

National Public Health Partnership

Activity Report 2002–2003



**A report to the Australian Health Ministers' Advisory Council
from the National Public Health Partnership**





THE NATIONAL PUBLIC HEALTH PARTNERSHIP

Activity Report:
2002–2003

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Chair's Review

The 2002-2003 year has provided many opportunities to demonstrate the value of a strong public health contribution to national health outcomes and priorities. It is particularly gratifying that the National Public Health Partnership, and its role in providing a focus for national public health action and advice, continues to be valued by governments and has been recognised during the past year in a renewed agreement to the Partnership signed by all Health Ministers.

The Partnership's capacity to function well has been reliant on the commitment to quality practice and willingness to share expertise of the Senior Officers responsible for public health in the Australian, state and territory governments. The goodwill generated through the membership of the Partnership has underpinned the successful operation of specialist networks responsible for advising on the Partnership's work program. These networks draw together the collective capacity of both government and non-government sectors in addressing priority issues concerned with the protection of the community, the promotion of good health and the prevention of disease.

The Partnership has contributed to some of the immediate public health demands during the year playing a major role through the Communicable Diseases Network Australia in coordinating and advising on surveillance, prevention and infection control aspects of the national response to the global outbreak of Severe Acute Respiratory Syndrome and following the Bali bombing.

Public health capacity continues to be enhanced by a range of guidelines, tools, discussion papers, and reports to facilitate national consistency and best practice in areas including environmental health, legislative reform, communicable diseases control, performance indicators, public health genetics, and information collection and analysis.

It has been important to engage effectively on public health issues both within and outside government. A number of workshops provided the opportunity to contribute to national consensus on complex issues such as the development of guidelines for national strategies to more effectively respond to the needs of Aboriginal and Torres Strait Islander communities, and development of a key set of priorities for public health in healthy ageing in conjunction with the Positive Ageing Task Force. The Australian Fruit and Vegetable Coalition was formed during the year to assist in progressing aspects of the Eat Well Australia nutrition strategy and to add value to the individual efforts of industry, non-government organisations and governments to promote the consumption of vegetables and fruit. Efforts to integrate action on chronic disease prevention have been strengthened with the links forged by the Partnership and the National Health Priority Action Council with the newly formed Australian Chronic Disease Prevention Alliance. The Alliance facilitates cooperation on the primary prevention of chronic diseases between its member national non-government organisations.

One of the key challenges for the Partnership over the next four years is balancing the need for ongoing advocacy of the value of a public health approach to health policy in the context of competing health system imperatives for the AHMAC agenda. This includes promoting the need for a whole-of-government approach to social inequalities and social capital inequalities and their contributory effects on health and wellbeing, a perspective that is particularly pertinent to the Partnership work in relation to Aboriginal and Torres Strait Islander health and promotion of good nutrition practices across all parts of the community.

The Partnership will continue to have significant responsibilities in relation to the national commitment to addressing healthy weight, especially in childhood. Increasing attention on global issues such as the public health response to the recent outbreak of Severe Acute Respiratory Syndrome and to disaster management will also continue to challenge public health practitioners and policy makers around the nation. Underpinning the public health response to these challenges and the maintenance of public health effort is the imperative for an appropriate and skilled workforce.

Good progress has been made in addressing the Priority Agenda 2002-2004. The Partnership will continue to assess its work program and effort to ensure that it remains responsive to the needs of member jurisdictions and the broader health reform agenda.

Mike Daube
Chair
National Public Health Partnership

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Strategic Management

FRAMEWORK AND STRUCTURE

The National Public Health Partnership (NPHP) is managed by representatives of the Australian, state and territory governments with responsibility for public health in their respective jurisdictions. The NPHP receives direction from the Australian Health Ministers' Advisory Council and provides advice to the Health Ministers through the Council. The capacity for the NPHP to influence the broader health agenda has been strengthened with the appointment of a member of Council, Mike Daube, in June 2002 to chair the National Public Health Partnership Group.

All governments have reaffirmed their commitment to a national strategic approach to public health with Health Ministers signing the Memorandum of Understanding for a National Public Health Partnership for a five-year period. The multilateral agreement underscores the roles and responsibilities of all jurisdictions as partners to a coordinated public health effort for Australia and recognises the important contribution to the Partnership Group of the National Health and Medical Research Council, the Australian Institute of Health and Welfare and the participation of New Zealand. The NPHP's engagement of the non-government sector is formalised through the NPHP Advisory Group and the involvement of the Chair of the Advisory Group, Dr Tony Ryan, in Partnership Group deliberations. Key advisory bodies of the NPHP are chaired, or co-chaired, by members of the Partnership Group to ensure that work programs are aligned with the directions of the NPHP and to provide leadership in priority areas. The framework for the NPHP is set out below.

During the year, changes to the structure of the Australian Health Ministers' Advisory Council have impacted the NPHP and resulted in broader support for its work, especially that related to Aboriginal and Torres Strait Islander health, information development and communicable diseases control. These changes have prompted review of the NPHP's relationship with Council sub-committees to ensure that its efforts are aligned with other agendas and to explore opportunities for collaboration. In some instances it has been beneficial to have direct representation on related sub-committees and representation has continued on the oral health and health performance committees of Council. In the case of Public Health Information, the advisory body established by the NPHP now has dual reporting arrangements, with primary reporting responsibility to the recently established Council sub-committee on National Health Information Management.

A process for internal review of the NPHP's advisory bodies has commenced, initially in the health gain program focusing on the activities and operation of committees responsible for public health aspects of nutrition, physical activity and the role of general practice. Consequently, priorities have been refined, new approaches agreed to improve coordination efforts and working arrangements altered to better progress agendas.

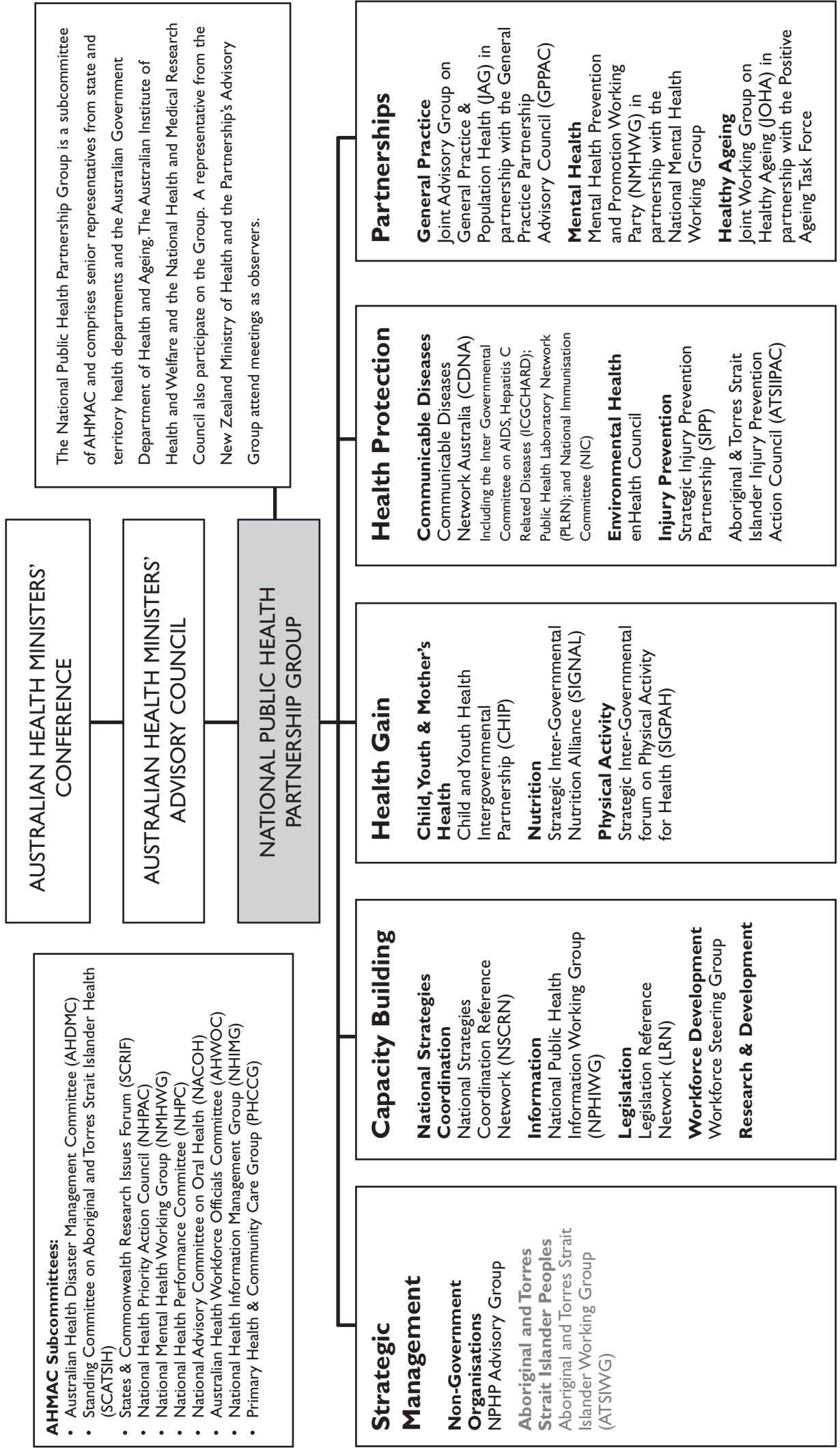
STRATEGIC AGENDAS

Evaluation of a number of national public health strategies and action plans developed under the NPHP related to environmental health, injury prevention and information development has commenced. The evaluations will provide an opportunity to assess performance and to ensure that investment in nationally agreed approaches respond to current and future priority needs and give proper regard to issues of health equity and equality.

Consistent with the NPHP's Priority Agenda 2002-2004, work has also commenced on national strategies and action plans to improve child public health and physical activity for health. This developmental work has been integrated with the broader national priorities of governments emerging during the year relating to overweight and obesity, and to early childhood.



Framework for the National Public Health Partnership



NON GOVERNMENT ORGANISATIONS

There are many stakeholders in public health in the non government sector who have a valuable contribution to make to the work of the NPHP. These stakeholders include professional associations networking the broad public health workforce, as well as specialist areas and organisations with a focus on specific health issues and a wider health constituency. Engagement with the sector has been through both formal and informal opportunities such as participation in national workshops auspiced by the NPHP, inclusion in consultations on draft strategic documents and membership of NPHP advisory bodies. The NPHP Advisory Group provides additional opportunity for interaction with key national non-government stakeholders on the development and implementation of the NPHP work program.

NPHP Advisory Group

The key objectives of the Advisory Group are to facilitate consultation, identify public health priorities, and contribute to the work of the NPHP by participation on its working groups. The Advisory Group assists in planning and implementing the Partnership's work program, and in communicating the work of the NPHP to the public health community whilst bringing the views of the public health community to the work of the NPHP. To facilitate this role, the Chair of the Advisory Group has an observer role on the NPHPG.

Representatives from the recently formed Australian Chronic Disease Prevention Alliance, the Royal College of Nursing and the National Rural Health Alliance were welcomed as new members during the year. The increase in membership broadens the scope for non-government involvement in the NPHP work program.

CEO Forum

The Advisory Group hosted a day-long forum for Chief Executive Officers of member organisations in November 2002. The forum was in response to the report *How can the National Public Health Partnership enhance its engagement, consultation and interaction with the non-government public health sector in the future?*, which was conducted by a consortium between La Trobe University and Queensland University of Technology. Issues raised in the report were discussed with the aim of identifying strategies to build stronger links between the NPHP and the non-government sector.

The forum considered the Advisory Group's role with the aim of reaching a better understanding of its work priorities, and as a basis for a communication and consultation strategy. The forum also sought to encourage greater participation by member organisations in the work of the Advisory Group, especially in its advocacy role for community concerns and issues. There was general agreement that current communication processes could be enhanced.

Consequently, the Advisory Group is reviewing its method of operation. Various models have been identified for effective approaches to bringing the views of the non-government sector to the NPHP and ensuring non-government organisations are fully informed of work being undertaken by the NPHP. This work will continue into 2003.

