

## Assessing Public Health Performance in Australia

The final report of the NPHP Public Health Performance Project proposes a set of indicators of system performance for public health for reporting by the National Health Performance Committee, and recommends that technical specifications for these be developed by the NPHP National Public Health Information Working Group (NPHIWG).

The terms of reference for the project were to:

1. Develop a set of key performance indicators for public health in Australia which fit within the health system performance tier of the National Health Performance Framework.<sup>1</sup>
2. Direct a process for reaching agreement among jurisdictions and public health practice areas on the use of the key indicators for performance monitoring.
3. Recommend mechanisms for reporting the key performance indicators including a key set through the National Health Performance Committee.

The project operated from January-August 2002 with the support of a reference group with membership nominated by the NPHIWG.

The consultation process for the project included meetings held around the country and a discussion paper that was widely distributed to key stakeholders. In undertaking this process, the project explored the context challenges for performance measurement in public health in Australia.

More than 150 participants attended the ten consultation meetings. At the meetings, participants discussed indicators of system performance for each of the nine core functions of public health in Australia.<sup>2</sup> The relative dearth of suitable indicators that are currently in use meant that the discussions focussed on ideas for improving current indicators, suggesting new indicators or identifying areas requiring indicator development.

The discussion paper proposed performance indicator sets for reporting and raised some broader issues around developing

and using indicators, including consideration of the utility of the National Health Performance Framework and the nine core functions of public health in Australia. Thirty-six responses to the discussion paper were received.

The final report suggests that the NPHPG consider adopting as one of its objectives, 'improving the quality of public health activities in Australia, through monitoring and reporting performance, and developing strategies for improvement'.

It recommends that the NPHIWG has an ongoing role in the further development of indicators of system performance - in the short term, working with appropriate NPHP subgroups to identify one indicator of system performance for the areas of physical activity, public health nutrition, environmental health and injury prevention.

The report proposes that the NPHIWG undertake the development of a classification system for public health to inform work in the National Public Health Expenditure Project and future work in performance monitoring. It supports the continued use of the National Health Performance Framework for performance monitoring in public health, and suggests how the Framework can be best used from a public health perspective.

Finally, the report recommends that the NPHPG consider the development of a national statement that sets out the short, medium and long-term priorities and goals for public health in Australia.

The report was considered by the NPHPG at its meeting on 29 October 2002. Recommendations of the report were either agreed, or agreed in principle subject to advice from the NPHIWG. At its meeting on 25 November 2002, the National Health Performance Committee agreed to adopt the indicators recommended in the report for inclusion in its shortlist of indicators for the next national report on health system performance.

The final report of the Public Health Performance Project including the earlier Discussion Paper is available from the

National Public Health Partnership website.  
[www.nphp.gov.au](http://www.nphp.gov.au)

Dr Louisa Jorm

Chair, Public Health Performance Indicator Reference Group

Mr Tim Owen

Project Officer  
Public Health Performance Indicator Project

1 National Health Performance Committee. *National Health Performance Framework Report*. Brisbane: Queensland Health, 2000.

2 National Public Health Partnership. *Public Health Practice in Australia Today - A statement of core functions*. Melbourne: National Public Health Partnership, 2000.

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# Comments From The Chair

The National Public Health Partnership provides an opportunity not only to coordinate public health activity around Australia, but also to ensure a continuing emphasis on public health priorities and promotion of public health agendas.

I would like to thank Dr John Scott for his invaluable work in developing the Partnership, as well as all those who have worked with and supported him in this process.

The recent AHMC meeting approved the Memorandum of Understanding to continue the NPHP from 2002-2006, which gives us an opportunity now to plan with the certainty of support from those to whom we ultimately report.

Articles in this edition of the Partnership News illustrate the way in which the NPHP currently seeks to ensure a public health emphasis.

At the most recent NPHP meeting in Adelaide, members considered their expectations and aspirations for the Partnership and this discussion will be progressed by a short paper to reflect some of these views and the agendas of other Councils and Sub-Committees.

