


	National Public Health Partnership Agenda 2002 – 2004													
Agenda Category		Achieving Integration Through Common Themes Across NPHP Agenda Categories												
<p>New initiatives and key strategic developments linking to major AHMAC agendas</p>	<ul style="list-style-type: none"> • Child, Youth and Mothers' Health • Chronic Disease Prevention: implementation of Framework¹ • Aboriginal and Torres Strait Islander Health: <ul style="list-style-type: none"> - taking a public health approach - working with key national bodies such as SCATSIH - ensuring that Aboriginal and Torres Strait Islander issues are given priority in all areas of the work program • Health of Prisoners: public health issues • Genetics: public health approach • Healthy Ageing: in partnership with the Healthy Ageing Task Force • Primary Health and Community Care Agenda: contribute to the ongoing agenda of AHMAC, for example through JAG and implementation of the SNAP Framework • Workforce: development of the public health workforce 	<ul style="list-style-type: none"> • <i>Addressing health inequalities through public health programs and interventions.</i> • <i>Improving the quality of public health practice. (For example by extending the use of tools developed such as the Planning and Practice Framework and the Evidence Schema etc).</i> • <i>Engaging effectively with key non-government organisations, key experts, major national structures and committees and key consumer groups. The NPHP Advisory Group will facilitate this activity.</i> 												
<p>Implementation and ongoing policy development in priority areas of public health</p>	<ul style="list-style-type: none"> • Controlling Communicable Diseases - through CDNA - (including immunisation, HIV/AIDs and Hepatitis C) • Preparedness for and responsiveness to bio-terrorism • Environmental Health – through enHealth Council • Nutrition – through SIGNAL² • Physical Activity – through SIGPAH² • Injury Prevention– through SIPP • Public Health Information – through NPHIWG • Evaluation and performance of public health programs 	<ul style="list-style-type: none"> • <i>Strengthening the evidence for public health interventions and enhancing the economic arguments for public health.</i> • <i>Integrating key risk groups, settings and priority areas into all work programs as appropriate, for example Aboriginal and Torres Strait Islander people, mental health and prevention, substance misuse and primary care and community health.</i> 												
<p>Key partners and collaborations achieved through mechanisms such as joint working groups, common membership, representation or joint projects</p>	<table border="0" style="width: 100%;"> <tr> <td>• SCATSIH</td> <td>• NHPAC</td> </tr> <tr> <td>• JAG – GPPAC/NPHPG</td> <td>• NHPC</td> </tr> <tr> <td>• Mental Health Prevention and Promotion Working Group</td> <td>• NACOH</td> </tr> <tr> <td>• AHMAC workforce group</td> <td>• NHMRC</td> </tr> <tr> <td>• HIRC</td> <td>• NHIMG</td> </tr> <tr> <td></td> <td>• AHMAC Primary Health & Community Care Group</td> </tr> </table>	• SCATSIH	• NHPAC	• JAG – GPPAC/NPHPG	• NHPC	• Mental Health Prevention and Promotion Working Group	• NACOH	• AHMAC workforce group	• NHMRC	• HIRC	• NHIMG		• AHMAC Primary Health & Community Care Group	<ul style="list-style-type: none"> • <i>Public health research – collaboration and priority setting.</i> • <i>Regulatory reform.</i>
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¹ Initially to be through nutrition, physical activity, implementation of SNAP framework and child and youth work programs.
² Both SIGNAL & SIGPAH address obesity.