

Table of Contents

Director's Foreword	2
Acknowledgements	4
Introduction	5
Strategic Plan	6
Management and Governance	7
Management and Governance Structure	10
Resources	11
Staffing	12
Student Data	13
2003 QCPH Lunchtime Seminar Series	14
Queensland Public Health Forum	15
The Public Health Program	16
Coursework Masters	17
The Student Dissertation	18
2003 Dissertation Summaries	19
Academic/Industry Collaboration	25
Academic Publications	29
Consolidated Income and Expenditure Statement	34
Contact Details for 2004	

Director's Foreword

Welcome to the Annual Report, 2003, of the Queensland Centre for Public Health (QCPH).

The role of the QCPH is to promote and deliver high quality population health education and research programs, in order to improve and maintain the health and well being of all people. Through collaboration with partners in the tertiary education sector, the health industry and the community, the QCPH seeks to identify and assist with the education, research and training needs in population health across Queensland. The Commonwealth Department of Health and Ageing Public Health and Education Research Program (PHERP) and Queensland Health provide funding support for the Centre.

2003 was a busy year for the Centre. The rotation of the Directorate to Queensland University of Technology from University of Queensland was smooth with minimal disruption to business. I thank Professor Andrew Wilson for his leadership of the Centre in 2002.

The QCPH has continued to maintain and build on strong links with health industry representatives through the Queensland Public Health Forum and a number of other committees. An increased focus on our links to industry was achieved through arrangements agreed with Queensland Health regarding the Centre Manager's role and functions. Our Business Plan has been developed in consultation with key stakeholders and is supported by a strong partnership framework across all levels of government and the health industry.

In addition to our governance committees, and the new Planning and Review Committee established in 2002, extra planning meetings were held between myself, the Manager and a number of industry representatives. While these meetings were informal in format, they have been vital to the subsequent development of new education, research and training initiatives. Open, friendly and frank discussions during these meetings facilitated opportunistic plans and innovative outcomes. A number of these outcomes were considered by the governance committees and have subsequently been approved by stakeholders, with plans for further development and/or implementation.

One significant outcome of these valuable discussions has resulted in Centre plans for a major initiative for industry professional development. The Professional Development Model is a new vision for post-graduate education in public health that looks beyond traditional formal awards (eg the Master of Public Health, Graduate Diploma in Public Health, and Graduate Certificate in Public Health). The model recognizes the complexity of the public health workforce and its educational and training requirements. It allows greater flexibility in the design of non-award, non-assessable professional development using existing academic modules, or in designing new education short courses.

Another key outcome has improved our ability to link MPH students to public health research priority areas identified by our industry and academic partners. A trial proforma was developed to enable a consistent presentation format for research topics. Industry groups and academics were encouraged to submit their priority research areas to the Centre in this format for the Student Dissertation/Project Workshop in August and for posting on our website.

Recognising the significance for Australia in hosting the "Health 2004, International Union of Health Promotion and Health Education (IUHPE) Conference", the QCPH has taken on the role of organizing and holding a Satellite Program. Our two-day program, "Settings for Health Promotion" will be held 4-5 May, 2004, following the Melbourne Conference. The IUHPE executive has been very receptive to our plans and the Centre formed an organizing committee in May which has been working conscientiously all year to develop an exciting program. In collaboration with Queensland Health, and supported by grants from Queensland Health, Queensland Department of Families, and Queensland University of Technology, this Gateway Conference will provide an insight into leading health promotion developments in South-East Queensland as well as field trips to schools, childcare centres and Indigenous settings. This event by far is our most ambitious professional development activity. We look forward to next year and delivering this exciting project.

As always, the staff in the Directorate of the QCPH have provided outstanding support and commitment. On behalf of the Centre and the three universities involved, I wish to offer my sincere thanks to Kathleen Lilley our tireless and dedicated Centre Manager, also thanks to Amanda Chape and James Athanasoff our Administrative Assistants.



A/Professor Don Stewart

Director, Queensland Centre for Public Health

Acknowledgements

2003 was a very busy and productive year for the Queensland Centre for Public Health (QCPH). We would like to acknowledge the organisations and individuals who provide the various means of support which enable QCPH to exist. The Centre receives valuable support from funding and in-kind contributions from many public health sectors.

We wish to acknowledge the former Director of QCPH, Professor Andrew Wilson and Deputy Director, Associate Professor Phillip Schluter for their commitment and leadership to QCPH during 2003. Academic staff from the three universities have, in addition to their considerable teaching, research and supervision loads, made a significant commitment and contribution to various QCPH committees as well as a number of important intersectoral committees. Their contribution to QCPH and public health is gratefully acknowledged.

We also wish to acknowledge our administrative staff. Usually, these staff have many commitments to other academic programs, academic staff and students. Programs run by QCPH frequently require additional and often complex coordination of information with submission dates during busy academic periods. Their diligence and commitment to their work, students and academic staff is to be commended.

The Public Health Education and Research Program (PHERP) Phase Three contract, the Department of Health and Ageing continues to support the range of QCPH activities. Particular thanks to Angela McKinnon, Jane Bell, Annie Dullow, Kate Brown and Brendan Gibson.

The continuing support from Queensland Health is acknowledged. In 2003, Queensland Health funded the Centre Manager's salary. Particular thanks are extended to Dr John Scott who has generously made time to participate in a number of QCPH collaborative planning activities. Andrea Casasola, Jackie Steele, Dr Amanda Bell, David Strain and Robyn Clark are also thanked for their contribution to various collaborative activities.

Martin Webb, Project Officer for the Queensland Public Health Forum (the Forum) was a valuable resource to QCPH. Thanks must also be extended to a number of Forum members who gave freely of their time for numerous planning meetings. Mike Knowles from the Australian College of Health Service Executives is acknowledged for his contribution to combined Seminars with the QCPH.

Finally, thanks is extended to all those who participated in collaborative meetings, forums, seminars, guest lectures and workshops. Your valuable participation has assisted the Centre in addressing the continuing and emerging needs for public health research, education and training.

The Queensland Centre for Public Health is a joint initiative of Griffith University, Queensland University of Technology and the University of Queensland.

The consortium established Queensland's first Master of Public Health program in 1991 and has been delivering post-graduate public health programs since that time. In 1995 this consortium was formalised as the Queensland Centre for Public Health resulting in a sustainable and fully developed agency. The management of the QCPH Directorate rotates among the consortium members every three years providing the opportunity for each institution to host the public health programs in turn.

In December 2002, the Centre Directorate moved from the School of Population Health, University of Queensland, Herston, to the School of Public Health, Queensland University of Technology, Kelvin Grove Campus where it will remain until December 2005.

The Centre is one of nine State/National level Centres that receive funding under the Public Health Education and Research Program (PHERP) of the Department of Health and Aged Care. The other two Queensland Centres which receive PHERP funding are the Australian Centre for International and Tropical Health and Nutrition at the University of Queensland and The Anton Breinl Centre at James Cook University of North Queensland.

PHERP National Objectives have been identified. These are to:

- build on existing public health education and research infrastructure and provide leverage for more extensive public health work;
- strengthen the basis for high level and consistent quality education and research programs;
- foster innovation to ensure emerging population health education, research and workforce development needs are addressed;
- support population health workforce development and education initiatives which focus on the needs of Indigenous Australians;
- foster co-operation and collaboration across the population health education and research sectors, including linkages to government and public health workforce;
- foster multi-disciplinary approaches to population health education and research.