Capacity Building

Capacity Building activities of the National Public Health Partnership are detailed in this section of the report and include:

- National Strategies Coordination
- Public Health Information
- Public Health Legislation
- Workforce Development

NATIONAL STRATEGIES COORDINATION

National Strategies Coordination Reference Network (NSCRN)

Guidelines for the Development of Public Health Strategies in Aboriginal and Torres Strait Islander Health

Guidelines for effective approaches to Aboriginal and Torres Strait Islander public health are being developed to complement the *Best Practice Guidelines for the Development of National Public Health Strategies* (NPHP, 1999). The first phase of the guidelines project commenced in 2001-2002 and involved a commentary on the relevant literature and an extensive consultation process. The resultant report made recommendations on the approach of the guidelines. During the year, the drafting of the guidelines has proceeded including a national stakeholder workshop in February 2003 to consider a preliminary draft. The guidelines have been revised following the workshop and will be provided to workshop participants for an opportunity for final comment.

The Chair of the Guidelines Project Steering Group, Associate Professor Ian Anderson presented on the objectives and findings of the project at the annual conference of the Public Health Association.

The key elements of the guidelines are the background information on Aboriginal and Torres Strait Islander health issues, key players and policy documents; and a description of ten phases of the strategy cycle accompanied by a checklist of action. The guidelines are primarily intended for those who are directly involved in the development, implementation and evaluation of public health strategies in Australian, state and territory government Health departments, and committee members with a responsibility for strategy development and oversight. While the early draft versions of the guidelines are already informing strategy development and review processes, the final document will be launched in early 2004.

INFORMATION

The National Public Health Information Working Group (NPHIWG)

As a sub-committee of the National Public Health Partnership, the National Public Health Information Working Group contributes to the direction, development, and review of national public health information. The overarching framework for NPHIWG action on public health information issues is the development and implementation of the National Public Health Information Plan. This Plan aims to build the information infrastructure and evidence base for public health action in Australia.

Computer Assisted Telephone Interview Module Development

The National Computer Assisted Telephone Interview Technical Reference Group (CATI TRG) is a sub-committee of NPHIWG. It provides a focus for the development and promotion of national standards, methods and capacity for CATI surveys to improve health surveillance.

Development of question modules focussing on health and risk factor issues is a major activity of the CATI TRG. Modules on alcohol consumption, asthma, diabetes and tobacco consumption have been developed and field-tested, and are now available on the NPHP website. Physical activity and nutritional food behaviour modules are in the final consultation stage. Cardiovascular and demography papers are being revised.

The CATI TRG has played a pivotal role in developing a major scientific conference – the Monitor3 Global Surveillance Conference, scheduled to be held in Noosaville in October 2003.

CATI technical workshops were convened to discuss key technical issues across jurisdictions to support the improvement and standardisation of survey quality.

National Public Health Expenditure Report

The objectives of the National Public Health Expenditure Project (NPHEP) are to analyse and report on public health related expenditure and establish an on-going protocol for the collection of consistent annual public health expenditure information in Australia.

The National Public Health Expenditure Project Technical Advisory Group (TAG) was formed as a subcommittee of NPHIWG in October 2002. Mr Jim Pearse, Director, Funding and Systems Policy, NSW Health, was appointed as Chair of the TAG with Dr Richard Madden, Director, Australian Institute of Health and Welfare (AIHW), and Dr Louisa Jorm, Director, Epidemiology, NSW Health, acting as NPHIWG mentors for the project. A new set of terms of reference was proposed by NPHIWG and adopted by the TAG. The first meeting of the TAG was held in May 2003. The Public Health Expenditure Report 2000-01 is expected to be published in March 2004.

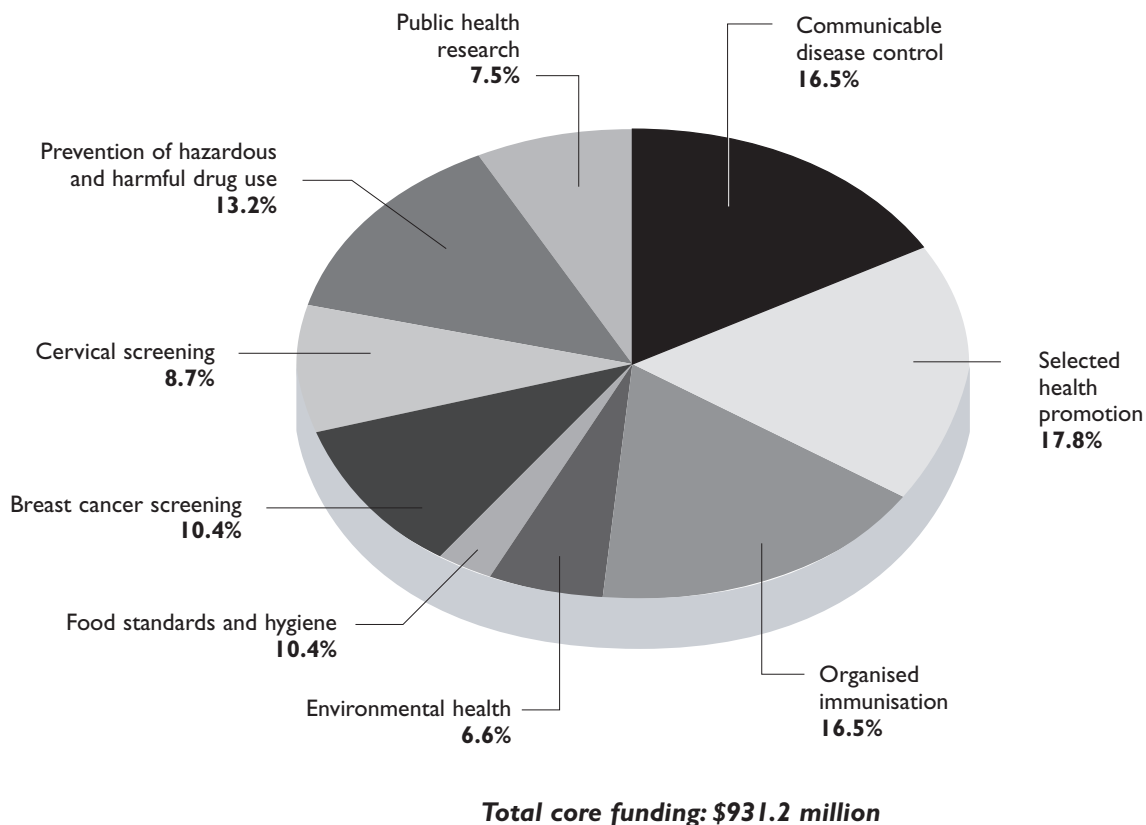


Figure 1.2 Total expenditure on core public health activities, all jurisdictions, current prices, by category, 1999-00

Source: National Public Health Expenditure Report 1999-00, Australian Institute of Health and Welfare, Canberra 2002

National Public Health Indicators

The Public Health Performance Project developed a set of key performance indicators for public health in Australia that mapped to the system performance tier of the National Health Performance Framework.

A discussion paper was produced by NSW Health, under the guidance of NPHIWG, synthesising the outcomes of consultation meetings and described issues associated with developing indicators of system performance for public health services in Australia. The discussion paper was circulated for comment in July-August 2002.

A report to the National Public Health Partnership Group (NPHPG) summarised the outcomes of the Project and made 19 recommendations. 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 next national report on health system performance.

From this Report, recommendations were made that NPHIWG:

- have an ongoing role in the further development of indicators of system performance;
- develop technical specifications for a set of indicators to be recommended for reporting by the National Health Priorities Committee and that these be published in the Australian Institute of Health and Welfare Knowledgebase; and
- that an application be put forward to include data elements in the proposed indicators in the National Health Data Dictionary.

NPHIWG is in the process of undertaking this work through the remainder of 2003.

Australian Health Measurement Survey (AHMS)

The AHMS was identified as a high priority public health information development item in the National Public Health Information Development Plan 1999. During 2002-03 the Department of Health and Ageing, AIHW, Australian Bureau of Statistics and Public Health Information Development Unit were responsible for the development of the rationale, business case, content, scope, design and methodology of the survey. They were involved in consultation with policy makers, consumer groups and the community and kept NPHIWG informed of progress.

The Australian Health Ministers' Advisory Council endorsed a pilot study of the survey, with fieldwork contracted to the International Diabetes Institute. The work was conducted in February-March 2003. A final report on the operations and outcomes of the AHMS is expected in late 2003.

New National Health Information Management Arrangements

The new national health information governance arrangements endorsed by AHMC provide for NPHIWG to operate as a discipline specific advisory committee to the newly created National Health Information Group (NHIG). NPHIWG's important role in advising the NPHP on national public health information issues and progressing implementation of related policies and strategies was acknowledged in correspondence between the Chairs of NPHPG and NHIG. This role will continue under the new arrangements. As part of the arrangements, the NPHP will also now advise NHIG on information requirements to support improvements in public health in Australia. Mechanisms to support these new arrangements including amendments to the terms of reference of NPHIWG will be developed in coming months.

Development of the National Public Health Information Plan, 2003-2005

A Plan for 2003-2005 is expected to be released in the second half of 2003. It is based on projects proposed by NPHIWG members and other Partnership advisory groups who have a role in public health information collection. Projects are selected according to relevance, achievability, applicability and leadership criteria.

The Plan includes numerous public health information projects, which are categorised by subject area, information type, and priority. The document will contain a list of projects with more substantial business plans for each project supporting the main document.

Over the life of the Plan, NPHIWG will have direct involvement in some of the projects, will maintain a watching brief over others, and will work with Partnership sub-committees and working groups in other circumstances.

Chronic Disease System Statement

The NPHIWG Chronic Diseases working group undertook significant work in 2002 examining chronic disease information issues. It managed a stocktake project of chronic disease related activities by Latrobe University. A meeting was held in September 2002 that considered this work and resolved that a national statement, setting out public health information collection issues related to chronic disease, be drafted. A workshop was held on 11 November 2002 to discuss issues in relation to the proposed statement involving NPHIWG members, specialists in chronic diseases and a representative from National Health Priority Action Council (NHPAC). This statement has been developed taking into consideration the purpose, scope, priorities, objectives and system functions. Actions proposed in the statement will build on existing work and identify opportunities to strengthen the collection, analysis and dissemination of information on chronic diseases.

LEGISLATION

Legislation Reference Network (LRN)

The NPHP Legislation Reference Network (LRN) has continued to progress a number of key issues relating to public health legislation during 2002-2003.

In February 2003, the LRN bade farewell to Mr Jim Dadds, its Chair since 1999, who retired from the Department of Human Services in South Australia. Jim had been involved with the work of the National Public Health Partnership since its inception and made an invaluable contribution to the work of the Partnership, most particularly in the area of public health law. His expertise and experience in relation to public health legislation is extensive and his involvement with the Legislation Reform Working Group (LRWG), and subsequently the LRN, was a significant asset to the work of this group.

Legislative Tools

The second stage of a major consultation process for finalising a paper addressing *Best Practice Legislation for the Management of Infected Persons who Knowingly Place Others at Risk* was completed in consultation with the Communicable Diseases Network Australia (CDNA). The document, which is anticipated to be finalised in the latter half of 2003, discusses principles that should be considered when developing best practice legislation for the management of infected persons who knowingly place others at risk and will assist the work of groups working with communicable diseases.

In late 2002-2003, the LRN also commenced a consultation process on a discussion paper on *Health Impact Assessment (HIA) – Legislative and Administrative Frameworks*, which maps current legislative and administrative arrangements for HIA in each Australian jurisdiction, as a basis for analysing issues relating to HIA implementation. The paper will ultimately be finalised as a publication on the Legislator's Tool Kit on the NPHP website.

Reference Point

The LRN has worked on a number of references throughout the year. It has worked with the Public Health Genetics Working Group in completing the report *An Overview of Public Health Surveillance of Genetic Disorders, and Mapping of Current Genetic Screening Services in Australia* which was referred, for information, to the AHMAC Advisory Group on Human Gene Patents and Genetic Testing.

The LRN also provided advice to the Inter-Governmental Committee on HIV/AIDS, Hepatitis C and Related Diseases (IGCAHRD) on legislative, as compared with policy approaches, to consistency in disposal of injecting equipment across jurisdictions.

In October 2002, representatives of the LRN participated in the CDNA National Consensus Development Conference on *Best Practice Management of Health Care Workers Infected with a Blood Borne Virus*. The discussion at the conference informed the development of a paper on this issue.