As an unashamed advocate for public health, I believe that those of us working in health systems generally, as well as in the public health community, have a responsibility to keep pressing the case

for public health and for the public health activity, supported by social science, that can do so much to protect and promote the health of the community.

Despite all the progress of the last fifty years, it remains as true as when Francis Crew wrote "Measurements of the Public Health" in 1948, that "the therapeutics of Social Medicine is not medical but social and political action based on medical recommendations. Many a health problem of great concern to society is already solved yet remains untouched since adequate social action has not yet been unleashed".

Our role is to ensure appropriate action on current and emerging issues, to clarify our role in relation to various other governmental and non-governmental organisations working in public health and to generate an understanding of the need for public health action, together with appropriate recommendations for the actions we believe should be implemented.

I look forward to working with all who are involved in public health through the NPHP towards further ensuring a strong and integrated public health focus for our community.

Mike Daube

Chair, National Public Health Partnership Group

## NPHP Group October Meeting

**The NPHP Group held its last meeting for 2002 in Adelaide on 29 October. This was the first meeting for the new Chair, Mr Mike Daube, the Director General of the Department of Health in WA and the first meeting for the Partnership chaired by a member of the Australian Health Ministers' Advisory Council (AHMAC). It was also the first meeting for new members of the Partnership from SA, Vic, WA and Tasmania.**

The meeting was an opportunity for the Chair and new and old members to discuss their views on the future priorities and directions of the Partnership. As a result of the discussion a short issues paper will be prepared on the role of the Partnership, and its relationships with other key stakeholders in the health system.

Dr Louisa Jorm, the Partnership's representative on the AHMAC National Health Performance Committee (NHPC) and Chair of the steering committee for the NPHP Public Health Performance Project, attended the meeting to present the final report of the project. All recommendations of the report were agreed in principle and the initial set of proposed performance indicators will be forwarded to the NHPC. The Partnership will continue to facilitate action on the other recommendations and the report will be available on the NPHP website.

Other work completed at this meeting included the *Discussion Paper on Confidentiality and Privacy in Public Health Legislation with a Focus on Infectious Notifiable Disease and An Overview of Public Health Surveillance of Genetic Disorders and Mapping of*

*Current Genetic Screening Services In Australia*. Both reports will be available on the NPHP website. The report on public health genetics will now be forwarded to the AHMAC Working Group on Human Gene Patents and Genetic Testing.

With the increasing recognition given to obesity as a public health priority, the Partnership was very pleased to endorse the collaborative initiatives of the NPHP Strategic Inter-Governmental Nutrition Alliance (SIGNAL) to promote the consumption of vegetables and fruit. The Partnership Chair will sign an MOU on behalf of NPHP for a National Vegetables and Fruit Coalition that will include representatives from industry, NGOs and government.

The Partnership also gave strong endorsement to the directions outlined in the consultants report on strategic planning and the Communicable Diseases Network Australia (CDNA), and endorsed the CDNA further exploring the possible models for future development of communicable diseases infrastructure in Australia.

The next meeting of the Partnership will be held in early 2003. At that meeting the Group will commence a process of in-depth reviews of its sub groups and their work plans. This will commence with SIGNAL, SIGPAH<sup>1</sup> and JAG<sup>2</sup> given the current priority accorded to nutrition and physical activity as the key areas for intervention in relation to obesity and the importance of the SNAP<sup>3</sup> framework and its implementation.

<sup>1</sup> SIGPAH: Strategic Inter-Governmental forum on Physical Activity and Health

<sup>2</sup> JAG: Joint Advisory Group on General Practice and Public Health

<sup>3</sup> SNAP: Smoking, Nutrition, Alcohol and Physical Activity

# Public Health Genetics

As noted in the last edition of the News, the National Public Health Partnership Group (NPHPG) strongly supports collaboration between key stakeholders in promoting health and preventing disease and disability among people for whom the consequences of an inherited risk can be ameliorated. Accordingly, the Public Health Genetics Working Group (PHGWG) was established to advise the NPHPG on the appropriateness of developing a public health genetics strategy for Australia.