These objectives are met through successful collaboration and partnerships with academic, government and non-government organisations.

This Annual Report highlights the achievements and activities of the Centre in addressing the State's public health education, training and research needs.

QCPH Strategic Plan 2001 – 2005

Mission

The mission of the QCPH is to promote and deliver high quality population health education and research programs to health care professionals from a broad range of backgrounds, with knowledge and skills from a variety of disciplines in order to define, critically assess and resolve public health problems.

Vision

The vision of the QCPH is to facilitate collaboration with partners in tertiary education, industry and the community to identify education and training needs in population health across Queensland. Where appropriate it will facilitate responses to identified needs both within the consortium and with other groups across Queensland and nationally. It will also foster collaboration in population health research and be guided in its responses by research where relevant.

Strategic Aims and Objectives

- Strengthen the capacity and expertise for population health education, research and training programs across Queensland in partnership with government, industry and the public health workforce.
- Identify the needs of students, industry and the community across Queensland in guiding content and delivery approaches of existing consortium population health programs .
- Develop mechanisms which facilitate inclusion and participation of all relevant stakeholders in education, training and research programs run by the QCPH.
- Foster co-operation and collaboration across the tertiary education sector in developing new opportunities in population health education, training and research where needs are identified.
- Collaborate with the Queensland Public Health Forum, Queensland Health and other industry groups to assess the specific education and skills required for specific population health specialties to inform training programs and employees.

Management and Governance

The management and governance structure of the QCPH is consistent with contractual conditions outlined in the PHERP contract and Queensland Health Service Agreement. The structure of the governance committees (see Figure 1) allows key stakeholders the opportunity to participate in the strategic planning, policy development and operation of the Centre. In addition, consortium members agree to participate in, and to have regards to, the deliberations of the Queensland Public Health Forum.

2003 Directorate

The QCPH Directorate coordinates the administrative and academic activities of the Centre.

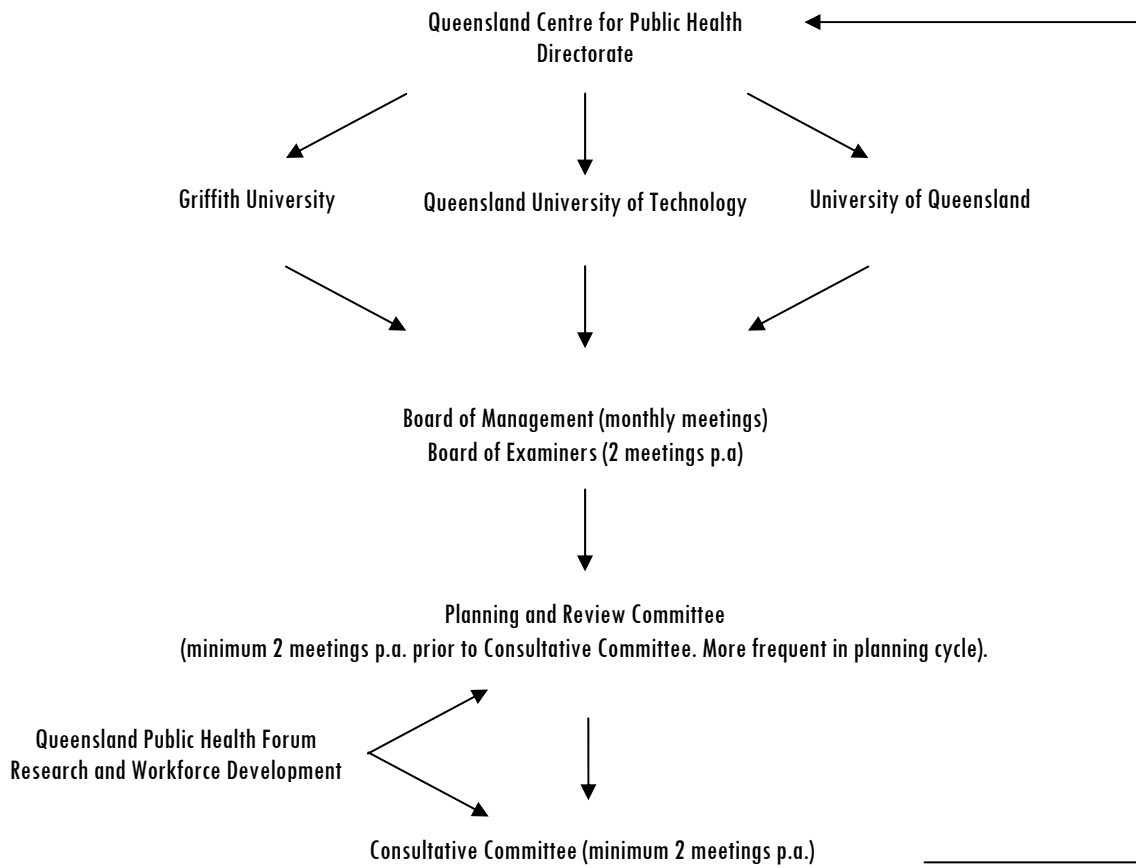
Director:	Assoc Prof Don Stewart
Deputy Director:	Dr Elizabeth Parker
Centre Manager:	Kathleen Lilley
Administration:	Deborah Orr, James Athanasoff

Board of Management

The Board of Management includes the Director and Coordinators from each university and the Centre Manager. It manages the formal award programs, the curriculum, teaching and student matters. It also acts as the Board of Examiners to the QCPH. A Dissertation Review Committee reports to the Board of Management.

Chair:	Assoc Prof Don Stewart
Members:	Assoc Prof Cordia Chu
	Dr Elizabeth Parker
	Assoc Prof Philip Schluter
	Kathleen Lilley

Management and Governance



Consultative Committee

The role of the Consultative Committee is to provide policy advice, support and direction to the Board of Management in relation to national and regional population health education, research and workforce needs.

Chair: Assoc Prof Don Stewart

Members: Vicki Murphy (Dept of Health and Ageing)

Dr John Scott (Queensland Health)

Dr Peter Anderson (Public Health Association, Queensland)

Bryce Hines (Local Government Association, Queensland)

Dr Peter Abernethy (Queensland Public Health Forum)

Prof Des Connell (Head of School, GU)

Prof Brian Oldenburg/ Dr MaryLou Fleming, (Head of School, QUT)

Marcia Batista (UQ, student representative)

Chris Setter (QUT, student representative)

Assoc Prof Cordia Chu

Assoc Prof Philip Schluter

Dr Elizabeth Parker

Kathleen Lilley

Planning and Review Committee

The Planning and Review Committee is the operational committee for industry/academic linkages. Membership includes representatives from Queensland Health, Commonwealth Department of Health and Ageing, Queensland Public Health Forum, consortium academics and Centre Manager. Queensland Health provides funding for the position of Centre Manager, QCPH. The primary purpose of the position is to facilitate effective linkages between QCPH, Queensland Health, Queensland Public Health Forum and other universities in Queensland.

Management and Governance

Queensland Public Health Forum Research and Workforce Development Group

The Research and Workforce Development Group is examining Competencies in Public Health with the aim of determining the need for future investment by industry to meet current and emerging needs of the public health workforce.

