls in Older People

NSW Health fall injury among older people management policy

A state-wide policy for the management of fall injuries in older people is currently being developed by the New South Wales (NSW) Injury Prevention and Policy Unit (IPPU). This policy focuses on a coherent approach to fall injury reduction – addressing the risk group of older people before and when they are at greatest risk, and in the major settings in which they spend their time.

NSW falls injury indicators

Upon retirement, older people often change residence. Many retirees seek a warmer climate near water. Some rural residents move to larger towns and cities to be closer to health and other services. Fall injury prevention and associated health care resources need to be allocated to where older people choose to live.

In an effort by the IPPU to identify where resources regarding fall injury prevention are likely to occur in the next 15 years, information for each Area Health Services and each Statistical Local Area in NSW has been generated regarding:

- Population projections by age group;
- Fall-related bed day projections by age group; and
- Fall-related health service costs and utilisation.

This information has been prepared to assist each Area Health Service to identify the impact of fall injury on the demand for services and how this demand will change as the population ages over the next 15 years.

http://www.health.nsw.gov.au/public-health/health-promotion/improve/injury/fallinjuryindicators/injuryindicators.html

Make a Move

Make a move is a three year metropolitan based falls injury prevention program. It is a collaborative initiative of six metropolitan area health services in NSW. The program has five objectives which are to:

- Increase preventive awareness of risk factors, and in particular the benefits of gentle exercise, amongst the older community (65+) across Sydney, to reduce the risk of falling;
- Increase awareness amongst carers and supporting relatives of the increased risk of falls in older people;
- Develop suitable communication strategies for older people in key non-English speaking background communities;
- Substantially increase local programs providing gentle exercise programs for older people; and
- Develop a suitable evaluation methodology to measure increased participation in gentle exercise programs within the key target group.

Rural falls injury prevention program

The rural falls injury prevention program (RFIPP) is a collaborative initiative of ten rural area health services in NSW. The aim of this three year program is to coordinate best practice health promotion for the prevention of falls injury in older people throughout rural NSW, with a primary focus on increasing the access of older people to fall-safe activities designed to improve muscle strength, flexibility, balance and fitness.

Drowning and Near Drowning

Currently, NSW averages 87 drownings each year[1]. Death by drowning is not limited to any particular social group, age, gender or nationality. Research shows that drowning represents the sixth most common accidental cause of death in NSW[2]. As drowning and near-drowning incidents are considered to be largely preventable, they are a major safety concern for the community.

The Minister for Sport and Recreation has established the NSW Water Safety Taskforce in recognition of the importance of water safety and the need for a coordinated approach to water safety in NSW.

The NSW Water Safety Taskforce has developed the *NSW Water Safety Framework, 2001-2003* to provide strategic advice to the government on water safety related matters. Three key priority areas have been identified in the Framework – Education, Standards, and Evidence. NSW Health has the lead agency role for the priority area of evidence.

Other Initiatives

Safe Communities in NSW

Safe Communities is a community-based model that offers communities a collaborative approach to managing injury prevention and safety promotion. Its key feature is the creation of a local infrastructure for addressing injury and safety priorities.

Trials of the Safe Communities model are being conducted in three locations in NSW. These pilot projects are a joint venture between NSW Health and the Roads and Traffic Authority (RTA).

www.health.nsw.gov.au/public-health/health-promotion/improve/injury/safecommunities/safe_index.htm

Pride, Respect and Responsibility

This Aboriginal injury surveillance project describes the injury patterns, subsequent risk factors, and identifies responses to enable positive change among Aboriginal people residing within the Mid North Coast region of NSW.

The project utilised emergency department data, hospital separation data, and qualitative methods, such as event-narratives, semi-structured interviews, and focus groups. In addition, the study attempted to determine the accuracy of identification of Aboriginal status recorded in routine data collections.

For more information contact:

Ms Rebecca Mitchell
Tel: 02 9391 9951
Fax: 02 9391 9579
Email: rmitc@doh.health.nsw.gov.au

1 NSW Injury Risk Management Research Centre (2000). Analysis of Drowning in Australia and Pilot Analysis of Near Drowning in NSW. Australian Water Safety Council: Sydney.