The PHGWG was initially tasked with providing an overview of the current public health surveillance of genetic disorders and public health genetics screening services in each jurisdiction, together with a mapping of the existing legislative, policy and administrative frameworks that are in place to support these services (the Mapping Project).

At its meeting on 29 October 2002, the NPHPG considered the PHGWG report on the Mapping Project, *An Overview of Public Health Surveillance of Genetic Disorders and Mapping of Current Genetic Screening Services in Australia*. The report draws specific attention to the need for national consistency in data collection, especially around newborn screening data and birth defects registers and recommends an evaluation of genetic testing for haemochromatosis to examine a framework for evaluating the case for public health genetic screening.

In May 2002, the Australian Health Ministers' Advisory Council (AHMAC) announced the establishment of a new Advisory Group on Human Gene

Patents and Genetic Testing. The Advisory Group is to advise and make recommendations to AHMAC on matters relating to the planning, management, regulation and provision of human genetic testing services. The Advisory Group will consider access issues; quality, performance, efficiency, safety and cost-effectiveness of genetic testing; social, ethical and legal aspects of genetic testing and other service delivery issues. Membership of the AHMAC Advisory Group has drawn on most of the membership represented on the PHGWG.

In light of the establishment of the AHMAC Advisory Group, and the scope of its terms of reference and membership, the NPHPG agreed that following finalisation of the Mapping Project, the PHGWG would be disbanded. Future NPHP activity on public health genetics would be undertaken in response to specific references from the AHMAC Advisory Group on Human Gene Patents and Genetic Testing. The NPHPG also agreed to refer the report on the Mapping Project to the AHMAC Advisory Group to inform the work of that Group.

The NPHPG thanked the Chair, Professor John Mathews and members of the PHGWG for stimulating this very important initial work on the public health aspects of human genetics.

*An Overview of Public Health Surveillance of Genetic Disorders and Mapping of Current Genetic Screening Services in Australia* is available in the *What's New* section of the NPHP Website at: [www.nphp.gov.au](http://www.nphp.gov.au)



## Confidentiality & Privacy in Public Health Legislation

A background paper on *Confidentiality and Privacy in Public Health Legislation with A Focus on Infectious Notifiable Diseases* has recently been completed. The paper was prepared on behalf of the Legislation Reference Network of the National Public Health Partnership Group by a consortium of private consultants, comprising the Health Issues Centre, Monash University Department of Epidemiology and Preventive Medicine and Corrs Chambers Westgarth Solicitors.

The background paper was commissioned to provide public health policy makers and practitioners with background information and context regarding privacy and confidentiality legislation in public health, with specific relevance to notifiable diseases.

The paper proposes a consistent framework for the management of personal information in public health databases across Australia that is responsive to privacy considerations. It also provides an overview of privacy and confidentiality provisions in Commonwealth, State and Territory health legislation and other relevant legislation. The paper seeks to provide a better understanding of the range of practices and working situations in public health across Australia, particularly with regard to the management of infectious and/or notifiable diseases. The paper proposes mechanisms for best practice in the management of privacy issues in public health, including the cross-jurisdictional sharing of notifiable disease data.

In developing the paper, the consultants involved key stakeholders, including communicable disease units in each jurisdiction; relevant inter-governmental committees such as the Communicable Diseases Network of Australia (CDNA); and the Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases (IGCAHRD); clinician organisations such as the RACP and the Faculty of Public Health Medicine; consumer organisations such as the Consumers Health Forum; and other organisations such as the Public Health Association of Australia.

The paper contains extensive reference material and discussion that may assist the examination of privacy and confidentiality issues in the context of public health legislation and its administration, particularly in relation to disease notification requirements within and between Australian jurisdictions. It is a useful background document for stimulating debate on health privacy issues. The Australian Health Ministers' Advisory Council (AHMAC) Privacy Working Group noted that it provided important information, which should aid the Privacy Working Group's work on developing its discussion paper which is to accompany the draft National Health Privacy Code. The AHMAC Privacy Working Group released a draft of the proposed National Health Privacy Code in December 2002 and will conduct public consultations in early 2003.