Public health research was identified as priority by the Queensland Public Health Forum and this working group was established in 1999. Its terms of reference are to:

- make recommendations to Health Promotion Queensland, on current and emerging public health priorities, for major health promotion grants;
- promote partnerships between Forum members and other affiliated bodies on developing priorities and implementing public health research and workforce development initiatives;
- encourage research and workforce development initiatives that will ensure sustainable public health outcomes, through partnerships approaches;
- advocate for research and workforce development projects and programs that will build capacity in the public health workforce.

Chair: Assoc Prof Robyn McDermott (James Cooke University)

Members: Ann Nellor/Lily O'Hara (Sunshine Coast University)
Assoc Prof Cordia Chu (Griffith University)
Dr Elizabeth Parker (Queensland University of Technology)
Dr Roslyn Reilly (University of Southern Queensland)
Jeff Allen (Health Promotion Queensland, Queensland Health)
Kathleen Lilley (QCPH)
Karen Mason (Australian Catholic University)
Kylie Burton (Department of Health and Ageing)
Prof Andrew Wilson (University of Queensland)
Sandra Walker (Central)
Martin Webb (Queensland Public Health Forum)

The major source of funding for the QCPH is the Public Health and Education Research Program (PHERP) of the Department of Health and Ageing. The position of Centre Manager has continued to be sponsored by Queensland Health. In total the financial assistance for the QCPH in 2003 was \$541,930.

The new PHERP contract was negotiated with the Department of Health and Ageing in 2001 and provides funding for the QCPH from January 2001 until December 2005. The provision of PHERP funds provides the financial assistance to allow the QCPH to operate from a stable base, build on its strengths, meet industry objectives while fostering innovation to meet the emerging health education, research and workforce development needs. The PHERP financial support for the QCPH in 2003 was \$461,930.01.

Queensland Health sponsors the position of Centre Manager. The Manager liaises between industry and academia, to ensure that public health programs and research are linked to industry needs. The grant from Public Health Services Division of Queensland Health for 2003 was \$80,000.

In addition, each of the three universities contributed to the operation of the QCPH through provision of services in kind, namely academic time, services and facilities.

The Centre will continue endeavours to secure additional funding and other assistance from current and new sources to support and expand its education, research and collaborative activities.

Refer to page 34 for the QCPH 2003 Consolidated Financial Statement.

Staffing

Directorate

Director	Assoc Prof Don Stewart
Deputy Director	Dr Elizabeth Parker
Centre Manger	Kathleen Lilley
Administration	Debra Orr, James Athanasoff
MPH Coordinators	Associate Professor Cordia Chu (GU), Dr Elizabeth Parker (QUT), Associate Professor Philip Schluter (UQ)

Other PHERP Funded Personnel

Academic

GU	QUT	UQ
Dr John Grootjans	Dr Shilu Tong	Assoc Prof Rod McClure
Bernadette Sebar	Dr Nicholas Graves	Dr Heather Eastwood
	Grant Warren	Christina Nagle
	Sue Gargett	Dr Leigh Tooth
		Dr Robert Ware
		Dr Michael Coory
		Tanya Bell

Administration

Norma Davis

Administration

Amanda Chape

James Athanasoff

Program Academic Staff Funding from other University Sources and Other Personnel Associated with Curriculum Development & Delivery

GU	QUT	UQ
Assoc Prof Cordia Chu	Assoc Prof Don Stewart	Prof Annette Dobson
Professor Des Connell	Assoc Prof Brian Oldenburg	Prof Paul Glasziou
Jennene Greenhill	Peter Anderson	Prof Neville Owen
Neil Harris	Josie Di Donato	Prof Alan Lopez
Peter Davey	Gary Day	Prof Andrew Wilson
Dr Stella Stevens	Desley Vine	Assoc Prof Peter O'Rourke
Zoe Murray	Elizabeth Parker	Assoc Prof Phillip Schluter
Dr Justine Ward	Diana Battistutta	Dr Chris Bain
Stephen Cole		Dr Elaine Beller
		Dr Fran Boyle
		Dr Zandy Clavarino
		Dr Terry Coyne
		Dr Maria Donald
		Ms Chris Nagle
		Ms Sandi Pirozzo
		Ms Sharon Sanders
		Dr Catherine Turner
		Dr Gail Williams
		Dr Jolieke Vander Pols

Student Data as at 31 December 2003

38 Students graduated with either a Master of Public Health or a Graduate Diploma in Public Health from the Queensland Centre for Public Health in 2003. 19 MPH students completed their Dissertation.

395 students have completed the requirements for graduation from the Master of Public Health or Graduate Diploma in Public Health since 1991.

Public Health Program – 2003 Enrolment Statistics

University	Female	Male	Total	O/Seas	% part time
New Students					
GU	7	3	10	1	70%
QUT	20	9	29	5	65%
UQ	24	9	33	2	91%
Total New	51	21	72	8	83%
Continuing Students					
GU	8	2	10	1	70%
QUT	27	10	37	3	94%
UQ	36	14	50	1	96%
Total	71	26	97	5	78%
Continuing					
Total Students					
GU	15	5	20	2	70%
QUT	47	19	66	8	36%
UQ	60	23	83	3	94%
Total	122	47	169	13	76%
Students					

2003 Lunchtime Seminar Series

The QCPH holds a seminar series on topics of public health interest to a wider public health community. The following seminars were convened in 2003.

- Date:** Thursday 13 March 2003
Speaker: Dr Amanda Lee
Topic: **Eat Well Queensland: Smart Eating for a Healthier State**
- Date:** Thursday 10 April 2003
Speaker: Dr Terry Coyne and Jodi McDonald
Topic: **Issues in Child Nutrition and Growth**
- Date:** Thursday 15 May 2003
Speaker: Dr John Grootjans
Topic: **Building Public Health Capacity in Response to Eco-system Issues**
- Date:** Thursday 19 June 2003
Speaker: Alison van Haeringen (Dissertation prize winner)
Topic: **Educational Resilience**
- Date:** Thursday 24 July 2003
Speaker: Peter Davey
Topic: **Community Planning Project (cancelled)**
- Date:** Thursday 21 August 2003
Speaker: Prof Joan Anderson
Topic: **Female Migrant Issues (cancelled)**
- Date:** Thursday 18 September 2003
Speaker: Associate Professor Roderick McClure
Topic: **Injury Workforce Professional Development**
- Date:** Thursday 16 October 2003
Speaker: Associate Professor Don Stewart and Michael Hardie
Topic: **Resilient Children and Communities: A multi-strategy health promotion project that promotes resiliency in children of primary school age in school, family and community settings**
- Date:** Thursday 20 November 2003
Speaker: Dr Shilu Tong
Topic: **Contemporary Public Health Challenges**

Queensland Public Health Forum

The Queensland Public Health Forum is a strategic leadership alliance of 18 organisations with a commitment to improving public health outcomes in Queensland, through a partnering approach. The Centre is one of the 18 member organisations on the Forum. As part of the Commonwealth contract the consortium members agree to participate in, and have regard to the deliberations of the Queensland Public Health Forum.

Scope of work:

At the end of 2003 the Forum undertook to redefine its work agenda by focusing on the determinants of health in Queensland (from a public health perspective); and the implementation of Eat Well Queensland.

This was to be undertaken with an understanding of the social, structural and environmental context of Queensland (or elements of Queensland), with priority being given to disadvantaged groups, particularly Aboriginal and Torres Strait Islander citizens.