2 NSW Health (1998). Patterns of Injury Costs, NSW 1995-96. NSW Health: Sydney.

Western Australia

Injury prevention in Western Australia has seen some changes that will strengthen the injury sector. These changes include the:

- Re-positioning of the Injury Prevention Unit within the Department of Health. Our new role is to strategically manage injury prevention in Western Australia, which will require more attention to policy, planning, research and evaluation;
- Development of the Injury Research Centre (previously Roadwatch), which now is in the position to undertake research into a wider range of injury issues; and
- Transformation of the Injury Control Council of Western Australia into the peak non-government agency for injury prevention.

While these changes may be more significant for the health sector, they open up more opportunities for a coordinated approach to many of the injury issues for our State.

Public health units, community health services and non-government service providers, such as the Royal Life Saving Society, Kidsafe WA, and the Injury Control Council of Western Australia, are delivering the injury prevention work of the health sector. These groups ensure that injury issues are adapted to the needs of local areas. Some of the injury issues being tackled include farm injury prevention, falls prevention in older people, toddler drowning, children's burns and scalds, road safety and domestic violence. These groups also tackle the challenging areas, including injury prevention in Aboriginal and Torres Strait Islander communities and with people from cultural and linguistically diverse backgrounds.

When considering the work that Western Australia is undertaking in relation to the national injury priority areas, the area that has attracted most attention has been falls in older people.

Falls in Older People

Stay On Your Feet WA, a collaborative falls prevention program for seniors, is at the half way mark. This statewide program is based on the philosophy of coordination, cooperation and community involvement. There are a large number of partners including other government organisations, non-government organisations, medical and allied health groups, and seniors' organisations.

The health sector, particularly public health units and primary and community health services, have taken a lead role in delivering information and strategies relevant to local and regional needs. Some of the regional work in falls prevention in older people started well before the statewide program, therefore adapting the statewide information and strategies to make them relevant at the local level is imperative.

Some of the information and strategies, so far, have included both active and passive awareness raising activities, a focus on medicines and management of medicines, and most recently on physical activity, balance and walking patterns.

There is still a long way to go and future emphasis will be on policy development, more comprehensive evaluation, increased collaboration, better delivery of information, and sustainability.

Falls in Children

There is no coordinated approach to addressing falls in children. Kidsafe WA, public health units, primary and community health services, some other non-government agencies, and local government are working to address falls in the home mainly, with some emphasis on falls in schools. There is a great potential for Western Australia to have a coordinated and collaborative approach on this issue.

Drowning and Near Drowning

This contentious area has recently attracted a high level of collaboration in Western Australia. The Department of Health is taking an active role in the following areas:

- **Education** and awareness of toddler drowning – the Department has purchased the Keep Watch campaign from the Royal Life Saving Society WA branch;
- **Research** – with the Department of Local Government and Regional Development, the Department of Health has commissioned research evaluating the inspection process in domestic swimming pools; and
- **Coordination** – the Department is working with key organisations in the development of a drowning prevention and aquatic safety plan for Western Australia.

Other Initiatives

Road safety and domestic violence are key injury issues that have coordinated and committed plans in Western Australia. While these injury issues are coordinated by sectors, the health sector is a key partner in these statewide plans.

For more information contact:

Ms Nicole Bennett
Tel: 08 9222 2083
Email: nicole.bennett@health.wa.gov.au

Tasmania

The endorsement in August 2001 of the National Injury Prevention Plan Priorities for 2001-2003 and the *Implementation Plan* by the Australian Health Ministers' Conference has ratified the initiatives in Injury Prevention that have been developed in Tasmania over the past year.

In line with the National Plan, Tasmania has targeted falls in older people, falls in children, poisoning in children, and drowning and near-drowning for injury prevention activities over the life of the *Action Plan*.

The Falls Prevention Clinic continues to provide intensive fall prevention programs for older people in Southern Tasmania. A program to better identify high risk fallers who attend the Accident and Emergency Department at the Royal Hobart Hospital is due to commence in 2002 and it is hoped that these programs can be transferred to the North and North West of Tasmania. Plans for a statewide reference group to coordinate fall prevention activity across Tasmania are also well under way.

A statewide audit of playground provision and maintenance by local council was also conducted in the first six months of 2001. It was found that ability to provide appropriate maintenance schedules varied markedly across councils. Recommendations to deal with the lack of expertise, workforce development and introducing a statewide maintenance and auditing program have been proposed, and are being investigated by a playground working party.

Overall, promoting safe behaviours to all Tasmanians will continue to be a major initiative. Increasing access to Accident and Emergency Department attendances will enhance the evidence base and ensure that current and emerging injury issues are addressed in an appropriate and timely fashion.