The paper can be found in the publications section of the NPHP Website at - [www.nphp.gov.au/nphppubs.htm](http://www.nphp.gov.au/nphppubs.htm)

# A Schema for Evaluating Evidence on Public Health Interventions

*Public Health  
'grey literature'  
will now be  
a thing of  
the past...*

The National Public Health Partnership (NPHP) has developed a guide for evaluating evidence on public health interventions. The publication *A Schema for Evaluating Evidence on Public Health Interventions 2002* provides, for the first time, an evidence-based process for reviewing published and other literature on public health interventions.

Evidence-based health care provides health managers and policy makers with the best evidence available about the delivery and management of health care treatment and interventions.

Prediction of the safety and effectiveness of specific public health interventions depends on knowing what interventions have worked, or failed, in the past. Evidence-based practice relies on the findings of sound evaluation research to determine whether an intervention is likely to be effective.

## Genesis of the Project

The impetus for this project arose from an approach to the NPHP from the Health Advisory Committee (HAC) of the National Health and Medical Research Council. The approach was in response to HAC discussion about difficulties that can arise when established methods from evidence-based medicine are used to evaluate research on public health interventions.

In response, workshops were jointly sponsored by NPHP and HAC in April / May 1999 to explore the issues for evaluating evidence on public health initiatives. It was concluded that the established methods of evidence appraisal for the practice of evidence-based medicine provide a useful starting point for evaluating evidence on all types of health interventions. However, in the application of these methods, information that is likely to be important in evaluating evidence on public health interventions is often omitted. The established methods should be expanded or adapted to take account of the diversity of interventions that come within the scope of public health, the different disciplines from which public health evaluative research is drawn, and the importance of contextual factors in public health research and practice.

It was recommended that the NPHP undertake a developmental project, that would commence with an examination of the limitations of existing methods for evaluating evidence on the effectiveness of public health interventions, and propose possible solutions. A subsequent phase would test these solutions by means of case studies.

The NPHP commissioned a team from the Australian Centre for Effective Healthcare to undertake this work.

## The Schema

*The Schema is a guide to the critical appraisal stages of a literature review, and to the synthesis of findings from the critical appraisal. The overall process of reviewing published and other literature on public health interventions, and using the review findings, involves at least six steps:*

1. Identify the purpose of the literature review and formulate the review question(s) to be addressed
2. Find and collate studies to be reviewed (i.e. articles and evaluation reports)
3. Appraise each article or evaluation report
4. Formulate a statement on the body of evidence
5. Publish review findings
6. Apply review findings to inform decisions about public health policy or practice.

*The Schema deals with the third and fourth steps with the aim of assisting reviewers to reach sound conclusions on what is known, and what is not known, about public health interventions.*

A set of principles of evidence-based public health practice is described that implies a need to define criteria that can be used to judge the strengths, limitations and gaps in the available evidence. The criteria should enable the determination of whether a collection of research papers and/or evaluation reports provides evidence that is good enough to support a decision on the benefits and harms of a public health intervention.

Development of the Schema was informed by a review of existing guides (checklists or criteria) for evaluating papers or reports on health care interventions. Existing guides addressed core aspects of critical appraisal, such as the scientific rigour of an evaluation, and several have been incorporated into the Schema. Most of the existing guides however, did not ask reviewers to take into account the setting in which interventions had been implemented, or the social and political environment in which they were evaluated.

The Schema presents a comprehensive range of questions about evidence. For example, it raises questions about the intervention itself and the setting in which it was implemented; questions about the evaluation of the intervention (i.e. the context and methods of the evaluation); and questions about the available reports. Users are also encouraged to give explicit consideration to, and interpret, the evidence within the context of their own clearly defined review setting.

For copies of *A Schema for Evaluating Evidence on Public Health Interventions 2002*, contact the National Public Health Partnership Secretariat: Telephone (03) 9616 1515 or by email: [nphp@dhs.vic.gov.au](mailto:nphp@dhs.vic.gov.au) Alternatively, the Schema can be downloaded from the NPHP website: [www.nphp.gov.au](http://www.nphp.gov.au)

# NPHP Group: New Members

## Chair

Mike Daube has worked in the field of health both in Western Australia and overseas for more than 30 years.