The Forum will effect these outcomes through:

- collaboration between members of the QPHF;
- external advocacy, and promoting capacity development (primarily in terms of the public health work force and research); and
- over-sighting groups charged with the implementation of Eat Well Queensland.

Associate Professor Don Stewart is a Forum member representing the Universities in Queensland. Kathleen Lilley is a member of the Communication Working Group & Research & Workforce Development Group. Other University Representatives include Peter Davey (Australian Environmental Institute of Queensland) and Dr Peter Anderson (Public Health Association).

Public Health Program

The objective of the Public Health Program is to prepare health professionals from a broad range of backgrounds, with knowledge and skills from a variety of disciplines, to define, assess critically and resolve public health problems.

The programs are designed for health professionals interested in moving into the public health area, mid-career health professionals seeking advancement in their area of work and for clinicians wishing to broaden their range of expertise and /or move into management.

The Queensland Centre for Public Health provides students with access to staff, expertise and facilities of three metropolitan universities. Students are exposed to a range of public health perspectives through contact with other students from Australia and overseas. The programs allow the flexibility to choose full-time or part-time attendance mode, and to alter mode mid-course. Where attendance at classes is difficult or geographically impossible, students are able to study through external or flexible delivery. All students have access to a mentor system whereby they can receive individual academic guidance throughout the program.

The four core subjects of the program include Epidemiology, Health Care Delivery Systems, Social and Behavioural Determinants of Health and Statistics. Each consortium member convenes a core subject and has their own statistics requirement.

Students identify their area of public health interest which governs both the choice of electives and the selection of their future dissertation. They then develop a long-term plan that suits their professional commitments and the availability of relevant subjects. Students may discuss their plans with the academic staff at any or all of the universities before selecting their "home university".

In 2003 the Centre introduced the Coursework Masters Degree. This new program is the result of the strategic planning process and in response to industry needs. The consortium has agreed that the introduction of a Coursework Masters in Public Health would:

- provide increased flexibility and choice for students;
- appeal to a different population in the postgraduate market;
- increase program completions;
- be an option favoured by students who have English as a secondary language;
- provide new opportunities for the QCPH to liaise with industry, to develop more creative workplace options for the delivery of public health education.

The Coursework Masters allows students the flexibility to choose from a full coursework option, coursework with a guided study component, small research project or guided vocational experience.

The full coursework stream requires that a student complete the MPH with 100% of the program dedicated to coursework subjects. A student is required to complete the core subjects and an approved Research Methods subject. The normal rules governing the choice of a major apply. A student is required to choose a major by the end of Semester 1 (FT student) to identify choice of Semester 2 subjects. No introductory subjects will be permitted by 3rd Semester.

Coursework with a guided study component or a minor research project is a variation on the full coursework stream. The rules for core subjects, research subject, advanced level subjects and a major apply. This option will allow someone to take 20 credit points (GU), 24 credit points (QUT) or 4 units (UQ) in the final period as a guided study component or a minor research project. A mentor is appointed to assist the student in developing a study/research plan.

Coursework with a program of guided vocational experience is a variation on the former option. The rules for core subjects, research subject, advanced level subjects and a major apply. This option allows a student to take a 20 credit point (GU), 24 credit point (QUT) or 4 unit (UQ) option in their final period as a work place practicum experience. The workplace mentor and academic supervisor will assist the student to plan the practicum. The option is assessed through preparation of a report or portfolio document. (The student must document their work place experience and the development of high-level skills.)

The Student Dissertation

The promotion of research is a priority for the QCPH. As part of the requirements for the Master of Public Health Program, students undertake a research dissertation which is intended as a practicum offering experience in investigating and/or solving a public health problem. This is usually undertaken on an individual basis.

The Program expects the level or standard of an MPH dissertation to lie between that of an honours thesis and that of a research master thesis. It is expected that the dissertation will form the basis of a paper publishable in a major public health journal (eg. Australian and New Zealand Journal of Public Health).

Topic and Supervision

Academic staff of the Centre guide students in regard to the appropriateness and development of their Dissertation topic.

There are many projects in the community and within Queensland Health which may be suitable for a dissertation. The Centre acts as an agency to external service providers seeking assistance with research.

Work-place mentors with appropriate qualifications may co-supervise a dissertation. The Centre provides associate supervisor training and academic support for this process.

Dissertation Format

Dissertations may take various forms:

- analysis and interpretation of a pre-existing data set of known good quality
- individual solutions to small-scale practical public health problems identified by the organisation as a key priority area
- development of a detailed research proposal which could include a literature review, critical appraisal and piloting of proposal methodology critical review of an issue of major public health importance.

Collaboration with Industry

The Centre has established a Dissertation Framework which guides the development of industry based research. The framework includes a set of protocols for joint industry-university approval and supervision of research dissertations. This was done in consultation with both Queensland Health and non-government organizations.

An examination of registered nurses' willingness to become organ donors. An analysis of the Public Health Model of behaviour change

Candidate: Katherine Gillett

Framed by the Public Health Model of behaviour change this study examined registered nurses' level of knowledge, belief and attitude about organ donation and the utilisation of a set of public health promotion strategies designed to increase organ donation awareness. A sample of 54 registered nurses was randomly assigned to either the control or treatment intervention group to receive a package of health promotion materials. All participants completed the Matten (1991) Nurses' Knowledge, Beliefs and Attitudes Regarding Organ and Tissue Transplantation Questionnaire. The only significant result was that nurses who held strong positive beliefs about organ donation were found to have higher level of commitment to register as an organ donor than nurses who held more negative beliefs. The implications of the results are discussed in relation to the efficacy of the Public Health Model of behaviour change.

Adolescents' reproductive and sexual health program in Queensland: Is there room for improvements?

Candidate: Manuel Novela

The objectives of this study were to describe the public health significance of adolescents' reproductive and sexual health issues; to describe the nature of existing approaches to address these issues; to examine the views of Queensland's managers of the program as to the effectiveness of existing approaches and to identify service gaps and propose improvements that may be implemented.

The study concluded that the main hindrance to the implementation of the sexual health program was weak community acceptance and support. This limits adolescents' access to sexual health services and to a comprehensive sexual health education. Furthermore, the lack of a national or state sexual health strategy has resulted in a lack of uniformity and inconsistencies in the strategies adopted, making it difficult to evaluate the effectiveness of a sexual health program against a policy framework.

Recommendations arising from this study include wider community education and involvement in design and implementation of such a program. The undertaking of more extensive research involving a representative sample of Queensland wide stakeholders (including managers, parents, adolescents, GPs) was also recommended.

Home-based post-discharge parental support to prevent morbidity in pre-term infants: A systematic review.

Candidate: Heidi Webster

Pre-term delivery is a serious risk factor for the short and long-term developmental outcomes of children. With the increased survival of such infants and increased recognition of the risks, there has been more emphasis on early intervention programs, including home-visiting.

This systematic review of randomized controlled trials compared home-visiting interventions providing parental education and support with standard medical care. Pooled analyses suggested a beneficial average effect of home-visiting interventions for some outcomes up to three years of age, the overall summary of individual trials failed to show beneficial effects long-term, at seven to nine years of age. However, substantial methodological limitations due to the use of different measures of child and family outcomes in individual trials, and insufficient publication of summary effect measures, precluded many trials from the meta-analysis.

Screening for Hereditary Haemochromatosis: A Pilot Study.