Jurisdictional members of LRN have also assisted the Commonwealth in gathering information for the World Health Organization's review of its *Guide to Ship Sanitation*. Members have provided advice on drinking water standards and monitoring procedures at Australian ports, together with a list of potable water bunkering points at Australian ports.

WORKFORCE DEVELOPMENT

Workforce Development Steering Group

In 2002 – 2003, the Workforce Development Steering Group has worked to identify the current and future development needs of the workforce required for an effective and efficient approach to the core functions of public health in Australia.

Work has proceeded on exploring the practical application of a model for workforce planning which was developed in the report to the NPHP on a *Planning framework for the Public Health workforce* (NPHP, 2002). The model focuses on determining workforce demand by the analysis of data on an organisation/strategy's public health functions and associated competency requirements. Work has been commissioned on testing the model in a practical workplace setting and producing a set of tools for workforce planning.

The Steering Group contributed information on public health workforce projects to the Australian Health Workforce Officials Committee's Audit of Jurisdictional Investment in workforce and related consultation processes. This will provide a valuable resource for health workforce planning and coordination.

The Steering Group supported the study by the University of New South Wales titled *Public health job vacancies – who wants what, where?* This provides an analysis of the demand for public health labour by analysing vacant positions related to public health over a two-month period from June to July 2003.

The Steering Group worked with the Australian Bureau of Statistics on the Australian and New Zealand Standard Classification of Occupations (ANZCO) to increase recognition of the public health workforce in its classification structure.

Health Gain

Health Gain activities of the National Public Health Partnership are detailed in this section of the report and include:

- Child, Youth and Mothers' Health
- Public Health Nutrition
- Physical Activity

CHILD, YOUTH AND MOTHERS' HEALTH

Child and youth Health Intergovernmental Partnership (CHIP)

The Child and youth Health Intergovernmental Partnership (CHIP) provides a focus for policy advice and plays a pivotal role in setting the agenda for children's and young people's health in particular the current development of a strategic national action plan on issues relating to child health and well being.

The Development of a National Child Public Health Strategy and Action Plan

One of the key areas of activity for CHIP is the development of a National Child Public Health Strategy and Action Plan. The Plan will provide a strategic framework and an agenda for action in public health for children 0-12 years of age. It will also address the relevant issues of the prenatal and pregnancy periods.

As with all work of the NPHP, the National Child Public Health Strategy and Action Plan will incorporate cross cutting themes identified in the NPHP's Priority Agenda 2002-2004. These include health inequalities, Indigenous child health, relationships with the non-government sector and evidence-based public health interventions.

The process of developing the draft Strategy and Action Plan includes; a literature review, an overview of relevant national policy activity and a consultation process with jurisdictions, national groups and key stakeholders. A draft National Child Public Health Strategy and Action Plan will be available for consideration by the NPHPG in mid 2004.

Early Detection Surveillance and Screening

A key operational component of the proposed Strategy and Action Plan is the development of mechanisms for the prevention, early detection of, and early intervention on, child health problems, using information from the NHMRC review report, *Child Health Screening and Surveillance: A Critical Review of the Evidence* (February 2002), and other international literature. In response to this review of child health screening and surveillance, the CHIP committee drafted a supplementary paper *Child Health Screening and Surveillance: Context and Next Steps* (September 2002) to further the development of an integrated approach to early

detection of child health problems. This paper was the beginning of a process to work towards best practice for prevention, early detection and management of child health problems within a broader context of a national child public health strategy. It includes a brief summary of the NHMRC Review report; an outline of the context for screening and surveillance as one part of prevention and early detection of child health problems; and proposals for the next steps for taking the NHMRC review recommendations forward.

The National Agenda for Early Childhood

CHIP coordinated the response paper for AHMAC to the Commonwealth consultation paper *Towards the Development of a National Agenda for Early Childhood*, in consultation with jurisdictions through their respective CHIP members and with input from other related sub-committees of the NPHP and AHMAC. The response was supportive of a national agenda and emphasised an intersectoral, multidisciplinary approach and the broad determinants of health, wellbeing and learning. Many of the issues raised in this process have informed NPHP development of the National Strategy and Action Plan.

Promotion of Child Public Health

CHIP members continue to actively seek opportunities to promote child public health issues when appropriate. CHIP was represented at:

- the Melbourne-based consultation workshop to address the development of a National Agenda for Early Childhood;
- the National Drug Strategy consultation workshop;
- the Obesity Summit in Sydney; and
- the Chair of CHIP chaired the Obesity Forum in Melbourne.

CHIP provided input into the final report to NPHP of the Public Health Performance Project, and presented a paper on child health at the Australian Medical Association Forum in November 2002.

NUTRITION

Strategic Inter-Governmental Nutrition Alliance (SIGNAL)

The 2002-2003 year welcomed Dr John Scott, the Queensland member on the NPHPG, who replaced Professor John Catford as Chair of SIGNAL. Professor Catford, the inaugural Chair of SIGNAL and Victorian member on the NPHPG, left the Victorian Department of Human Services to take up the position as Dean of the Faculty of Health and Behavioural Science at Deakin University. SIGNAL acknowledged the valuable contribution of Professor Catford in establishing the Alliance.

In 2002-2003, SIGNAL has endeavoured to consolidate its work in a number of core areas that build on the national nutrition strategies, *Eat Well Australia (EWA): a strategic framework and an agenda for action in public health nutrition, 2000-2010*, and the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP), 2000-2010*.

Promoting Vegetables and Fruit Consumption

SIGNAL has continued its work in promoting the consumption of vegetables and fruit. As part of this work, *Vegetables and Fruit Consumption Guidelines* were developed and released for public consultation in late 2002 to help health professionals and industry groups promote the consumption of vegetables and fruit in a consistent and informed way. The guidelines are currently being revised in the context of public comment and will be finalised shortly.

To progress the *National Vegetable and Fruit Action Plan*, SIGNAL appointed a program manager to explore partnership opportunities with organisations and sectors that may share similar goals to the public health nutrition sector. A major task for the program manager, in consultation with key stakeholders, was to investigate the potential for forming a national inter-sectoral coalition to address promotion of the consumption of vegetables and fruit.

The outcome of this process was the formation of the Australian Fruit and Vegetable Coalition in late 2002. The Coalition involves key national organisations that share the goal of increasing domestic consumption of vegetables and fruit. The founding members of the Coalition are the:

- Australian Food and Grocery Council (AFGC)
- Australian Retailers Association (ARA)
- Cancer Council Australia (CCA)
- Central Markets Association of Australia (CMAA)
- Dietitians Association Australia (DAA)
- Horticulture Australia Limited (HAL)
- National Heart Foundation of Australia (NHF)
- NSW Agriculture (replaced by Agriculture Food & Fisheries Australia – AFFA) and
- Strategic Inter-Governmental Nutrition Alliance (SIGNAL).

Although the member organisations and their state and regionally based subsidiaries undertake a wide range of promotional and structural programs, the objective of the Coalition is to add value to these efforts by promoting a consistent message, sharing information, ensuring synergy of effort and reduction in duplication.

A *Memorandum of Understanding (MOU)*, which was signed on behalf of the National Public Health Partnership Group in December 2002, is a non-binding agreement which sets out the issues agreed by the Coalition members.

Developing, Promoting and Evaluating National Guidelines

Another key function of SIGNAL is to provide advice on the development, promotion, and review of key national public health nutrition resources. In 2002-2003, the National Aboriginal and Torres Strait Islander Nutrition sub-group of SIGNAL has been working to finalise development of supporting resources for the *Aboriginal and Torres Strait Islander Guide to Healthy Eating*.

Several SIGNAL members have also been involved in the NHMRC review of the Australian dietary guidelines through representation on the review committee. The *Dietary Guidelines for Children and Adolescents in Australia incorporating Infant feeding guidelines for health workers and Dietary Guidelines for Australian Adults* were launched by the Federal Minister for Health and Ageing, Senator the Hon Kay Patterson, and the Minister for Children and Youth Affairs, the Hon Larry Anthony, in June 2003.

Developing Communication and Information Sharing Networks

SIGNAL continues to contribute to public health nutrition priorities, including those initiated by external groups such as non-government organisations, food industry groups and other private sector groups. During 2002-2003 SIGNAL participated in an Australian Chronic Disease Prevention Alliance workshop on *Preventing Chronic Disease – Building a Common Agenda*, in November 2002, which brought together representatives from the Chronic Disease Prevention Alliance, the National Public Health Partnership and the National Health Priority Action Council. The intention of the workshop was to develop an understanding of the work being undertaken by these various groups in relation to the prevention of chronic disease, with a view to work together in the future, particularly in the areas of nutrition and physical activity.

The outcome of the workshop included, inter alia, the commitment to work to collate existing information on economic analysis and modelling in relation to chronic disease prevention in order to strengthen the case for prevention; promotion of vegetable and fruit consumption, including addressing supply issues; and alignment of evidence based health messages.

SIGNAL continues to engage with a wide range of stakeholders involved in public health nutrition, through the development and dissemination of its newsletter, FOODChain. Recent issues of FOODChain have covered topical issues including *Maternal and Child Health* (August 2002), *Monitoring and Surveillance* (December 2002) and *Promoting Healthy Weight* (April 2003).

Future Directions

Consistent with the deliberations of the NPHPG meeting in March 2003, which revisited the role and function of SIGNAL, the work program for 2003-2004 will continue to pursue both a health gain focus and capacity building issues. Subject to the availability of resources, this will include the ongoing emphasis on promoting the consumption of vegetables and fruit; work on addressing healthy weight issues, including its role in contributing to the NPHP's input to the National Obesity Taskforce in partnership with SIGPAH; and work on the implementation of the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000*.

PHYSICAL ACTIVITY

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

Since its inception in 1999, SIGPAH has worked to provide national leadership for government action on physical activity and health issues across Australia by seeking to encourage all Australians to be physically active to improve health and wellbeing.

In 2002-2003, the role of SIGPAH was given increased emphasis with the NPHPG's focus on chronic disease prevention and the links between physical activity and the prevention of obesity.

National Physical Activity Action Plan

A steering group consisting of SIGPAH members has been formed to oversee the development of a National Physical Activity Action Plan. The project was endorsed by the NPHPG in the context of its review of the role and future directions of the SIGPAH.

Phase One of the project consists of an update of the literature to identify gaps and recommend on key areas for development and new investment in capacity building and health gain. The focus of this update is on the past three years (2000-2003), using the resource *Getting Australia Active* as a basis for the update. The findings and recommendations will identify the critical issues to drive the new directions for physical activity for health and provide the evidence base for the proposed National Physical Activity Action Plan.

Feasibility study of establishing a national inter-sectoral physical activity task force

Given the significant inter-sectoral nature of physical activity, SIGPAH commissioned a study to assess the feasibility of establishing a national inter-sectoral physical activity taskforce. The role of the taskforce was to facilitate physical activity policy development and implementation, enhance coordination of physical activity policy, and address current policy gaps across a range of sectors. The final report was submitted to SIGPAH in November 2002. The consultant's recommendations are being considered by SIGPAH in the context of the new developments of the National Obesity Taskforce and the National Physical Activity Action Plan.

Review of SIGPAH work plan

At its March 2003 meeting, the NPHPG commenced an ongoing review program of the work plans and resource requirements of its sub committees. SIGPAH was one of the initial sub-groups reviewed.

The NPHPG considered and endorsed the SIGPAH 2003-2004 work plan, in particular the development of an Action Plan, with priority attention being given to advice on how to progress increasing physical activity for Aboriginal and Torres Strait Islander groups. To strengthen its links to the NPHPG, Dr David Filby, the

South Australian member on the Partnership Group, was appointed as Co-chair of SIGPAH supporting Ms Michele Herriot in the role.

Facilitating Standardisation of Physical Activity Measurement.

During the past year SIGPAH and the National Computer Assisted Telephone Interview Health Surveys Technical Reference Group (CATI-TRG) co-hosted seven workshops around Australia to:

- inform stakeholders of the latest evidence on the appropriateness of the major existing physical activity surveys and preferred physical activity measurement practice in Australia;
- promote consistency of measurement practice across all jurisdictions;
- explore state specific physical activity measurement issues; and
- seek feedback and discuss issues to assist in finalising the development of physical activity data requirements.

The workshops involved presentation and discussion of two papers:

- *Measurement of Physical Activity: reliability, comparison and validity of self-report surveys. Summary and recommendations* (Brown et al, 2002); and
- *Physical Activity in Australia: proposed data requirements for population health surveillance* (van Moort, 2002).