'I can say to you with sincerity that health and health issues are the most consistent and important themes in my life.'

He believes passionately in the power of prevention - and therefore in the aims of the National Public Health Partnership.

'There is no conflict between prevention and treatment - no competition. We need both. But the truth of the present is that we still pay far too little attention to prevention with the result that our communities suffer vastly more ill health and premature mortality than need be the case - and the burdens on our hospitals and budgets are in turn far greater than they should be.'

Before moving to Western Australia in 1984, Mike was a senior lecturer in the Department of Community Medicine at the University of Edinburgh in Scotland.

During that time he was a consultant and adviser for many years to the World Health Organisation, the international union against cancer, and to government and non-government organisations for about 30 different countries.

'At the time the tobacco industry was rampant around the world. They had the kind of influence health promotion and prevention people couldn't even dream about. Regardless of notional restrictions, they advertised pretty well at will...and they funded some of the most distinguished scientists in our world.'

In the 18 years since he arrived in WA, he has worked in the roles of Chief Executive Officer of the Cancer Foundation, the Assistant Commissioner of Health, and the Chief Executive of Princess Margaret Hospital.

Mike was appointed as the first Director General of Health in Western Australia in November 2001 and heads up a unified state health system.

## Western Australia

New National Public Health Partnership member Michael Jackson, who was recently appointed as the WA jurisdictional representative of the National Public Health Partnership, is a long-standing and

passionate advocate for environmental health.

As the former Director of Environmental Health at the WA Department of Health before becoming Executive Director of the newly-formed Population Health Division late last year, Michael's long career in public health has paralleled vast changes in the field of environmental health.

So it was with much enthusiasm that he accepted the role of Chair to enHealth Council, an area he feels he has much to offer.

At a recent national environmental health conference in Perth, Michael declared he was often very offended by people who refer to environmental health as 'ditches, drains and dunnies'. And yet, he concedes, for much of Western Australia's 100-year history of public health, that simplistic notion was not far off the mark.

'The huge quantum leaps in the working environment of environmental health have really been made in the last couple of years,' he said. 'I use the analogy of physics to describe this, where electrons move from one shell to a higher shell, thus moving on to an excited state.'

Analogies aside, Michael says environmental health has entered a whole new era and now sits firmly in the public and media spotlight.

'Environmental health is poised on the doorstep of totally intense community and political attention unrivalled by any other time in its history,' he says.

'You don't need to look far to see how important environmental health is in the eyes of our community. People are not interested in the ins and outs of corporate or political agendas - they just want a safe and healthy environment to live in.'

In turn, says Michael, this intense public scrutiny has also influenced the way environmental health practitioners work at state and local government levels.

At the first meeting of enHealth Council in November, Michael outlined several priority areas:

- \* Indigenous environmental health
- \* Health Impact Assessments
- \* Proactively generating information such as national standards and guidelines
- \* Creating strategic links that will

contribute to sustainable development  
\* Economic analysis of environmental health issues.

'We have a special responsibility to promote action that will reduce fundamental disadvantages,' he said. 'When all is said and done, population and environmental health issues are an investment in people and in communities.'

## Tasmania

Roscoe Taylor commenced as Director of Public and Environmental Health and Deputy Director, Population Health with the Department of Health and Human Services in Tasmania, in September 2002. As well as his membership of the National Public Health Partnership, he is also a member of the National Health and Medical Research Council's Advisory Committee and enHealth Council.

Consistent with the belief that much public health gain arises from actions, policies and systems located outside of the 'health' domain, Roscoe sees a future challenge for the NPHP as building upon its developmental achievements in its first five years and becoming more outward-going in facilitating relationship-building and developing common agendas with potential partners.

'We need to be asking how we can support local government action more, for example,' he said.

Another issue will be achieving a coordinated effort by the many groups now established to address health priority areas and chronic disease prevention.

The NPHP will need to provide value to both AHMAC and the broader health system by building or supporting cases for investment in effective population-level interventions. This may include identifying ways in which some current investments by Governments might be more effectively directed towards prevention.