Candidate: Jeannette Dixon

Hereditary haemochromatosis (resulting in excess body iron stores) is due to homozygosity for the C282Y mutation in the HFE gene in over 90% of Caucasian cases, with a prevalence of approximately 1:200 for homozygotes and 1:10 for heterozygotes. If untreated, it can lead to multiple organ failure. Variability in disease penetrance in populations studied have tempered calls for population screening until more is understood about disease burden, factors that affect disease expression and the extent and effect of genetic discrimination. These issues are the focus of this dissertation.

Family-based screening for haemochromatosis should be carried out, as this study has shown that non-expression of haemochromatosis is infrequent in patients and their relatives identified through this centre. Education of the insurance industry, and advocacy by public health and medical practitioners on behalf of those with a haemochromatosis diagnosis, is recommended to avoid discriminatory practices against such applicants.

2003 Dissertation Summaries

Pre-natal care access and utilization by pregnant women in Luong Son, Hoa Binh, Viet Nam

Candidate: Pham Thi Quynh Nga

The objective is to identify utilization and accessibility of Pre-Natal Care (PNC) of minority women in Luong Son, Hoa Binh, Vietnam. Quantitative and qualitative research methods are combined in this study. A total of 199 interviews were completed. Among which 85 interviews were with women in remote areas and 114 interviews were in non remote areas. Seven in-depth interviews with health staff and 6 focus group discussions were conducted. The utilization rate of PNC in remote areas is much lower. Pre-natal care attendance was influenced by factors such as distance to the healthcare centre, mothers' education and knowledge of PNC, mothers' age, economic conditions, and customs and habits of PNC. The findings suggested that health promotion programs using many kinds of communication and involving people throughout the community, are needed for women in Vietnam and their primary health carers.

Prevalence and risk factors for Hepatitis C Virus among Queensland female prisoners.

Candidate: Jillanne Homewood

This study sought to determine the prevalence and risk factors for hepatitis C virus (HCV) in female prisoners in Queensland. The study also sought to determine the extent of risk behaviours for HCV transmission in prison, such as injecting in prison, sharing of injecting equipment, tattooing and body piercing.

The data was a component of a voluntary cross-sectional health survey of female prisoners in Queensland in 2002. From 275 available prisoners 212 participated (77.1%). Of the 212 prisoners who participated, HCV results were obtained for 202 women. The prevalence of hepatitis C was 45%. Those with a history of injecting drug use comprised 55.7% of the population. The prevalence of hepatitis C among injecting drug users (IDU) was 73%. Of injecting drug users, 28.8% gave a history of injecting in prison and 78.2% of prison injectors had shared needles and syringes. The prevalence of tattoos and body piercing was high with 72% of prisoners having tattoos and 57% of prisoners had three or more body piercings. Thirteen percent of inmates had these done in prison. New equipment was frequently not used and methods of cleaning varied. Multivariate analysis of all prisoners identified that injecting use was overwhelmingly dominant as a risk factor for HCV. A history of injecting in the community had an odds ratio of 27.9 (95% CI 8.7-89).

The role of exercise-related social support in a telephone and print intervention to increase physical activity in adults aged 45 years and older.

Candidate: Lorian Taylor

Sufficient physical activity in the Australian population would decrease the incidence and health complications of six of the seven National Health Priority Areas. These conditions are responsible for 70% of the burden of disease within the population. Adults aged 45 years and older are Australia's most inactive subgroup. It is estimated that some 49% of older men and 63% of older women do not meet physical activity guidelines to achieve a health benefit. Telephone-delivered interventions have effectively increased physical activity among adults, although the impact has varied between behavioural interventions.

This study aimed to define and quantify the relationship between exercise-related social support and changes in physical activity associated with participation in a telephone- and print-delivered physical activity intervention trial. More research is needed in order to reach more definitive conclusions about the possible mediating role of social support on physical activity behaviour change. The findings from this study can be used to guide future research on the role of mediators of change in physical activity interventions. Mediator research has the potential to progress the current evidence base on the effective ingredients of programs to promote physical activity. Given the importance to public health of physical activity in chronic disease prevention, such research should be a high priority.

Diagnosis of skin lesions in primary care.

Candidate: Cameron Moffatt

This project examined the impact of a relatively new phenomenon, the primary care skin cancer clinic, on the management of skin disease in Australia. Diagnostic accuracy was assessed and reasons for excision and the impact of patient pressure to treat lesions surgically were examined. Common acquired naevi were the most frequently treated lesions, closely followed by basal cell carcinoma. Numbers of squamous cell carcinomas being managed were lower than rates seen in general practice settings. Diagnostic accuracy was high for melanoma, BCC or dysplastic naevi, but lower for SCCs and solar keratoses. Positive predictive values for SCC and BCC compared favourably with rates reported for dermatologists in general population settings. The main reason for deciding to excise lesions was to exclude malignancy and GPs reported pressure to excise more than 50% of all lesions that were surgically managed.

Evaluation of the Outreach School Garden Project: Building the capacity of two Indigenous school communities to address nutrition.

Candidate: Antonietta Viola

A nutrition based school intervention program, incorporating formal nutrition and gardening education lessons into the usual school curriculum, was evaluated. Data showed that nutrition had been integrated into the curriculum by school staff who were not required to have specific prior nutrition knowledge or gardening skills, and that students increased their nutritional knowledge and gardening skills over the period. The project also had a flow-on effect to the school tuck-shop and local community. Despite support and enthusiasm for the project, a number of factors, including its short time frame and departure of staff, prevented long term sustainability. Nevertheless, the concept and development of school-based gardens provided an innovative way to integrate nutrition into the school curriculum.

The contraceptive behaviour of young women in Australia

Candidate: Samantha Hollingworth

The Dissertation examines the socio-demographic factors and health-related behaviours associated with contraceptive use and contraceptive type use among young women in Australia, using a study sample of 14,779 participants in the 1996 baseline survey of the Women's Health Australia Project.

Results: 72% reported using contraception in 1996 and 77% in 2000. The oral contraceptive pill was the preferred method for 70% in 1996 and 73% in 2000, including almost one fifth of all women who used the pill in combination with other methods, including the condom. Between one in four (1996) and one in five (2000) women used condoms with or without other methods (but not the pill). Women who used methods other than the pill or condoms accounted for only about 5% of the sample. The Dissertation also provides information on sub-groups and their preferred choices.

Conclusion: Most young Australian women use contraception. The pill is the preferred method, with considerable use of dual methods. Despite wide use of contraception, about 10% experienced a termination, indicating a large number of unplanned pregnancies. Strategies to improve contraceptive protection could include: more choice of effective methods; education and provision of emergency contraception; and efforts by health professionals to improve compliance with currently used methods.

Physical activity and sun protection in a Queensland community.

Candidate: Cecilia Wilson

This study formed part of a longitudinal study, the Nambour Skin Cancer Prevention Trial, and its primary aim was to assess physical activity practices of an adult community in a sub-tropical climate and to determine associations of sun protection with physical activity.

It is the first study to explore physical activity practices in a fixed cohort involved in a skin cancer prevention trial, and to examine the associations of sun protection practices with physical activity levels in adults, in the context of health benefits of physical activity and health risks associated with sun exposure. It found the proportion of those using sun protection was far from optimal and there was a low proportion of people undertaking sufficient physical activity for health benefits to accrue. The study clearly shows that greater public health efforts need to be directed to innovative policy initiatives.