The comments raised by the workshop were forwarded to the CATI-TRG for consideration in developing Australian standards for measuring health enhancing physical activity.

Collaborative activities

SIGPAH is working with SIGNAL on healthy weight issues and exploring how the two committees can work together in tackling overweight and obesity from a physical activity and nutrition perspective. This partnership provides significant input to the issues addressed by the National Obesity Taskforce.

SIGPAH has continued to provide input to the *National Physical Activity Guidelines for Children and Youth*. The discussion paper, which facilitates the development of Australian recommendations for both children's and youths' participation in health-promoting physical activity, is now available and will be used as the basis for the consensus process, soon to be undertaken by the Commonwealth Government.

All jurisdictions have been involved in promoting *Getting Australia Active* (NPHP, 2002) at various levels. In 2002-2003, SIGPAH has built on the recommendations of this report and been instrumental in developing key planning strategies to promote physical activity for health across Australia.

In June 2003, Victoria hosted a Physical Activity and Health training course, which was supported by SIGPAH and the Commonwealth Department of Health and Ageing. The course attracted more than 60 participants from health, sport and recreation, education, universities and local government. This is consistent with the focus on workforce development and builds on similar courses in other jurisdictions.

A SIGPAH representative provided advice at the National Health Priority Action Council Aboriginal and Torres Strait Islander Health Workshop and has contributed to the work of the Joint Advisory Group on Healthy Ageing.

The SIGPAH Chair provides input into the Smoking, Nutrition, Alcohol and Physical Activity Framework (SNAP) Implementation Committee. This committee is responsible for overseeing and facilitating a stronger and more co-ordinated approach to addressing the key risk factors in general practice.

Planning is underway for the first National Physical Activity Conference to be held in Perth, Western Australia in November 2003. SIGPAH will present on a literature update, commissioned to identify gaps and recommend on key areas for development and new investment in capacity building and health gain for physical activity and health.

Health Protection

Health Protection activities of the National Public Health Partnership are detailed in this section of the report and include:

- Communicable Diseases
- Environmental Health
- Injury Prevention

COMMUNICABLE DISEASES

Communicable Diseases Network Australia (CDNA)

The Communicable Diseases Network Australia (CDNA), a sub-committee of the NPHP, was initially established as a joint initiative of the National Health and Medical Research Council and the Australian Health Ministers' Advisory Council. Its main functions are to facilitate national communication and coordination of public health communicable disease activities, particularly in relation to surveillance, prevention and control. In 2002-2003, CDNA played a major role in coordinating and advising on surveillance, prevention, treatment and infection control aspects of the national response to the global outbreak of Severe Acute Respiratory Syndrome (SARS) (March – July 2003) and following the Bali bombing (October 2002).

Dr Greg Stewart, New South Wales Chief Health Officer, chaired CDNA through 2002-2003. Members include heads of communicable disease control units in all state and territory health authorities, and the Commonwealth, as well as representation from New Zealand and the Secretariat of the Pacific Community (SPC). Agencies and networks with expertise in communicable disease matters are also represented on CDNA.

During 2002 – 2003, CDNA, with advice from the NPHP, implemented a number of recommendations from the report *Strategic Planning and the Communicable Diseases Network Australia* to assist in the continued improvement of CDNA and its response to changing needs.

CDNA continued with its regular fortnightly teleconferences; allowing members to keep abreast of the rapidly changing picture of communicable disease developments across Australia and the region, to seek advice on some of the more difficult issues that arise, and to coordinate responses across jurisdictions and other agencies. The fortnightly teleconferences also provide opportunity for the development of policy and guidelines on a broad range of communicable disease matters, with in-depth discussion on specific issues occurring at the two CDNA face-to-face meetings.

Special, sometimes daily, teleconferences were convened when events required a more immediate response or to consider a matter in more depth, for example, after the Bali Bombing, for the response to SARS, and for the multistate hepatitis A outbreak in June 2003. The benefits of these teleconferences included: more timely and appropriate responses to outbreaks, better policies on communicable diseases management and

improved coordination of preventive activities. Other tasks, particularly those of a more specialised nature, were assigned to a number of CDNA subcommittees or working groups.

The CDNA subcommittees in existence at the end of June 2003 included the Communicable Diseases Control Conference 2003 Organising Committee; Infection Control Guidelines Steering Committee; Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases; Invasive Pneumococcal Disease Steering Committee (co-auspected with the Australian Technical Advisory Group on Immunisation); Meningococcal Disease Committee; National Arbovirus and Malaria Advisory Committee; National Immunisation Committee; National Surveillance Committee; National Tuberculosis Advisory Committee; National Enteric Pathogens Surveillance System Steering Committee; and the Public Health Laboratory Network. Note: During the year, the National Immunisation Committee commenced reporting through CDNA.

CDNA members continued to make fortnightly teleconferences a priority and though not easily quantifiable, the benefits of these teleconferences included: more timely and appropriate responses to outbreaks; better policies on communicable disease management; and improved coordination of preventive activities. These activities all restrict the spread of infection, minimise suffering, reduce the burden on the acute care system and maintain productivity levels.

During the year, CDNA adopted a new reporting format to provide more information about the serogroup and vaccination status of cases of invasive meningococcal infection, and ages of pertussis cases. Other achievements this year follow.

Response to Severe Acute Respiratory Syndrome

On 14 March 2003 the World Health Organization (WHO) issued a global alert warning health authorities about a highly contagious form of pneumonia, known as Severe Acute Respiratory Syndrome (SARS). Following the WHO alert, an urgent teleconference of CDNA was convened. CDNA continued to meet regularly (often daily) to review the national and global situation and to discuss and develop public health policy regarding SARS to ensure Australia's preparedness. CDNA instigated active surveillance of cases, and with the Commonwealth Department of Health and Ageing (DoHA), issued health alerts to hospitals and general practitioners to heighten their awareness of people returning from affected areas presenting with symptoms of SARS. CDNA, with DoHA, developed, and continue to review infection control guidelines to prevent transmission of SARS within health care facilities, and workplace and school exclusion precautions for people returning from SARS affected areas. CDNA provided advice to DoHA and other Commonwealth agencies on a range of SARS-related issues, including the content of Passenger Health Declaration cards and assisted in the provision of access to health assessment at all international airports. CDNA's Public Health Laboratory Network (PHLN) responded with the preparation of specimen handling protocols and the development and provision of SARS coronavirus testing services.

Communicable Diseases Control Conference 2003

From 31 March to 1 April 2003, the CDNA, PHLN, and DoHA hosted the successful Communicable Diseases Control Conference in Canberra, *Communicable Diseases. A Fight We Can Win?* The Conference was well attended and provided a forum for evidence-based discussion on communicable diseases considered to be under control (eg polio and measles); poorly controlled or re-emerging (eg pertussis); newly emerging (eg arboviral diseases); and antibiotic resistance and the threat of bioterrorism. As well as presenting an impressive array of recent research work from Australia and overseas, the Conference provided an opportunity for information exchange and networking between people in clinical, public health, laboratory, and policy roles. The next Communicable Diseases Control Conference will be held in 2005.

Prevention and management of meningococcal disease

Meningococcal disease remains a significant concern and is a disease that needs careful public health management. CDNA reported and discussed meningococcal surveillance data at fortnightly teleconferences and, in December 2002, established the CDNA Meningococcal Disease Committee to provide expert advice for the management of meningococcal disease in Australia and New Zealand. The CDNA *Guidelines for the early clinical and public health management of meningococcal disease in Australia*, released in September 2001, are under continual review by the CDNA Meningococcal Disease Committee. CDNA's National Immunisation Committee commenced the National Meningococcal C Vaccination Program in January 2003 and continues to oversee its implementation.

Management of health care workers infected with blood-borne viruses

On 31 October 2002, CDNA convened a national consensus conference, in Sydney, on *Best practice management of health care workers infected with blood-borne viruses*. Approximately 50 people attended, representing about 45 different organisations. Participants reached agreement on policies and principles for the best practice management of infected health care workers. In addition, Ms Shirley Paton, Chief of the Division of Nosocomial and Occupational Infections, Health Canada, shared her experiences in overseeing the development of a similar consensus approach in Canada, and provided considerable insight into the processes undertaken in that country. CDNA and NPHPG will soon consider a report on the outcomes of the conference.

Infection Control Guidelines in the Health Care Setting

The CDNA Infection Control Guidelines Steering Committee completed the Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting. This major document provides standards on infection control for the health sector and involved detailed research on international standards, public consultation, and evaluation of numerous submissions from interested groups. The Guidelines were updated to include reference to SARS and were endorsed by CDNA, the Special Expert Committee of Transmissible Spongiform Encephalopathies (SECTSE) and NPHPG. The Guidelines will now be considered by AHMAC and should be published late in 2003.

National Notifiable Diseases Surveillance System (NNDSS)

The Surveillance and Epidemiology Section of the DoHA, on behalf of CDNA, administer the NNDSS. All State and Territory health authorities have been reporting an agreed list of national notifiable diseases since 1 January 2001. Progress towards enhanced surveillance for invasive pneumococcal disease, tuberculosis and meningococcal disease continues, assisted by the establishment of the CDNA National Surveillance Committee in October 2002. Agreeing to add smallpox and Creutzfeldt-Jakob Disease (CJD) to the list of nationally notified diseases, CDNA is in the process of revising all surveillance case definitions used for reporting to NNDSS.

Tuberculosis control

Australia has an enviable record in the control and treatment of tuberculosis but it is important to maintain an appropriate level of effort in combating this disease even though numbers are low by historical standards and in a global context. The *National Strategic Plan for TB Control in Australia Beyond 2000* was prepared by CDNA's National Tuberculosis Advisory Committee (NTAC), endorsed by CDNA and launched by the Federal Minister for Health and Ageing in March 2002. The Plan identifies priorities and strategies to ensure continued improvement in Australia's tuberculosis management, while recognising that for some population groups this disease needs close monitoring. NTAC continues to monitor and meet the performance indicators detailed in the Plan and published its annual surveillance report in *Communicable Diseases Intelligence* 2002;6:525-536. In November 2002, NTAC convened special teleconferences to coordinate national contact tracing, including many children, for a tuberculosis case in Queensland.

Australian Action Plan for Pandemic Influenza

Pandemic influenza is a potential global threat for which all countries must be prepared. Well planned and practical contingency measures can greatly reduce the impact of a pandemic, which by definition is associated with widespread infection, extreme morbidity, and mortality rates much higher than during influenza outbreaks. The Action Plan, prepared by a CDNA subcommittee, provides specific advice and actions to facilitate an organised and effective national response in the event of an influenza pandemic. Endorsed by CDNA and the NPHPG, the Action Plan is currently under consideration by AHMAC.

Arbovirus and malaria preparedness and management

CDNA's National Arbovirus Advisory Committee (NAAC) expanded its role to include malaria, becoming the National Arbovirus and Malaria Advisory Committee (NAMAC) in March 2003. NAMAC completed a report to DoHA on Japanese Encephalitis virus: its potential risk to human and animal health in Australia, at the request of the Northern Australian Health Ministers. The report will soon be considered by CDNA.

National sexually transmitted infections strategy

The incidence of sexually transmitted infection (STI), such as chlamydia and gonococcal infection, continues to increase in Australia. To address this, CDNA's Inter-governmental Committee on HIV/AIDS, Hepatitis C

and Related Diseases (IGCAHRD) established a subcommittee, the National Sexually Transmitted Infections Strategy Steering Committee, in February 2003, to develop a national strategy for managing STIs. In the first stage of the project, IGCAHRD will consider a paper by the Steering Committee that presents options and recommendations on possible future directions of the national strategy.

Public health laboratories

During this period, CDNA's PHLN rapidly achieved SARS diagnostic capacity for Australia and developed laboratory protocols for SARS (including packaging, handling and transport of specimens) and also protocols for potential bioterrorism organisms. A consortium of PHLN laboratories was successfully awarded a \$100,000 grant from NHMRC to develop national protocols for the detection of SARS human coronavirus. PHLN provided input into the development of national quality assurance tests; the national notifiable disease case definitions; and laboratory workers' safety policy.