'In this sense the NPHP should be acting like a beacon', Roscoe said.

The Partnership will also need to support enHealth Council in advocating for increased attention to the public health implications of ecological decline.

Roscoe's areas of particular concern include the emergent problems of obesity and overweight in children, and ecological sustainability.



# The National Public Health Partnership Group Members

## Chair

*Mr Mike Daube*

Member, Australian Health Ministers' Advisory Council and  
Director General  
Department of Health Western Australia

## Queensland

*Dr John Scott*

State Manager, Public Health Services  
Queensland Department of Health

## New South Wales

*Dr Greg Stewart*

Deputy Director General, Public Health and Chief Health Officer  
NSW Health Department

## Australian Capital Territory

*Dr Paul Dugdale*

Chief Health Officer / Executive Director  
Population Health Group  
Department of Health, Housing and Community Care

## Victoria

*Dr Robert Hall*

Director, Public Health and Chief Health Officer  
Department of Human Services

## Western Australia

*Mr Michael Jackson*

Executive Director  
Population Health  
Department of Health Western Australia

## South Australia

*Dr David Filby*

Executive Director  
Strategic Planning and Population Health  
Department of Human Services

## Tasmania

*Dr Roscoe Taylor*

Director, Public and Environmental Health and  
Deputy Director, Population Health  
Department of Health and Human Services

## Northern Territory

*Dr Shirley Hendy*

Assistant Secretary, Public Health, Family  
and Children's Services and Chief Health Officer  
Territory Health Services

## Commonwealth

*Mr Ross O'Donoghue*

First Assistant Secretary  
Population Health Division  
Department of Health and Ageing

## National Health and Medical Research Council

*Professor Adele Green*

Chair, Health Advisory Committee

## Australian Institute of Health and Welfare

*Dr Richard Madden*

Director AIHW

## New Zealand (observer)

*Dr Don Matheson*

Acting Director / General Manager  
Public Health Group  
New Zealand Ministry of Health

## NPHP Advisory Group (observer)

*Dr Tony Ryan*

Chair, NPHP Advisory Group and  
Nominee of the Australasian Faculty of Public  
Health Medicine

## Grapevine Resources

### What's New – A Selection of National Public Health Partnership Publications and Papers

Child Health Screening and Surveillance: Supplementary Document  
– Context and Next Steps (September 2002)

[www.nphp.gov.au/chip/screening/index.htm](http://www.nphp.gov.au/chip/screening/index.htm)

Planning Framework for the Public Health Workforce – Discussion  
Paper (June 2002)

[www.nphp.gov.au/wfplanning/index.htm](http://www.nphp.gov.au/wfplanning/index.htm)

Public Health Performance Project: Report to the National Public  
Health Partnership Group - October 2002

[www.nphp.gov.au/phpp/index.htm](http://www.nphp.gov.au/phpp/index.htm)

A Background Paper on Confidentiality and Privacy in Public Health  
Legislation With a Focus on Infectious Notifiable Diseases  
(May 2002)

[www.nphp.gov.au/nphppubs.htm](http://www.nphp.gov.au/nphppubs.htm)

An Overview of Public Health Surveillance of Genetic Disorders, and  
Mapping of Current Genetic Screening Services in Australia

[www.nphp.gov.au/genetics/index.htm](http://www.nphp.gov.au/genetics/index.htm)

A Schema for Evaluating Evidence on Public Health Interventions  
(Version 4 – Final Version)

[www.nphp.gov.au/ppi/evidencepschema/index.htm](http://www.nphp.gov.au/ppi/evidencepschema/index.htm)

For more information about what's new at the National Public  
Health Partnership please visit our website at

[www.nphp.gov.au](http://www.nphp.gov.au)

# Public Health Happenings

## February

National Health Summit 2003  
Crisis, Reform and Solutions  
18 – 20 February 2003

Merchant Court Hotel, Sydney, Australia  
[www.pharma-rd.net/2003/health\\_AU](http://www.pharma-rd.net/2003/health_AU)

5th National Allied Health Conference  
Bringing it all Together: Leadership, Learning, Practice  
19 – 21 February 2003