A study examining the factors that influence the effectiveness of health care interventions, delivered by generalist nurses in rural and remote settings to patients with mental illness

Candidate: Chanelle Clark

The purpose of this study was to examine the effectiveness of therapeutic interventions by generalist nurses in rural and remote areas when caring for people with mental illness. The study utilised a theoretical model of therapeutic commitment, that proposes the willingness and ability to utilise therapeutic qualities in health care interventions is a function of therapeutic commitment. It is further proposed therapeutic commitment is influenced by one's self-perceived role competency and role support. One hundred and sixty three generalist nurses from two South West Queensland Health Service Districts completed a self-administered questionnaire. The results revealed that respondents had reasonably low levels of therapeutic commitment, role competency and role support. From these findings it can be inferred that nurses who participated in the study have less than adequate knowledge, skills and support to deliver effective health care interventions to patients with mental illness. Such inadequacies including a lack of understanding of people with mental illness could have negative influences on nurse attitudes towards patients with mental illness, thus potentially reducing the capacity of these nurses to engage in therapeutic relationships with mental health clients.

2003 Dissertation Summaries

General practitioners' familiarity with and practices Related to Haemochromatosis.

Candidate: Megan Young

The aim of this study was to assess the educational needs of general practitioners (GPs) with regards to haemochromatosis and make recommendations for the continuing education of these practitioners to fulfil these needs. The study had two phases. The qualitative phase comprised of three focus groups with individuals who had been diagnosed with haemochromatosis (total participants=16), and individual semi structured interviews with five selected GPs. The quantitative phase involved a mailed questionnaire survey to all 216 GPs in the catchment area of the Brisbane Inner South Division of General Practice. During the qualitative phase, the following findings were common to the focus groups and the individual GP interviews: haemochromatosis was felt to be under-diagnosed in Australia; GPs knowledge about haemochromatosis appeared to be related to their experience with the condition in practical terms; and both knowledge and experience seemed to impact on GPs' self perceived ability to manage the condition. The specifics of management proved to be an area of educational need.

Dr Young concluded that an educational campaign targeting GPs with regards to at least the specifics of management of haemochromatosis is warranted. It would be prudent to incorporate a combination of journal articles, small group discussions and lectures or seminars into the format of the campaign, and to give due consideration to the competing priorities of GPs during campaign planning. Increasing GPs' exposure to haemochromatosis through close liaison with gastroenterologists is also recommended.

Site Distribution and Histological Types of BCC.

Candidate: Marcia Davis [Batista]

Ultraviolet radiation (UV) is the main cause of skin cancer. For basal cell carcinomas (BCCs) factors other than UV radiation may also be implicated. Findings, based on the Nambour Study, indicate a possible different causal pathway for BCCs developing on higher or lower sun exposed sites. After accounting for genetic predisposition to BCC, tumours occurring on areas of the body less exposed to ultraviolet radiation require less continuous exposure, while BCCs on higher sun exposed sites require more continuous and prolonged exposure to sunlight. Understanding the association between patterns of sun exposure and anatomical distribution of BCC and the genes associated with BCC may assist the elucidation of the causal pathway of these skin cancers, with future implications for prevention and early diagnosis.

The Prevalence of Childhood Sexual Abuse and Childhood Physical Abuse and the Long-term Impact of that Abuse in Queensland Women Prisoners.

Candidate: Jan Mary Connors

The project measured the prevalence rates of Childhood Sexual Abuse (CSA) and Childhood Physical Abuse (CPA) in women prisoners within the Queensland Correctional Services, to determine if their past abuse experiences contribute to negative life outcomes including ongoing relationship violence, mental health problems, substance abuse and prostitution. The survey, with a response rate of 77.1%, found that within this already disadvantaged group of women there is a high prevalence of childhood abuse and negative life outcomes that have been shown to be directly related to their previous abuse. Childhood sexual abuse had a greater impact on ongoing relationship violence and drug use and having worked as a prostitute compared to childhood physical abuse. Both had significant effects on mental health. It is recommended that past history of child abuse is identified at the time of admission to a correctional facility and appropriate counselling provided. This study further supports the call for more attention to primary prevention of child abuse and early intervention for child abuse victims in our society.

Self-reported and Objective Measures of Physical Activity/Inactivity.

Candidate: Ruth Miller

The study aimed to describe patterns of physical activity (PA) and sitting time in a sample of Australian working adults, using self report (survey) and objective (pedometer) measures, and to determine correlations between three continuous measures of physical activity/ inactivity (weekly minutes of PA, daily steps and daily sitting time) and associations between selected 'target' PA measures and sitting categories, by socio-demographic variables and BMI.

Self-report surveys typically identify some population subgroups (eg low income, blue collar workers, ethnic) as 'sedentary', yet the pedometer measured steps reported here indicate that these population subgroups are more active in terms of number of steps taken per day. The sitting time data confirmed that people in these groups spend less time sitting than their more educated 'advantaged' counterparts. Inclusion of step data and time spent sitting in current measures of physical activity, might improve our understanding of the different patterns of physical activity in different subgroups of the population, whose patterns of work and leisure differ greatly.

2003 Dissertation Summaries

Health related quality of life and the burden of disease in Australian Rheumatology Practice.

Candidate: Sean Lybrand

The project aimed to substantially extend the limited data available on case mix and HRQOL of patients in Australian rheumatology. Some 223 rheumatologists were invited to participate in the study in early 2002. Patients were requested to complete some basic demographic details, and the SF-36 HRQOL questionnaire. For each patient, the rheumatologist completed a practice log, recording diagnoses and duration of symptoms.

It is apparent that rheumatologic conditions place a substantial burden on patients' HRQOL, characterised by highly significant differences between many disease categories and their population norms. Overall, the quality of life of patients appears to be driven by their type of disease. However, within certain disease states, gender and visit status may have a significant effect on HRQOL. The disparity in health status between patients with rheumatologic diseases and the population normative data is readily apparent. It is clear from the SF-36 profiles that diseased populations suffer markedly in terms of overall, and specific components of, health related quality of life, when compared to the normative population. The other striking finding of this study is the breadth of diseases that may be treated by Australian rheumatologists. With 113 separate ICD-10 codes recorded during the study, it is apparent that rheumatologists in Australia need to be well resourced, prepared, and well trained for a generalist style of practice, with a wide knowledge of various disease states and potential therapies. Additional studies encompassing larger numbers of rheumatologists and patients would enhance the generalisability of these observations.

An analysis of the impact of safe farm practices on farming injuries in Victoria

Candidate: Angela Wallace

Given the increasing high social and economic costs of injury to the Australian farming community, identification of initiatives to reduce injury burden is urgently required. The primary aim of this study was to examine the association between safe practices and injury in Victorian farmers. Logistic regression analyses identified two characteristics associated with risk for injury on farms: role ($p=.005$) and frequency in which people operating tractors climb on/off before the machine comes to a complete stop ($p=.001$). These findings can be used by other agricultural and health stakeholders to provide direction in the development of farm injury prevention strategies.

A Wardful of Illnesses - Black Health in White Hands. A content and critical discourse analysis of articles from the Medical Journal of Australia over the past 50 years on the health of Aboriginal and Torres Strait Islander peoples.