For more information contact:

Stan Bordeaux
Tel: 03 6233 3774
Email: stan.bordeaux@dchs.tas.gov.au

South Australia

In the early 1990s the focus of injury prevention in the South Australian health sector was broadened to include the issue of clinical outcome following severe trauma. Previously the issues of concern were 1) avoiding injury incidents in the community, and 2) minimising the degree of injury when an incident did occur. The new focus placed special emphasis on two clinical goals: keeping people alive; and maximising quality of life for injury survivors.

The Department of Human Services established a formal Trauma Registry, so that cases of severe trauma treated at specialist trauma hospitals in Adelaide could be uniformly documented. Funding was sufficient to allow comprehensive exploration of changes in survival over time, controlling for degree of injury severity. The issue of quality of life for survivors has not been examined as yet. The system is operated in a cooperative spirit. It is viewed by the Department as an important tool for management of clinical services.

Full documentation of trauma cases is a challenging exercise, because there are so many variables that affect survival. Experience has shown that it is necessary to record information on the nature and extent of injury, the victim's health status before injury, and the victim's physiological response to injury just prior to hospital treatment. There are accepted methods of achieving all this documentation, but the task requires considerable input from highly trained staff. Literally years and years of such data must be collected and processed before sense can be made of trends in survival.

From experience around the world it is now evident that a trauma registry depends for its success on a multidisciplinary team committed to a long-term collaboration. The team must include senior medical and nursing staff, epidemiologists, statisticians, computer specialists, a funding body, and administrators. Adequate safeguarding of patient and institutional confidentiality is a necessary condition, in order to ensure a sufficiently open and academic working culture.

Having established a statistical means of demonstrating positive clinical change, it is important to establish a reason to expect positive clinical change. This was done progressively in South Australia by introducing improvements to the emergency medical system. Such improvements have impacted communications; victim transport; medical and nursing response pre-hospital; and in-hospital staffing, practices and procedures.

Results

During the four-year period 1997-2000, a total of 8,654 trauma cases were documented in the SA Trauma Registry. In each successive year, survival improved (controlling for injury severity), so that by the year 2000 the odds of death were only 45% of what they had been in the year 1997. In simple terms, 82 of the trauma victims who survived in 2000 would have been expected to die in 1997.

Comments

This was an encouraging result, given that the increase in survival was due to enhanced clinical management alone, and not to a decrease in the community incidence of trauma. Investigators in the United States of America have estimated the public-health contribution of enhanced emergency medical systems in that country, relative to that of specific programs of primary or secondary prevention. If one uses the mortality reduction due to automobile seat belts as an index of 100, the mortality reduction due to enhanced medical systems would be about 60. Clearly such medical systems should be on every Australian injury preventer's shopping list.

For more information contact:

Dr Ron Somers
Tel: 08 8226 6361
Email: ron.somers@dhs.sa.gov.au

OTHER NEWS

New health inequalities research networks

Three national networks are being established as a core part of the Health Inequalities Research Collaboration (HIRC): Children, Youth and Families; Primary Health Care; and Sustainable Communities. HIRC, an initiative of the Commonwealth Government, is designed to assist research workers applying their energies to improving our understanding of health inequalities, what causes them, and how they may be ameliorated. This support includes clarifying research priorities, supporting networking by researchers, and advocating for more funding support for such research. HIRC is especially keen to foster research which tests interventions on the basis of sound theory.

Functioning as an institute without walls, HIRC is building the three networks in subject areas which the evidence suggests are instrumental to improving health and reducing health inequalities. The HIRC network subject areas and their coordinating teams are:

- *Children, Youth and Families* - Coordinated by:
  Dr Jan Nicholson, School of Public Health Research, Queensland University of Technology, Tel: 07 3864 3389;
  Email: j.nicholson@qut.edu.au
  Dr Elizabeth Waters, Murdoch Children's Research Institute
  Professor Graham Vimpani, University of Newcastle
- *Primary Health Care* – Coordinated by:
  Ms Elizabeth Harris, Centre for Health Equity, Research, Training and Evaluation
  Dr John Furler, Department of General Practice, University of Melbourne
  Network Coordinator: Julie McDonald, Tel: 02 4236 0225;
  Email: maclyle@1earth.net
- *Sustainable Communities* – Coordinated by:
  Dr Pierre Horwitz, Edith Cowan University, Tel: 08 9400 5558;
  Email: p.horwitz@ecu.edu.au

Each network will be responsible for:

- Establishing and maintaining a comprehensive and viable research network and addressing rural health and the health of Indigenous Australians in their work;
- Providing expert advice on priority research topics, questions and related matters. This includes advice on the evidence for effective interventions;
- Facilitating communication and collaboration between network members and other individuals and groups; and
- Undertaking activities to build capacity in research concerning health inequalities as it applies to the subject areas.