Stamford Grand Hotel  
Adelaide SA  
[www.sapmea.asn.au/conventions/alliedhealth](http://www.sapmea.asn.au/conventions/alliedhealth)

Biennial Congress of the World Federation for Mental Health  
21 – 26 February 2003

Melbourne Convention Centre, Melbourne  
Contact: ICMS Pty Ltd  
84 Queensbridge Street, Southbank 3006 Victoria  
Phone (03) 9682 0244 Fax (03) 9682 0288  
[wfmh2003@icms.com.au](mailto:wfmh2003@icms.com.au)  
[www.icms.com.au/wfmh2003](http://www.icms.com.au/wfmh2003)

## March/April

7th National Rural Health Conference  
The Art and Science of Healthy Community  
1 – 4 March 2003

Hotel Grand Chancellor, Hobart, Tasmania  
Contact: 7th National Rural Health Conference  
PO Box 280, Deakin West, ACT, 2600  
Fax: (02) 6285 4670  
[conference@ruralhealth.org.au](mailto:conference@ruralhealth.org.au)  
[www.ruralhealth.org.au](http://www.ruralhealth.org.au)

1st Asia-Pacific Injury Prevention Conference & 6th National  
Conference on Injury Prevention and Control  
Partnerships for the Future  
16 – 18 March 2003

Contact: Congress West Pty Ltd  
Suite 3, 12 Thelma Street  
West Perth WA 6005  
Phone (08) 9322 6662 Fax (08) 9322 1734  
[conwes@congresswest.com.au](mailto:conwes@congresswest.com.au)  
[www.congresswest.com.au/injury/](http://www.congresswest.com.au/injury/)

Communicable Diseases Control Conference 2003  
Communicable Diseases – A Fight We Can Win  
31 March – 1 April 2003

Hyatt Hotel  
Canberra ACT Australia  
[www.diseases.consec.com.au](http://www.diseases.consec.com.au)

## June

Aboriginal Health: 4th National Aboriginal and Islander  
Health Worker Conference  
15 – 18 June 2003  
[AIHW4thconf@sapmea.asn.au](mailto:AIHW4thconf@sapmea.asn.au)

## July

XIX International Congress of Genetics  
6 – 11 July 2003  
Melbourne Convention Centre  
Melbourne 3001 Victoria  
<http://geneticscongress2003.com>  
[adocherty@meetingplanners.com.au](mailto:adocherty@meetingplanners.com.au)

## September

Australian Department of Health and Ageing  
Incorporating the 15th National Casemix Conference in  
Australia  
Health Care in Focus  
14 – 17 September 2003  
Canberra ACT Australia  
[www.health.gov.au/casemix](http://www.health.gov.au/casemix)

## December

International Conference on Population Ageing and Health  
Modelling Our Future  
8 – 12 December 2003  
Contact: [conference@natsem.canberra.edu.au](mailto:conference@natsem.canberra.edu.au)

## NPHP Secretariat Contact Details

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### Website Addresses:

**National Public Health Partnership (NPHP)**  
[www.nphp.gov.au](http://www.nphp.gov.au)

**Strategic Inter-Governmental Nutrition Alliance (SIGNAL)**  
[www.nphp.gov.au/signal](http://www.nphp.gov.au/signal)

**Strategic Inter-Governmental forum on Physical Activity and Health (SIGPAH)**  
[www.nphp.gov.au/sigpah/index.htm](http://www.nphp.gov.au/sigpah/index.htm)

**enHealth Council**  
<http://enhealth.nphp.gov.au>

**National Public Health Information Working Group (NPHIWG)**  
[www.nphp.gov.au/info.htm](http://www.nphp.gov.au/info.htm)

**Strategic Injury Prevention Partnership (SIPP)**  
[www.nphp.gov.au/sipp/index.htm](http://www.nphp.gov.au/sipp/index.htm)

**Communicable Diseases Network Australia (CDNA)**  
[www.health.gov.au/pubhlth/cdi/cdihtml.htm](http://www.health.gov.au/pubhlth/cdi/cdihtml.htm)