National Enteric Pathogen Surveillance System (NEPSS)

NEPSS is operated by the Microbiological Diagnostic Unit, University of Melbourne, with the DoHA chairing the CDNA Steering Committee that oversees the performance of NEPSS and ensures that key performance indicators are met. During 2002-2003, NEPSS provided valuable information on phage-typing, prevalence, and sources of Salmonella and other enteric pathogens. NEPSS continues to work closely with, and complement the operations of OzFoodNet to investigate outbreaks of foodborne disease, and provide information to support the development of food standards and risk assessment.

Antibiotics Resistance Surveillance Project

A project for the purpose of developing nationwide surveillance and reporting of antibiotic resistance was proposed in response to the Joint Expert Technical Advisory Committee on Antibiotic Resistance (JETACAR) recommendations relevant to monitoring and surveillance.

A major component of this project, the Antibiotics Resistance Surveillance Project, was the establishment of a Central Coordinating Unit (CCU) in the Surveillance and Epidemiology Section of the Department of Health and Ageing. An epidemiologist for the CCU has been employed since February 2003. The purpose of the CCU is to coordinate the development of a national network of Antimicrobial Resistance (AMR) surveillance activities.

During the past eight months, the CCU has developed the *Strategy for Surveillance for Antimicrobial Resistance in Australia*, which was endorsed by the Commonwealth Interdepartmental JETACAR Implementation Group (CIJIG) in September 2003. Control of AMR is a public health issue that requires involvement from both human and animals sectors. The strategy addresses surveillance of AMR in humans, animals, food, and involves collaboration with various stakeholders including the Department of Agriculture, Fisheries, and Forestry (DAFF) and the Food Safety and Surveillance Section of the Commonwealth Department of Health and Ageing.

The CCU has worked toward the progression of the AHMAC endorsed objectives. Achievements to date include the identification and evaluation of networks that provide information on AMR in bacterial isolates from humans, the identification and ongoing consultation with major stakeholders, and the identification and evaluation of AMR surveillance programs with the potential for national application.

The CCU is working toward addressing gaps within current surveillance systems to provide a more comprehensive picture of AMR in Australia. These data are vital to provide intelligence to inform treatment guidelines. In concert with appropriate education tools these data will influence prescribing practices to reduce the unnecessary use of antibiotics and thereby reduce the incidence of AMR in Australia.

Progress toward each of the AHMAC endorsed objectives is detailed below for implementation over the two-year period 2003-2004:

- *Establishment of a Health Reference Network.*
Key stakeholders have been identified and contacted. Meetings and consultations with these stakeholders and other representatives have occurred and are currently ongoing.
- *Continuing stakeholder consultation to refine and implement the Australian Action Plan for Antibiotic Resistance Surveillance.*
The Australian Action Plan for Antibiotic Resistance has been refined into the Strategy for Antimicrobial Resistance Surveillance in Australia (the Strategy). This process has involved extensive consultation with the primary agencies responsible for each of the four areas of surveillance (humans, animals, food, antibiotic usage, and healthcare acquired infections). The Strategy was endorsed by the Interdepartmental JETACAR Implementation Group (CIJIG) and the Expert Advisory Group on Antimicrobial Resistance (EAGAR) in September 2003.
- *Establishment of a mechanism for collaboration and coordination with EAGAR, animal reference network and surveillance schemes.*
This objective has been progressed through the identification of key individuals at Department of Agriculture, Fisheries and Forestry (DAFF) and the Food Safety and Surveillance Section of DoHA. Regular meetings and communication with these organisations is ongoing. The Strategy proposes a mechanism for ongoing collaboration and coordination of the surveillance activities with EAGAR.
- *Development and adoption of national standard case definitions for data collection and reporting*
The CCU will facilitate the development of national datasets using consistent case definitions for the surveillance of AMR in Australia. Evaluations of other systems will progress development.
- *Collaboration between the states/territories and Commonwealth and various surveillance programs currently operating in Australia to achieve consistency in collection and reporting of data.*
A major outcome proposed in the national surveillance strategy is to achieve consistency in the collection and reporting of surveillance data collected from various surveillance systems and relevant state/territory and Commonwealth activities. Progress has been achieved in terms of identifying the surveillance systems and other relevant activities.

- *Evaluation of developmental projects (for future national application being funded through the Commonwealth).*
Projects with the potential for future national application have been identified and evaluated. These projects include the development of an antibiotic usage monitoring program, and conducting passive surveillance and targeted surveys for AMR in specific organisms.
- *Providing programming assistance to establish a national database and/or to modify existing systems to accommodate data for national interest and access.*
The feasibility of a laboratory-based passive surveillance system for AMR in specific organisms through the Australian Group on Antimicrobial Resistance (AGAR) is currently being investigated.
- *Collection of a good cross-section of data from health, food, and food-animals for analysis by the EAGAR and other expert reference groups.*
Currently available data on resistance has been drawn together from various sources and will be analysed for trends and merging issues.
- *Improving knowledge of antibiotic resistance trends through access to data.*
Access to several sources of data has been and is currently being negotiated. Sources of these data include the AGAR, National Enteric Pathogen Surveillance System (NEPSS), and the National Neisseria Network (NNN).
- *National collation and information dissemination through an annual report and improved (more timely) publication of data (eg. Though CDI).*
A supplementary issue of Communicable Diseases Intelligence has recently been published, covering many aspects of antimicrobial resistance in Australia. An annual report on the prevalence of antimicrobial resistance in Australia, based on the surveillance activities conducted by the CCU will be published.

ENVIRONMENTAL HEALTH

enHealth Council

The enHealth Council has responsibility for providing leadership, forging partnerships with key players, and in developing and coordinating advice to the NPHP on environmental health matters at a national level. enHealth Council develops its advice based on principles of collaboration and consultation. The Council also has responsibility for implementing the recommendations of the National Environmental Health Strategy (NEHS).

A range of sectors is represented on the enHealth Council, including Commonwealth, state and territory governments, the environmental health profession, environmental and public health sectors, the community and the Aboriginal and Torres Strait Islander community.

In 2002-2003, membership of the Council was reviewed. Mr Michael Jackson, Executive Director of Population Health in Western Australia (WA) as well as being the WA member of the NPHPG, was appointed as the new Chair. The Secretariat was relocated from the Commonwealth Department of Health and Ageing to the Health Department WA to continue the Council's effective operation.

Economic Evaluation of Environmental Health Issues

Guidelines for Economic Evaluation of Environmental Health Planning and Assessment were published by enHealth in January 2003. The Guidelines describe the methodology of economic evaluation and its application to environmental health policy issues. The Guidelines are intended for use by environmental health policy makers and others who work with environmental health issues, including epidemiologists, urban planners, engineers and allied health professionals.

Healthy Homes

Healthy Homes: A guide to indoor air quality in the home for buyers, builders and renovators (February 2003) was produced by the enHealth Council to provide householders, home-buyers and home renovators with balanced information and health advice about air pollutants that may be found inside homes. It describes the actions that can be taken to improve indoor air quality, including advice that will allow more informed decision-making when discussing maintenance or renovation activities with architects, builders or suppliers of building materials.

Sustainable Development – Information Booklet

The enHealth Council is committed to maintaining and improving the health of present, and future generations, through promoting sustainable development thinking in environmental health practice. *Thinking Sustainable Development, Acting for Health* was published in May 2003 on the enHealth Council website and aims to provide a reminder to environmental health practitioners, and policy makers, of the application of the sustainable development model to their practices for better health outcomes. It provides a rationale for the inclusion of health on the sustainable development agenda and action for better environmental health practice using the sustainable development paradigm.

National Indigenous Environmental Health Workforce Review

The NEHS identified Indigenous Australians' environmental health as a priority issue, recognising that Indigenous environmental health workers (EHWs) are key personnel in obtaining improvements in the provision of environmental health services to communities. The *NEHS Implementation Plan* highlighted the need for consensus on national standards for education and training of EHWs in Indigenous communities to enhance their effectiveness and career opportunities.

The enHealth Council has undertaken a review of the Indigenous environmental health workforce. A study into the Indigenous environmental health workforce arrangements was conducted from late 2002 to early 2003 and a case studies project which investigated working environmental health systems on the ground in Indigenous communities was undertaken in 2003 with a final report due in early March 2004. These studies will inform a discussion paper which proposes a range of approaches providing for greater consensus on training, support for Indigenous environmental health workers and improved employment pathways. The discussion paper will be distributed for stakeholder comment from early to mid-2004.

4th National Indigenous Environmental Health Conference

The National Indigenous Environmental Health Forum (NIEHF), a sub-committee of enHealth Council, was established to advise Council on Indigenous environmental health issues. The NIEHF organised the 4th National Indigenous Environmental Health Conference in November 2002. Strategies to implement the recommendations from this and previous conferences, are being developed by Council and the NIEHF.

National Environmental Health Indicators

The NEHS highlighted the need to develop indicators for:

- ongoing assessment of environmental population health in Australia; and
- evaluating the impact and efficacy of environmental health programs (including measurement of the impact of the NEHS).

Work has also begun on developing a national set of core environmental health indicators in relation to this strategy. An environmental health indicator will be an expression of the link between a measurable human health effect and an environmental factor.

A discussion paper and questionnaire was released in December 2002 seeking input on priority environmental health issues that should be monitored using environmental health indicators. A workshop on indicators linking health to air quality was held in Brisbane in May 2003, as the next step in the enHealth Council process to develop environmental health indicators. Participants at the Air Quality indicators workshop agreed upon several issues regarding the composition of the indicator set and criteria for selection.

Audit of Current Rural and Remote Potable Water Supplies

In 2002-2003 enHealth Council, in collaboration with the Bureau of Rural Sciences, South Australian Department of Human Services and the Aboriginal and Torres Strait Islander Commission, finalised an audit of rural and remote community potable water supplies in Australia. The purpose of the audit is to inform the development of an evidence-based risk assessment framework for identifying priorities to improve potable water supplies.

The final report (audit and risk assessments) is currently being prepared and is due for completion in mid 2004.

Health Impact Assessment (HIA)

In 2002-2003 Queensland Health, on behalf of enHealth Council, developed guidelines examining the application of HIA to the intensive livestock industry. The guidelines complement the enHealth Council HIA Guidelines produced in 2001 and are intended as a resource to inform environmental health officers and developers/planners of likely health impacts associated with industries such as poultry, piggeries and cattle lots.

The guidelines are expected to be available in mid 2004.

Non-Auditory Effects of Noise

The Health Effects of Environmental Noise – Apart From Hearing Loss document reviews the range of environmental noise sources that may affect communities and examines the recent national and international literature on the non-auditory health effects of noise. It seeks to refine our understanding of sensitive groups of the Australian population that are at risk from excessive noise exposure. It also summarises a number of international policy frameworks that address management of environmental noise.

The final report will be published in early 2004.

Ongoing Activities and New Initiatives

Areas of current activity or those identified for future consideration and action by the enHealth Council include:

- reviewing the NEHS and Implementation Plan to provide a renewed platform for developing direction and initiatives in environmental health for future years;
- further development and consultation on guidelines for the management of asbestos in the non-occupational environment;
- reviewing the accreditation criteria for environmental health officer training in collaboration with the Australian Institute of Environmental Health;
- the ongoing review of current publications to ensure the provision of up-to-date information on environmental health issues. For example: The review of *Guidance on the Use of Rainwater Tanks* is expected to be complete in early 2004;
- continued development of national environmental health guidelines on current and emerging issues such as:
 - management of exotic vector mosquito incursions into Australia; and
 - risk communication with communities and community health assessment;
- an economic assessment of Ross River virus disease; and
- mapping current Australian recreational and drinking water safety arrangements to inform future enHealth action.

INJURY PREVENTION

Strategic Injury Prevention Partnership (SIPP)

Since its establishment in August 2000, the Strategic Injury Prevention Partnership (SIPP) has provided a forum for leadership in injury prevention in Australia. It has overseen the implementation of strategies and activities under the *National Injury Prevention Plan: Priorities for 2001-2003* (the Plan) and promoted a consistent, integrated approach to injury prevention across Australia.

The Plan represents a broad framework for national activity in a manageable number of priorities for immediate action by the health sector. The four priority areas are; falls in older people, falls in children, drowning and near drowning, and poisoning in children. These areas have been chosen on the basis of the following criteria:

- evidence of injury burden and potential gains;
- effectiveness;
- cost benefit; and
- acceptability of a range of interventions, and a clear and actionable role for the health sector.