Candidate: Helen Luyendyk

The aim of the study was to provide insights into the representation of Aboriginal and Torres Strait Islander peoples and their health within the articles in the Medical Journal of Australia and ascertain if there has been a discernible change in that representation over the past 50 years (1950-2000).

The study methodology was based on content and critical discourse analysis which exposed multiple dominant discourses such as the scientific medical discourse, health surveillance, the discourse of hygiene and the discourse of representation, racism and postcolonialism. There was a preponderance for the discourse of "othering" through the portrayal of Aboriginal and Torres Strait Islander peoples as other than ourselves through establishing binary opposites in text. The most common binary opposites identified were inferior/ superior, white/ black, authority/ infantile, civilized / primitive, clean/ unclean, normal/ exotic, advantaged /disadvantaged, healthy/diseased.

The public health implications are that Aboriginal and Torres Strait Islander people's health has been defined through one dominant paradigm which seeks solutions to health and quality of life issues within the same paradigm, through medication and behavioural change, at the expense of addressing broader determinants of health and well being, such as the social, cultural and spiritual determinants, and the economic, environmental and political determinants.

The Portrayal of Global Health Issues in the Australian Print Media: A Discourse Analysis of HIV/AIDS in Africa

Candidate: Kathryn Wenham

The media, as the public's primary source of information on global issues, plays a pivotal role in the discursive construction of the HIV/AIDS pandemic in sub-Saharan Africa. Critical discourse analysis offers an explanation as to how the media discourse could be shaping public perceptions and responses to the pandemic. Findings demonstrate that the media discourse supports Western agendas, making alternative solutions difficult to imagine or employ. This helps to explain the inadequacy of responses. It points to the importance of understanding the power structures constructing health issues and how they influence public perceptions and responses.

2003 Dissertation Summaries

Melanoma in Queensland: Detection, Delay and Diagnosis.

Candidate: Michelle McPherson

Survival from melanoma is strongly related to the thickness of the lesion at diagnosis, thin lesions have a better prognosis. Improvement in early detection may therefore, lead to improved survival. The three components of diagnosis of melanoma - initial detection of the lesion, time taken to seek medical attention, and time from the initial doctor visit to diagnosis have not been studied in the one population before. Therefore the objective of this study was to describe the modes of presentation, time course and process of diagnosis of melanoma in Queensland. Also, the relationship between delay in diagnosis and thickness of melanoma was investigated.

This study was a population-based descriptive study, where eligible cases comprised Queensland residents aged between 20 and 75 years with a histologically confirmed diagnosis of a first primary invasive cutaneous melanoma. Delay was more likely to occur if the melanoma was detected by another lay-person (41.8%) compared with self-detection (32.5%) and was more likely for melanomas thinner than 1.5mm (38.0%) than for thicker lesions (27.7%).

The mean time between the initial doctor visit and diagnosis was less than one month. Diagnostic delay was twice as likely to occur for females than males, and twice as likely to occur for visible rather than non-visible melanomas. There was no significant association between thickness of melanoma and diagnostic delay.

Academic/Industry Collaboration

In 2003, a number of initiatives were developed as a result of collaborative planning between the QCPH and industry partners to enhance the consortium's ability to respond to industry research and training needs. The collaboration in 2003 provided the QCPH with strategic direction and facilitated a number of important developments. These developments include the Audited Teaching/Professional Development Model, improved links between industry and QCPH students for communicating available research projects and website development to enhance recruitment opportunities for students and links to industry organizations.

The Professional Development model will allow greater flexibility in the design of non-award, non-assessable professional development, using existing academic modules, or in designing new short courses. Future academic/industry planning will result in the development of professional development opportunities.

A research proforma was developed to improve the uptake of industry research priority projects by students. Members of the Queensland Public Health Forum were invited to submit research topics using the proforma. This information was made available at the Dissertation Workshop in August and is available on the web. The proforma was also provided to academic staff at the three universities. A number of industry /academic projects are now available on the web for students as potential research dissertations or project opportunities.

It is anticipated that the more structured and consistent presentation of topics will enhance student uptake of industry/academic research priorities.

Forum members were also provided with an opportunity to improve their links to the student population for recruitment opportunities. By completing a simple proforma, organizations are able to briefly describe their structure and public health scope and demonstrate the types public health opportunities available in their organization. This information is available on the QCPH website and is aimed at improving recruitment opportunities and organisational links for students and graduates.

A number of QCPH papers were tabled at the Forum which have contributed to the progress of the Research Workforce Development Group and the specific QCPH activities described above. These papers include Audited Teaching/Professional Development Model; Recruitment Opportunities; Improving Research Opportunities; Public Health Education and Training in Queensland; and the Future of Public Health Education.

Academic/Industry Collaboration

QCPH: Collaborative Research Project.

Under the auspices of the Queensland Centre of Public Health, Queensland University of Technology (A/Prof Don Stewart) and Griffith University (Peter Davey) have collaborated in a Queensland Health funded project to review Community Public Health Planning (CPHP) processes across the State.

A broad range of social planning models, with health implications more or less specifically identified, are used in Queensland. These demonstrate a wide variety of approaches to community capacity-building, community engagement and community participation in decision-making about quality of life issues, as well as associated specific planning tools. However, there is limited information available for public health workers, for example, to help them to select the most appropriate model for any particular situation.

The specific objectives of the project were to

- review the range of, and linkages between existing community public health planning processes utilised within and outside of Queensland;
- evaluate the relevant commonalities, strengths, weaknesses and opportunities each model presents;
- develop a set of generic underlying principles for undertaking community public health planning (regardless of the model utilised); and
- provide recommendations on the appropriate use for each (in consideration of resource requirements, support structures required and sustainability issues for each).

The final Project Report after reviewing the 10 most common planning models and summarising the findings of the data collection processes (key informant interviews and three interactive regional workshops), identified six guiding principles for CPHP. The implications in terms of communities, relevant agencies and organisations, and the models or techniques employed were also addressed. The study findings were summarised according to 10 key components, in line with the guiding principles. These components included issues around awareness; involvement; best practice; key learnings; assessment; future challenges and barriers; preferred models; health impacts; other agencies; and miscellaneous categories. The findings were accepted by QH Public Health Services and are serving as a guide to resource allocation and planning in this area.

Academic/Industry Collaboration

Academic staff of Griffith University enjoyed considerable and varied involvement with industry during 2003. A selection of the collaborative activities undertaken over the past year, and the staff involved, is presented below.

Griffith University, School of Public Health has continued to work closely with Local and State Government and other agencies to facilitate the development and implementation of Municipal Public Health Plans, using a 'Healthy Cities Framework'. The planning processes contribute to the strengthening of relationships between Local Government and Qld Health and are implemented at a local level with community and agency input. In 2003, Senior Lecturer Peter Davey and Associate Lecturer Zoe Murray either continued or initiated work on three collaborative public health planning projects with:

1. Logan City Council, Brisbane South Public Health Unit of Queensland Health
2. Townsville City Council
3. Rockhampton City Council, Central Public Health Unit Rockhampton of Queensland Health.

Griffith University School of Public Health has continued to develop its relationships with the University of Indonesia and Ministry of Health Indonesia. Senior Lecturer Peter Davey has ably led the relationship building processes. A number of short training courses on aspects of public health have been conducted for staff of the Ministry and a second cohort of Ministry staff is undertaking studies at Griffith University, Brisbane, towards Masters of Science in Public Health.