Researchers, policy developers, practitioners and others interested in the subject areas covered by the three HIRC networks are welcome to contact the network coordinators mentioned above.

For general information about HIRC, contact:
Helen Catchatoor, HIRC Secretariat
Email: helen.catchatoor@health.gov.au
Website: http://www.hirc.health.gov.au

Public Health Happenings

Australian

21 - 22 March 2002

The 2002 Australian Indigenous Children's Health Conference
Coolangatta, Queensland

For more information:
Indigenous Conference Services Australia
Tel: 07 4945 7122
Fax: 07 4945 7224

16 – 17 May 2002

8th National Public Health Association of Australia (PHAA) Immunisation Conference
Hilton on the Park, Melbourne, Victoria

For more information:
PHAA Secretariat
Tel: 02 6285 2373
Fax: 02 6282 5438
Email: conference@phaa.net.au
Website: www.phaa.net.au

29 May – 1 June 2002

Australasian Sexual Health Conference
Come West 2002!
Sheraton Perth Hotel, Western Australia

For more information:
Dart Associates
Tel: 02 9418 9396
Email: dartconv@mpx.com.au

17 – 20 June 2002

Australian Health Promotion Association
14th Annual Conference
Made in the Future: A conference on leadership, capacity building, evidence and advocacy
Sydney Convention Centre, Darling Harbour, New South Wales

For more information:
Conference Secretariat
Tel: 02 9280 0577
Fax: 02 9280 0533
Email: healthpromotion2002@pharmaevents.com.au
Website: www.healthpromotion.org.au

International

19-23 August 2002
11th South Pacific Nurses Forum
Port Vila, Vanuatu

For more information:
Email: btarileo@Vanuatu.gov.au

For information on upcoming international events please visit the websites listed below.

World Health Organisation
www.who.int/home-page/

Organisation for Economic Cooperation and Development
www.oecd.org/media/upcoming.htm

Health Communication Network
www.hcn.com.au/

Grapevine Resources

What's new - NPHP Publications and Papers

Injury

National Injury Prevention Plan: Priorities for Action 2001 – 2003 and the accompanying Implementation Plan

Nutrition

Eat Well Australia: an agenda for action for public health nutrition, 2000-2010

National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 and first phase activities 2000-2003

Two summary documents have also been drafted which highlight the key issues and recommendations of both detailed reports. These summaries are titled:
Eat Well Australia: a strategic framework for public health nutrition, 2000-2010

National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010: a summary

Chronic Disease

Preventing Chronic Disease: A Strategic Framework – Background Paper

Physical Activity

Promoting Active Transport: An Intervention Portfolio to Increase Physical Activity as a Means of Transport

Expenditure

State of play of expenditure on public health by Australian governments: A survey of data available on public health expenditure in Australia for 1997-98 and for earlier years

National Public Health Expenditure Report 1998-99

For more information regarding these documents:
Tel: 03 9616 1515
Email: nphp@dhs.vic.gov.au
Website: www.nphp.gov.au

NPHP Secretariat Contact Details

Telephone (03) 9616 1515
Facsimile (03) 9616 1500
Post GPO Box 4057
Melbourne Victoria 3001
Street 12/589 Collins St
Melbourne 3000
Email nphp@dhs.vic.gov.au

Website Addresses

National Public Health Partnership (NPHP)
www.nphp.gov.au

Strategic Inter-Governmental Nutrition Alliance (SIGNAL)
www.nphp.gov.au/signal

Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH): www.nphp.au/sigpah

enHealth Council: http://enhealth.nphp.gov.au

Computer Assisted Telephone Interviewing Technical Reference Group (CATI TRG) www.nphp.gov.au/catitrg

Strategic Injury Prevention Partnership (SIPP)
www.nphp.gov.au/sipp/index.htm

Communicable Diseases Network Australia (CDNA)
www.health.gov.au/pubhlth/cdi/cdihtml.htm