The Plan recommends a focus on jurisdictional coordination of work in these areas and identifying partnership opportunities across sectors. SIPP has the responsibility for implementing the Plan.

National Injury Prevention Plan

An evaluation is currently underway of the *National Injury Prevention Plan: Priorities for 2001-2003*. The evaluation will provide an overview of key national activities as well as measuring the Plan's overall effectiveness.

A draft options document on the development of priorities for a new *National Injury Prevention Plan* has been developed by the National Injury Surveillance Unit (NISU) and was presented to SIPP at the meeting held in March 2003. This document identifies potential priorities for the next *National Injury Prevention Plan* and provides a contextual basis for considering priorities and proposes and describes a set of topics as candidates for selection. The topics for consideration for 2003 and beyond consist of five broad-based population themes.

Injury prevention workforce

Following on from the findings of a Commonwealth project to identify and classify the injury prevention workforce, SIPP is supporting a Public Health Education and Research Program (PHERP Innovations Round 2). The *Strengthening National Capacity in Injury Prevention Epidemiology and Control: Development, Implementation And Evaluation of A Distance-Based Delivery System* project will develop and implement a distance-based injury prevention unit run by a consortium of three Australian universities, based at the University of Western Australia. Mr Michael Tilse, from Queensland Health, represents SIPP on the project Reference Group.

The primary aim of this PHERP Innovations project is to redress the deficit in workforce knowledge and skills in injury control and prevention. The key output of the project is the development of an innovative distance education module for training in injury epidemiology, prevention and control. The project aims to:

- build upon the existing injury control infrastructure to improve the training opportunities for injury control professionals throughout Australia;
- strengthen the level and quality of education and research in the field of injury control;
- establish a multidisciplinary approach to provide a comprehensive and broad-based educational package;
- provide a flexible and easily accessible training module to cater for all injury professionals including those working in rural and remote Australia and those working with Indigenous communities; and
- foster collaboration between institutions and organisations and between the public and private sectors.

Other Joint Projects

Other joint current projects include:

- The National Injury Prevention Plan 2004 – onwards;
- Information for use by Australian Coroners;
- Standards/Legislative Clearing House;
- Evaluation of the National Injury Prevention Plan 2000 – 2003; and
- National Injury Poisons Prevention Initiative.

Aboriginal and Torres Strait Islander Injury Prevention Action Council (ATSIIPAC)

The ATSIIPAC is tasked with developing a *National Aboriginal and Torres Strait Islander Injury Prevention Plan* in recognition of the extremely high rates of injury in Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander Australians experience mortality and morbidity through injury at a much higher rate than other Australians. In 1998-2000, Indigenous injury death rates were about four and a half times the non-Indigenous rates for both males and females. Injury was the third leading cause of death amongst Indigenous Australians, resulting largely from motor vehicle crashes, fire, drowning, poisoning and violence.

Injury Project

ATSIPAC commissioned a project to investigate and report on Indigenous injury prevention activities across Australia. The project was managed by the Commonwealth Department of Health and Ageing which contracted the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) to undertake the project. The project included a literature review, consultation with Indigenous communities and other people and organisations relevant to studying the incidence and prevention of injury in Indigenous communities.

The project will inform policy development for the prevention of injury in Indigenous communities; provide evidence for strategic program development in Indigenous communities for the prevention of injuries; and assist in program development aimed at decreasing the rate and impact of injuries in Indigenous communities.

It is anticipated that the report from the project will be finalised in 2004. The National Aboriginal and Torres Strait Islander section of the *National Injury Prevention Plan 2004 – onwards* is currently being finalised by ATSIPAC.

Once finalised, the report will assist in the development of the *National Indigenous Injury Prevention Plan*. It is anticipated that a draft Plan will be available to the Australian Health Ministers' Advisory Council in August 2004.

Injury Prevention Workshop

The key findings of the above project were presented at the Aboriginal and Torres Strait Islander Injury Prevention Workshop. The Workshop was held as part of the 6th National Conference on Injury Prevention and Control, in Perth on 18 March 2003.

The purpose of the Workshop was to present key findings from the Indigenous Injury Prevention Activity Project and to consult on the development of the National Indigenous Injury Prevention Plan. The Workshop was an ideal opportunity to present an overview of the draft report in a receptive forum comprised of members of the Indigenous and injury communities and other key stakeholders.

Workshop presentations included:

- the current status of activity in Indigenous injury prevention in Australia;
- the draft NSW Health Aboriginal Safety Promotion Strategy; and
- the complementary action plan to address Aboriginal and Torres Strait Islander substance misuse.

Partnerships

Work undertaken by the National Public Health Partnership in collaboration with other key groups include:

- General Practice and Population Health together with the General Practice Partnership Advisory Council
- Mental Health together with the National Mental Health Working Group of AHMAC
- Healthy Ageing with the Positive Ageing Task Force of the Community Services Minister's Advisory Council

GENERAL PRACTICE AND POPULATION HEALTH

Joint Advisory Group on General Practice and Population Health (JAG)

JAG provides advice to the NPHPG and the General Practice Partnership Advisory Council (GPPAC) on ways that general practice can engage in population health activities more effectively and how the general practice and population health sectors can collaborate to achieve improved population health outcomes. JAG continues to concentrate on advancing a national approach to strengthening the role of general practice in population health.

At the request of the NPHPG, and in collaboration with NPHPG and GPPAC, JAG developed new Terms of Reference and a revised work plan with identified key priorities (see below). Proposed new arrangements for the structure and membership of JAG were also developed. These have now been endorsed by both GPPAC, at its December 2002 meeting, and at the March 2003 NPHPG meeting.

Input to Divisions Review

During 2002-2003 JAG and its sub-committee, the SNAP Implementation Group provided input to the Divisions of General Practice Review.

The GPPAC Chronic Disease Integration Task Force has been coordinating the research and writing of a paper for advice to the Federal Minister for Health and Ageing on general practice financing, with a focus on the non-fee-for-service components. JAG and NPHP members are contributing to this effort.

General Practice Financing

JAG and GPPAC jointly identified the financing of general practice activity in population health as an area for investigation. In addition, the Federal Minister for Health and Ageing requested urgent advice from GPPAC on related issues that were raised through the Productivity Commission's Review of GP Administrative Compliance Costs.

GPPAC's advice suggested a review of elements of the current blended payments system, with a view to reducing administrative and compliance costs and enabling the development of systems and tools required to facilitate the delivery of high quality, evidence based, general practice care. The GPPAC Chronic Disease Integration Task Force is also undertaking work on a proposal to trial a funding model with a focus on the non-fee-for-service components. JAG and NPHP members are contributing to this effort.

Data Workshop for Divisions of General Practice

A proposal to hold a Workshop on the use of Population Health Data for Divisions of General Practice has been endorsed by GPPAC and NPHPG. More detailed planning for the workshop is now proceeding with NPHIWG. It is proposed that the Workshop will be held during the latter part of 2003.

SNAP Framework

JAG has developed the SNAP Framework, in conjunction with Chairs of National Public Health Strategies, to guide the implementation of integrated approaches to behavioural risk factor modification in general practice focusing on smoking, nutrition, alcohol and physical activity (SNAP). A wide range of patients in any practice may present with one or more of these risk factors. The SNAP Framework develops a system-wide approach to supporting general practice in the management of these behavioural risk factors with patients.

SNAP Implementation Group

The SNAP Implementation Group identified several areas as having the greatest immediate potential for development through collaborative action, namely:

- improving the consistency of guidelines and other information for general practice on integrated approaches to behavioural risk factors, including considering options for dissemination and linkage to continuing professional education;
- raising awareness of the SNAP Framework for General Practice and the need for integrated approaches to risk factor management through the placement of articles in relevant publications and presentations by Implementation Group members;
- contributing to the work of the General Practice Computing Group where relevant; and
- improving the accessibility of information to the general public by refining the way information on the four risk factors is included on *HealthInsite*.

Key partnerships and progressive implementation of the SNAP Framework for General Practice has proceeded in line with these priorities.

Raising awareness of the SNAP framework

Work has continued with the dissemination of the SNAP Framework, and its integration into other workplans, including:

- Publication of articles: Articles written by the Chair, Professor Mark Harris, describe how the SNAP risk factors can be addressed within a general practice consultation;
- General Practice Computing Group: Ongoing liaison is occurring with the GPCG regarding integrating SNAP within their phase 2 workplan (2003-2005). The last meeting of the GPCG endorsed this action, and liaison and JAG/SNAP input to developments in a number of general practice computing systems issues, primarily in the chronic disease management and preventive care work areas, is continuing;
- National Health Priority Action Council (NHPAC): The SNAP Framework and details of the NSW SNAP Trial were presented to NHPAC members as an important state based example of SNAP Implementation in progress; and
- Chairs of National Medicines Policy/Australian Pharmaceutical Advisory Council: Links between the SNAP Framework and National Medicines Policy and Quality Use of Medicines have been explored in presentations to both forums.

RACGP SNAP Practice Guide

Work has progressed on the development of a SNAP Practice Guide by the RACGP. Several drafts of the Guide have been circulated widely for comment, with significant contributions from the SNAP Implementation Group members. As at June 2003, the final draft is with the RACGP Council for approval. Options for dissemination and linkage to continuing professional education will be considered in conjunction with the publication of the Guide.

RCNA/RACGP Nursing in General Practice Project

Contact has been made with the RACGP and RCNA to provide information on the SNAP Framework to feed into the development of a background paper for this project on priorities for practice nurse training into the future.

SNAP Implementation at State level

Contact is being maintained with the NSW SNAP Trial being conducted in two NSW Divisions of General Practice and the WA SNAP initiative being progressed via GP Divisions in WA, and information about both is being disseminated as relevant. In addition, the Queensland General Practice Advisory Council is currently exploring options for integrating SNAP into future initiatives.

Priority Agenda 2003 -2004

The agreed priorities for JAG during 2003 and 2004 are:

- ongoing implementation of the SNAP (Smoking, Nutrition, Alcohol and Physical activity) Framework for General Practice, including:
 - a particular emphasis on nutrition and physical activity; and
 - linkage with State-funded services and programs;
- improving collaboration between general practice and state and territory population health programs and services, including:
 - developing options for the utilisation of existing data/health information for priority setting and program planning/needs assessment by Divisions of General Practice; and
 - developing recommendations for improving policy for integration between general practice and state funded population health services;
- developing recommendations for improving the capacity of general practices to engage in population health activities (for example: immunisation, screening, chronic disease prevention, and addressing health inequalities). This will include consideration of workforce development for population health (including GPs, practice nurses, practice managers etc), connection to community health, and information systems; and
- facilitating NPHPG engagement in the development of policy options by GPPAC regarding general practice financing arrangements that support the population health functions of general practice.

MENTAL HEALTH

Mental Health Prevention and Promotion Working Party (PPWP)

The National Mental Health Promotion and Prevention Working Party (PPWP) is jointly auspiced by the National Mental Health Working Group and the NPHPG to provide assistance and advice on national promotion, prevention and early intervention activities under the *Second National Mental Health Plan*. It includes nominees from the auspicing groups as well as representatives of key stakeholder groups.

Advancing the Mental Health Promotion, Prevention and Early Intervention Agenda

The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Action Plan 2000)* and companion monograph sets out a strategic framework for enhancing promotion, prevention and early intervention for 15 priority groups. The PPWP has worked closely with Auseinet – the Australian Network for Promotion, Prevention and Early Intervention for Mental Health throughout 2002-2003 to encourage, facilitate and monitor the development and implementation of promotion, prevention and early intervention initiatives at state and territory levels.

Acknowledging that late adolescence/early adulthood is after the age for the emergence of a range of problems, the PPWP examined models of early intervention. To provide additional expertise in the area of

adolescence/early adulthood and to progress the early intervention work, Professor Pat McGorry, joined the promotion, prevention and early intervention group in July 2002.

The PPWP identified a number of important considerations for approaches to early intervention for mental health, including:

- the integral role of general practitioners in this work;
- the need to consider the needs of, and listen to, the families and carers;
- the need for inter-sectoral and intra-sectoral partnerships; and
- input to the development of the third *National Mental Health Strategy*.

Policy and Program Advice

Members have provided expert advice on a number of major national projects funded under the National Mental Health Strategy and National Suicide Prevention Strategy. These included:

- *MindMatters* – mental health promotion in secondary schools;
- the *Mindframe National Media Strategy* – working with the media to promote responsible and accurate reporting of mental illness and suicide; and
- the *National Practice Standards for the Mental Health Workforce*.

In addition, the PPWP provided advice, guidance and representation on reference committees for the following national initiatives:

- Vietnam Veterans' Counselling Service Sons and Daughters Project; and
- the National Agenda for Early Childhood.

Developmental Work

Relapse prevention was identified in the *Second National Mental Health Plan* as a national issue that required further development. It was also identified as an area of activity in the 2002 work-plan for the PPWP. Further, it is an area that consumers and carers believe requires increased attention in the near future.

Dr Debra Rickwood was selected as the consultant writer of a discussion paper on prevention and relapse in 2002. Dr Rickwood, in partnership with Auseinet, will conduct state and territory consultations with key stakeholders, most importantly peak consumer and carer groups and a range of government agencies.

The paper will cover a number of different aspects of relapse prevention including the issues facing consumers, carers, health professionals and the community.

Partnerships in primary care are recognised as a key integrative strategy in supporting services and health

practitioners' capacities to apply promotion, prevention and early intervention concepts. Working together, the Promotion and Prevention Working Party, Ausetnet and the Australian Divisions of General Practice identified key stakeholders to be consulted and produced an action plan for work with general practitioners to:

- advance the concept, practices, promotion, and early intervention for mental health in general practice;
- scope the extent, and nature, of early intervention activity currently being undertaken by general practitioners; and
- identify gaps and opportunities and explore links with the Better Outcomes in Mental Health Care program.

HEALTHY AGEING

Joint Working Group on Healthy Ageing (JoHA)

At the direction of Community Services and Health Ministers, the NPHP is working collaboratively with the Positive Ageing Task Force (PATF) to progress the population health agenda of the Commonwealth, State and Territory Strategy on Healthy Ageing (March, 2001).

A Round Table of key stakeholders was held in August 2002 to consider key priorities to improve the public health contribution to the healthy ageing agenda. Discussion was informed by a mapping exercise of related activities obtained through the networks of the NPHP and PATF, and a background paper about international and national frameworks and evidence for good practice associated with healthy ageing initiatives.

Based on the outcomes of the Round Table, an action plan is being developed that addresses the priority action areas of:

- physical activity (including healthy weight);
- nutrition (including oral health and healthy weight);
- mental health and social isolation; and
- medication management.

Appendix I: National Public Health Partnership Group Members

Chair

Mr Mike Daube
Director General
Department of Health
Western Australia

Western Australia

Mr Paul Stephenson (to July 2002)
General Manager
Public Health
Department of Health

Mr Michael Jackson (from July 2002)
Executive Director, Population Health
Public Health
Department of Health

New South Wales

Dr Greg Stewart
Chief Health Officer and Deputy Director General
Public Health
NSW Health

Australian Capital Territory

Dr Paul Dugdale (to May 2003)
Chief Health Officer & Executive Director
Population Health
Department of Health and Community Care

Dr Charles Guest (from May 2003)
Deputy Chief Health Officer
Population Health
Department of Health and Community Care

Victoria

Dr Robert Hall
Director Public Health & Chief
Health Officer
Victorian Department of Human Services

South Australia

Dr David Filby
Executive Director, Strategic Planning and
Population Health
South Australian Department of Human Services

Tasmania

Dr Roscoe Taylor
Director of Public Health
Deputy Director of Population Health
Tasmanian Department of Health and Human
Services

Northern Territory

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

Queensland

Dr John Scott
State Manager
Public Health Services
Queensland Health

Commonwealth Government

Mr Ross O'Donoghue
First Assistant Secretary
Population Health Division
Department of Health and Ageing

National Health & Medical

Research Council
Professor Adele Green
Chair, Health Advisory Committee

Australian Institute of Health & Welfare

Dr Richard Madden
 Director
 Australian Institute of Health and Welfare

New Zealand (Observer)

Dr Don Matheson
 Deputy Director-General
 Public Health Directorate
 Ministry of Health New Zealand

NPHP Advisory Group (Observer)

Dr Anthony G Ryan
 Chair, NPHP Advisory Group
 Australasian Faculty of Public Health Medicine
 Royal Australasian College of Physicians

NPHP Secretariat (Ex Officio Member)

Dr Cathy Mead
 Executive Officer
 National Public Health Partnership

NPHP Member Websites**ACT Health**

<http://www.health.act.gov.au/>

Australian Institute of Health & Welfare

<http://www.aihw.gov.au/>

Commonwealth Department of Health & Ageing

<http://www.health.gov.au/>

Department of Health Western Australia

<http://www.public.health.wa.gov.au/>

Department of Human Services Victoria

<http://www.dhs.vic.gov.au>

National Health and Medical Research Council

<http://www.nhmrc.gov.au>

New Zealand Ministry of Health

<http://www.moh.govt.nz/moh.nsf>

NSW Health

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

Queensland Health

<http://www.health.qld.gov.au/>

South Australian Department of Human Services

<http://www.health.sa.gov.au/pehs/>

Tasmanian Department of Health and Human Services

<http://www.dhhs.tas.gov.au/index.html>

Territory Health Services

<http://www.nt.gov.au/health/>

National Public Health Partnership

<http://www.nphp.gov.au/>

Links to NPHP member websites are also available at www.nphp.gov.au

Appendix 2: National Public Health Partnership Sub-group Members

STRATEGIC MANAGEMENT

NPHP Advisory Group

Dr Anthony G Ryan (Chair)
Australasian Faculty of Public Health Medicine
Royal Australasian College of Physicians

Dr Angela Taft
Public Health Association of Australia

A/Prof Jan Ritchie
Australian Health Promotion Association

Prof Andrew Wilson
Australian Network for Academic Public Health
Institutions

Ms Liz Hanna
Royal College of Nursing

Dr Lyn Roberts
Australian Chronic Disease Prevention Alliance

Ms Victoria Gilmore
Australian Nursing Federation

Dr Sophie Couzos
National Aboriginal Community Controlled Health
Organisation

Mr Peter Davey
Australian Institute of Environmental Health

Dr Jane Greacen
(alternative rep: Sue McAlpin)
National Rural Health Alliance

Ms Fiona Dalton
Population Health Division
Australian Department of Health and Ageing

Consumers' Health Forum
Vacant

Royal Australian College of General Practitioners
Vacant

CAPACITY BUILDING

National Strategies Coordination Reference Network (NSCRN)

Dr Shirley Hendy (Chair)
Member, NPHPG
Territory Health Services

Ms Angela Littleford
South Australian Dept of Human Services

Dr Anthony G Ryan
NPHP Advisory Group

Ms Margaret Scott
NSW Health

Vacant
Victorian Department of Human Services

Mr Michael Plaister
Department of Health and Human Services
Tasmania

Ms Jackie Steele
Queensland Health

Mr Colin Sindall
Commonwealth Department of Health
and Ageing

Ms Maureen O'Meara
Department of Health Western Australia

Dr Paul Dugdale
ACT Health

Prof Mark Elwood
Director, National Cancer Control Initiative

Guidelines Project Steering Group

Associate Professor Ian Anderson (Chair)
University of Melbourne

Mr Stanley Nangala
Nominee: SCATSIH and Queensland Health

Ms Kez Hall
Nominee: Territory Health Services

Dr Sophie Couzos
Nominee: NACCHO

Mr Colin Xanthis
Nominee: WA Health Department

Mr Tim Agius (to August 2002)
Alternate: Mr Michael Taylor
Nominee: SCATSIH and NSW Health Department

Ms Margaret Norrington
Nominee: OATSIH

The National Public Health Information Working Group (NPHIWG)

Dr Merran Smith
Western Australian Department of Health

Dr Richard Madden,
Director, Aust Institute of Health & Welfare

Dr Joy Eshpeter
Commonwealth Dept of Health & Ageing

Dr Judy Straton
Commonwealth Dept of Health and Ageing

Dr Cathy Mead
National Public Health Partnership

Ms Sally Goodspeed
Australian Bureau of Statistics

Mr Alan Mackay
Australian Bureau of Statistics

Ms Sally Rubenach
ACT Health

Dr Louisa Jorm
NSW Health

Dr Steve Guthridge
Director, Health Planning Unit
Northern Territory Department of Health and
Community Services

Dr Magnolia Cardona
Queensland Health

Dr Anthony G Ryan
Royal Australasian College of Physicians

Mr Andrew Stanley
South Australian Department of Human Services

Ms Rosie Hippel
Tasmanian Dept of Health & Human Services

Dr Michael Ackland
Victorian Department of Human Services

Dr Ching Choi
Head, Health Division
Australian Institute of Health & Welfare

Mr John Glover (Observer)
The University of Adelaide

Mr Mark Cooper-Stanbury (Observer)
Public Health Division
Australian Institute of Health & Welfare

Legislation Reference Network (LRN)

Mr Jim Dadds (Chair to February 2003)
South Australian Department of Human Services

Ms Fiona Dalton (Chair from March 2003)
Commonwealth Department of Health & Ageing

Ms Joanne Cammans
South Australian Department of Human Services

Mr Stephen Lodge
Victorian Department of Human Services

Mr Wayne Johnson
Department of Health & Community Services
Tasmania

Mr Ian Marshall
Queensland Health

Mr Trevor Davies
Department of Health Western Australia

Mr Andrew Rigg
ACT Health

Ms Marilyn Pinkerton (from June 2003)
Territory Health Services

Ms Kate Purcell
NSW Health

Ms Louise Delany
Ministry of Health New Zealand

Dr Cathy Mead
NPHP

**Workforce Development
Steering Group**

Prof Andrew Wilson (Chair)
University of Queensland

Ms Andrea Casasola
Queensland Health

Prof Jeanette Ward
Nominee: NHMRC

Prof Arie Rotem
Nominee: Australian Network of Public Health
Institutions

Dr Lynne Madden
Nominee: Public Health Association of Australia

Mr Peter Davey
Nominee: Australian Institute of Environmental
Health

Dr Anthony G Ryan
Nominee: NPHP Advisory Group

Mr Brendan Gibson
Alternate: Ms Angela McKinnon
Commonwealth Department of Health and Ageing

HEALTH GAIN

Child and Youth Health

Intergovernmental Partnership (CHIP)

Professor John Catford (Chair)
Deakin University

Dr Sharon Goldfeld
Victorian Department of Human Services

Ms Katrina Horsley
Queensland Health

Ms Giovanna Richmond
ACT Health

Ms Nikki Clelland
Territory Health Services

Dr David Henderson-Smart
NH&MRC, Health Advisory Committee

Dr Jann Marshall
Department of Health Western Australia

Dr Judy Straton
Commonwealth Dept of Health and Ageing

Dr Elizabeth Murphy
NSW Health

Dr Angela Taft (March 2003)
NPHP, Advisory Group

Ms Nicki Dantalis
South Australian Dept of Human Services

Professor Allan Carmichael
Paediatrics and Child Health University of Tasmania

Ms Helen Moyle
Australian Institute of Health and Welfare

Dr Cathy Mead
Executive Officer NPHP

Strategic Inter-Governmental Nutrition Alliance (SIGNAL)

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

Ms Patricia Carter
Public Health Nutrition and Diabetes Health
Promotion South Australia

Ms Carrie Turner (from May 2003)
Territory Health Services

Dr Amanda Lee
Queensland Health

Ms Alanna Williamson (from May 2003)
ACT Health

Ms Christina Pollard
Department of Health Western Australia

Ms Judy Seal
Department of Health & Human Services Tasmania

Ms Edwina Macoun (May 2003)
NSW Health

Mr Rowland Watson
Victorian Department of Human Services

Ms Catharina Van Moort (from May 2003)
Commonwealth Department of Health & Ageing

Dr Katrine Baghurst
Nominee: National Health and Medical Research
Council

Ms Sue Champion
Australia New Zealand Food Authority

Ms Bonnie Field
Australian Institute of Health and Welfare

Prof Colin Binns
Curtin University

Ms Noell Burgess
Palm Beach Community Health

Prof Ian Caterson
University of Sydney

Dr Geoff Marks
University of Queensland

Ms Leisa McCarthy
Danila Dilba Aboriginal Medical Service

Ms Elizabeth Aitken (Observer)
Ministry of Health New Zealand

***Strategic Inter-Governmental forum on
Physical Activity and Health (SIGPAH)***

Dr David Filby (Co-Chair)
South Australian Department of Human Services

Ms Michele Herriot (Co-Chair)
South Australian Department of Human Services

Ms Elizabeth Develin
New South Wales Health

Mr Rowland Watson
Department of Human Services

Mr Michael Tilse
Queensland Health

Mr Mark Williams
South Australian Department of Human Services

Mr Rex Milligan
Health Department Western Australia

Ms Annie Villeseche
Northern Territory Department of Health and
Community Services

Mr Stan Bordeaux
Tasmanian Department of Health and Human
Services

Ms Alanna Williamson
ACT Department of Health and Community Care

Ms Kathleen O'Brien
Australian Institute of Health & Welfare

Ms Sue Bacon
Australian Sports Commission

Ms Lesley Paton
Alternate: Ms Catharina Van Moort
Commonwealth Department of Health and Ageing

Dr Ian Ford (Observer)
Australian Sports Commission

HEALTH PROTECTION

Communicable Diseases Network Australia (CDNA)

Dr Greg Stewart (Chair)
New South Wales Health Department

Dr Charles Guest
Australian Capital Territory

Dr Jeremy McAnulty
New South Wales

Dr Vicki Krause (Deputy Chair since September
2002)
Northern Territory

Dr Linda Selvey (until January 2003)
Dr Margaret Young (from February 2003)
Queensland

Dr Rod Givney
South Australia

Dr Avner Misrachi
Tasmania

Dr Graham Tallis
Victoria

Dr Tony Watson
Western Australia

Dr Moira McKinnon
Commonwealth

Agency Representatives

Lt Col Paula Corrigan
Dr Rosemary Landy (acting August 2002 – January
2003)
Australian Defence Force (ADF)

Mr Gerard Fitzsimmons
Australian Institute of Health and Welfare (AIHW)

Professor Lyn Gilbert
Australian Society for Microbiology (ASM)

Professor John Kaldor
National Centre in HIV Epidemiology and Clinical
Research (NCEHCR)

Professor Margaret Burgess
National Centre for Immunisation Research and
Surveillance (NCIRS)

Dr David Smith
Public Health Laboratory Network (PHLN)

Dr Chris Bunn
Agriculture, Fisheries and Forestry – Australia
(AFFA)

Dr Dominic Dwyer
Australian Society for Infectious Diseases (ASID)

Dr Angela Merianos (until Dec 2002)
AusAID

Dr Scott Crerar
Food Standards Australia New Zealand (FSANZ)

Ms Mary Beers-Deeble
National Centre for Epidemiology and Population
Health (NCEPH)

Mr Martyn Kirk
OzFoodNet

Expert Advisory Members

Professor Aileen Plant
Dr Jenean Spencer (from September 2002)

Observer Members

Dr Doug Lush (until May 2003)
Dr Alison Roberts (from June 2003)
New Zealand

Dr Yvan Souares (until December 2002)
Dr Tom Kiedrzyński (from Dec 2002)
Secretariat of the Pacific Community

Infection Control Guidelines Steering Committee

Peter McDonald
John Carnie
Vivienne Chris
Peter Collignon

Riemke Kampen
Colin Masters
Richard West

Intergovernmental Committee on AIDS, Hepatitis C and Related Diseases

Graham Tallis
Jan Savage
Linda Selvey
Ninkama Moiya
Sandra Thompson
Chris Puplick AM
Christopher Macaulay
Grant Storey
Jack Wallace
Mike Kennedy

Annie Madden
Helen Monten
Diana Readshaw
Jo Watson
Joy Savage
Kim Petersen
Kim Stewart
Linda Champine
Michaela Coleborne
Rebecca Davey

Jurisdictional Executive Group

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Charles Guest
Moirra McKinnon
Jeremy McAnulty
Vicki Krause
Linda Selvey

Rod Givney
Avner Misrachi
Graham Tallis
Tony Watson
Doug Lush

Meningococcal Diseases Committee

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Eddie O'Brien
Peter Collignon
Tony Capon

Jeffrey Hanna
Rosemary Munro
Jenean Spencer
Diana Martin

National Arbovirus Advisory Committee

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David Smith
Moirra McKinnon
Peter Daniels
Bart Currie
John Mackenzie
Aileen Plant
Richard Russell

Annette Broom
Rodney Moran
Peter Whelan
Brian Read
George Hapgood
Geoff Davis
David Witteveen
Phil Wright

National Enteric Pathogen Surveillance Systems Steering Committee

Russell Stafford
Graham Tallis
David Coleman
Rod Givney
Tony Watson
Gary Lum
Scott Crerar

Richard Souness
Jennie Musto
Ian Mckay
Catherine Gay
Charles Guest
Minda Sarna

National Immunisation Committee

Greg Sam
Rosemary Lester
Sue Campbell-Lloyd
Karen Peterson
Maureen Watson
Tony Watson
Avner Misrachi
Christine Selvey

Louise Carter
Jane Smith
Diana Terry
Peter Eizenberg
Dallas Young
Joy Savage
Sue Green
Sharon Tuffin

National Tuberculosis Advisory Committee

Ral Antic
Ivan Bastian
Amanda Christensen
Mark Hurwitz
Anastasios Konstantinos

Vicki Krause
Moiria McKinnon
Avner Misrachi
Graham Tallis
Justin Waring

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Peter Markey
Robyn Pugh
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David Coleman
Ross Andrews
Gary Dowse

Heather Gidding
Ann McDonald
Martyn Kirk
Jenean Spencer
Charlie Blumer
Paul Roche
Megge Miller

Public Health Laboratory Network

David Smith
 Paul Southwell
 Lyn Gilbert
 William Rawlinson
 Peter Taylor
 Dominic Dwyer
 Joan Faoagali
 John Bates
 Gary Lum
 Tim Inglis
 Ivan Bastian

Jan Lanser
 Geoff Hogg
 Mike Catton
 Tony Della-Porter
 Louise Cooley
 Rod Givney
 Mary Beers-Deeble
 Robyn Leader
 Moira McKinnon
 Fiona Thomson-Carter

enHealth Council

Mr Michael Jackson
 Independent Chair

Mr Owen Ashby
 Australian Institute of Environmental Health

Dr Roscoe Taylor
 Department of Health and Human Services
 Tasmania

Ms Jan Bowman
 Victorian Department of Human Services

Dr Kevin Buckett
 South Australian Department of Human Services

Mr Peter Burnett
 Environment Australia

Dr Helen Cameron
 Commonwealth Department of Health & Ageing

New Member TBA
 NSW Health

Ms Sophie Dwyer
 Queensland Health

Mr Brian Devine
 Department of Health Western Australia

Mr Barry Lynch
 ACT Health

Professor Ian Lowe
 Australian Consumers' Association

Dr Anne Neller
 Public Health Association of Australia

Ms Merle O'Donnell
 National Indigenous Environmental Health Forum

Mr Chris Russell
 Australian Local Government Association

Mr Paul Prendergast
 Ministry of Health New Zealand

Mr Xavier Schobben
 Territory Health Services

Ms Alison Smith
 Aboriginal and Torres Strait Islander Commission

New Member TBA
 Health Advisory Committee, NHMRC

Dr Cathy Mead
 Executive Officer NPHP

Strategic Injury Prevention Partnership (SIPP)

Dr John Scott (Co-Chair)
Queensland Health

Dr Rod McClure (Co-Chair)
University of Queensland

Mr Bruce Wight
Department of Health and Ageing

Mr Stan Bordeaux
Tasmanian Department of Health and Human Services

Ms Ingrid Coote
ACT Health

Assoc Professor James Harrison
Australian Institute of Health and Welfare

Ms Pam Albany
NSW Health

Dr Ron Somers
South Australian Dept of Human Services

Mr Michael Tilse
Queensland Health

Ms Nicola Rabot
Victorian Department of Human Services

Dr Tarun Weeramanthri
Northern Territory Department of Health and Community Services

Ms Nicole Bennett
Western Australian Department of Health

Ms Sandy Brinsdon
New Zealand Ministry of Health

Mr John Wunsch
Commonwealth Treasury

Mr Richard Franklin
Australian Injury Prevention Network

Aboriginal and Torres Strait Islander Injury Prevention Action Council (ATSIIPAC)

Ms Robyn Martin (Chair)
NSW Health
Representing: SCATSIH

Ms Marilyn Lyford
Representing: Australian Injury Prevention Network (AIPN)

Ms Pam Albany
NSW Health
Representing: SIPP

Assoc Prof James Harrison
AIHW National Injury Surveillance Unit
Representing: SIPP

Mr Brian Riddiford
Queensland Aboriginal and Islander Health Forum
Representing: NACCHO

Mr Graham Brice
Representing: NACCHO

Mr Ken Wyatt
NSW Health
Representing: SCATSIH

Ms Margaret Norrington
Representing: Department of Health and Ageing – Office of Aboriginal and Torres Strait Islander Health

Mr Bruce Wight
Representing: Department of Health and Ageing
Population Health Division

Ms Kerrie Tim
Representing: Aboriginal and Torres Strait Islander
Commission

Ms Kerry Smith
Ms Tania Haslam
(Secretariat)
Commonwealth Department of Health and Ageing

PARTNERSHIPS

Joint Advisory Group on General Practice and Population Health (JAG)

Professor Mark Harris
Independent Chair

General Practice Partnership Advisory Council nominees:

Dr John Aloizos
Dr Julie Thompson

Dr Michael Jones
Dr Jenny Williams (until January 2003)

National Public Health Partnership nominees:

Dr Paul Van Buynder
Dr Marilyn McMurchie (until January 2003)
Mr Ross O'Donoghue

Ms Nicole O'Keefe (until June 2003)
Dr John Scott (until January 2003)

National Aboriginal Community Controlled Health Organisation's nominees:

Ms Pat Anderson (from September 2001 to
December 2002)

Mr Henry Councillor (from January 2003)

Consumer Representative

Ms Sue Pluck (from June 2003)

Mental Health Prevention and Promotion Working Party (PPWP)

Professor Beverley Raphael (Chair)
Director, Centre for Mental Health
NSW Health

Professor Stephen Zubrick
Head, Division of Population Sciences
Institute for Child Health Research
Western Australia

Ms Kerry Webber
Director, Promotion and Prevent. Section
Mental Health and Suicide Prevent. Branch
Department of Health and Ageing

Dr Diana Lange
Mental Health Service
Prince Charles Hospital
Queensland

Ms Anwen Williams
Institute for Child Health Research
Western Australia

Mr Ivan Frkovic
Mental Health Unit
Queensland Health

Ms Leonie Manns
Mental Health Council of Australia Inc
Consumer consultant

Dr Shirley Hendy
Chief Health Officer
Northern Territory Department of Health &
Community Services

Dr Rob Moodie
Chief Executive Director
VicHealth
Victorian Health Promotion Foundation

Mr Keith Wilson
Chair, Mental Health Council of Australia Inc

Mr Mike Melino
Mental Health Promotion Program
Department of Human Services
South Australia

Ms Jenny Smith
Mental Health Branch
Victorian Department of Human Services

Prof Pat McGorry
Department of Psychiatry
Youth Program MHSKY

Dr Darcy Smith
Representing: Australian Divisions of General
Practice

Ms Pat Delaney
NSW Aboriginal Health and Medical Research
Council

Mr Clive Skene
Private psychologist

Ms Jenny Parham
Auseinet

Ms Lyn Walker (Observer)
VicHealth
Victorian Health Promotion Foundation

Ms Amanda Hammer (Observer)
Mental Health Unit
Queensland Health

Ms Bernadette Dagg (Observer)
Centre for Mental Health
NSW Health

Ms Alison Grant (Secretariat)
Commonwealth Department of Health and Ageing

Mrs Alison Hoebee (Secretariat)
Commonwealth Department of Health and Ageing

Joint Working Group on Healthy Ageing (JoHA)

National Public Health Partnership

Nominees:

Dr John Scott (Co-Chair)
NPHPG Member
Queensland Health

Mr Colin Sindall
Commonwealth Dept of Health & Ageing

Mr Bill Bellew
NSW Health

Positive Ageing Task Force nominees:

Ms Bronwyn Harrison (Co-Chair)
PATF Chair
NSW Department of Ageing,
Disability and Home Care

Mr Mark Thomann
Office for an Ageing Australia
Commonwealth Dept of Health and Ageing

Ms Cath McGee
South Australian Dept of Human Services