Jennene Greenhill, Senior Lecturer and Dr. Justine Ward, Lecturer have been collaborating with two Queensland Divisions of General Practice in the conduct of several evaluations. An evaluation of the After Hours Primary Medical Service in the Logan Area and, in the Logan and Sunshine Coast Divisions of General Practice, evaluation of the Access to Allied Health Services component of the *Better outcomes in mental health care* initiative. This initiative is designed to provide GPs support from allied health professionals in treating people with a mental health disorder.

Gokula Chandran of the School of Public Health, Griffith University has been working with Goori House, a residential alcohol rehabilitation organisation in Cleveland, on their data gathering, analysis and research needs. Chandran with Dr John Grootjans, Lecturer and Associate Professor Peter Waterman of the School of Public Health Griffith University, have also been working with the GUMURRII Centre to Indigenise programs and courses across Griffith University through a staged process.

Academic/Industry Collaboration

Associate Professor Cordia Chu from Griffith University had a busy year with extensive relationship building and collaborative work in Australia and across Asia, in particular China and Taiwan. Cordia has been collaborating with colleagues from University of Beijing and CDC, China in the development of joint masters programs that will commence in 2004-2005. A/Prof Chu was Health Promotion Consultant to the Western Pacific Regional Office of WHO, Ministry of Health, Indonesia and consultant and research adviser to the All-China Women's Federation. A/Prof Chu was Chief Investigator on a Case Study of the Integrated Model for Child and Family Health Services, West Moreton Health District, Queensland Health.

Professor Des Connell, Head of the School of Public Health, Griffith University was Regional Team Member (Southeast Asia and Pacific) of the UNEP/GEF project entitled: Regionally Based Assessment of Persistent Toxic Substances (PTS). The project provided scientific assessment of the global extent and significance of PTS related problems, thus focusing future interventions on objectively identified priorities. In 2003 Professor Connell, in collaboration with colleagues from NRCET, Great Barrier Reef Marine Park Authority, GU and UQ, was also involved in research into several significant environmental toxicological issues.

QUT - Conference: Full Written Paper – Refereed Proceedings

Chen, L., Howie, J., Verrall, K., & **Tong, S.** (2003, November 23-27). *Spatial Variation of Air Pollution Concentrations in Brisbane, 1980-2000*. Paper presented at the Clean Air Conference Proceedings, Newcastle, New South Wales.

QUT - Journal Articles

Bi, P., **Tong, S.**, Donald, K., Parton, K., & Ni, J. (2003). Climatic Variables and Transmission of Malaria: A 12-Year Data Analysis in Shuchen County, China. *Public Health Reports*, 118(1), pp. 65-71.

Bi, P., **Tong, S.**, Donald, K., Parton, K., & Ni, J. (2003). Climate Variability and Transmission of Japanese Encephalitis in Eastern China. *Vector Borne and Zoonotic Diseases*, 3(3), pp.111-115.

Bramley, D., **Graves, N.**, & Walker, D. (2003). The Cost Effectiveness of Universal Antenatal Screening for HIV in New Zealand. *AIDS: an international monthly journal*, 17(X), pp. 1-8.

Bunker, S. J., Colquhoun, D. M., Esler, M. D., Hickie, I. B., Hunt, D., Jelinek, M., **Oldenburg, B.**, Peach, H. G., Ruth, D., & Others, a. (2003). Stress and coronary heart disease: Psychological risk factors. *The Medical Journal of Australia*, 178(6), pp. 272-276.

Burton, N. W., Turrell, G., & **Oldenburg, B.** (2003). Participation in Recreational Physical Activity: Why Do Socioeconomic Groups Differ? *Health Education & Behaviour*, 30(2), pp. 225-244.

Di Donato, J., & Walker, S. M. (2003). Health Information Management: What business are we in? *Health Information Management*, 31(4), pp. 5-9.

Dwyer, S. B., Nicholson, J., & **Battistutta, D.** (2003). Population level assessment of the family risk factors related to the onset or persistence of children's mental health problems. *The Journal of Child Psychology and Psychiatry*, 44(5), pp. 699-711.

England, I., & **Stewart, D.** (2003). Health: IT Leader or Laggard? A Comparative Assessment of IT Maturity. *Australian Health Review*, 26(2), pp. 114-120.

Gerber, R., **Tong, S.**, Watt, A., Verrall, K., & Wolff, R. (2003). Towards Environmental Health Indicators for Sustainable Development: An Inductive Qualitative Perspective. *Environmental Health*, 3(3), pp. 26-36.

Graves, N., Nicholls, T. M., & Morris, A. J. (2003). Modeling the Costs of Hospital-Acquired Infections in New Zealand. *Infection Control and Hospital Epidemiology*, 24(3), pp. 214-223.

Graves, N., Nicholls, T. M., Wong, C. G. S., & Morris, A. J. (2003). The Prevalence and Estimates of the Cumulative Incidence of Hospital-Acquired Infections Among Patients Admitted to Auckland District Health Board Hospitals in New Zealand. *Infection Control and Hospital Epidemiology*, 24(1), pp. 56-61.

Higgins, L. C., & **Oldenburg, B.** (2003). Predictors of Progression and Regression in Exercise Adoption in Young Women. *Journal of Applied Social Psychology*, 33(4), pp. 716-729.

Janda, M., Stanton, W., Hughes, K. L., Mar, C. D., Clavarino, A., Aitken, J., **Tong, S.**, Short, L., Leggette, B., & Others, a. (2003). Knowledge, Attitude and Intentions Related to Colorectal Cancer Screening Using Faecal Occult Blood Tests in a Rural Australian Population. *Asia-Pacific Journal of Public Health*, 15(1), pp. 48-56.

Oldenburg, B. (2003). Pravektion chronischer Krankheiten und Gesundheitsforderung. *Psychotherapeut*, 48(5), pp. 303-310.

Stewart, D., & Do, B. N. (2003). Health Needs of Migrant Vietnamese Women in South-west Brisbane: An Exploratory Study. *Australian Journal of Social Issues*, 38(2), pp. 247-261.

Tong, S., Ring, I., & Olsen, J. (2003). Why Does Epidemiology Need Better Questionnaires? *Australasian Epidemiologist*, 10.2(2), pp. 44-45.

Turrell, G., Hewitt, B. A., Patterson, C., & **Oldenburg, B.** (2003). Measuring Socio-economic Position in Dietary Research: Is Choice of Socio-economic Indicator Important? *Public Health Nutrition*, 6(2), pp. 191-200.

Turrell, G., Patterson, C., **Oldenburg, B.**, Gould, P. M., & Roy, M. (2003). The Socio-economic Patterning of Survey Participation and Non-response Error in a Multilevel Study of Food Purchasing Behaviour: Area and Individual-level Characteristics. *Public Health Nutrition*, 6(2), pp. 1-9.

Wizenberg, T. M., **Oldenburg, B.**, Frenden, S., & Jones, G. (2003). The Design of a Valid and Reliable Questionnaire to Measure Osteoporosis Knowledge in Women: The Osteoporosis Knowledge Assessment Tool (OKAT). *BMC Musculoskeletal Disorders*, 17, pp. 1-7.

QUT - Journal: Letter or Note

Graves, N., & Birrell, F. (2003). Letters to the Editor - Nonrandom Selection and the Attributable Cost of Surgical-Site Infections. *Infection Control and Hospital Epidemiology*, 24(8), pp. 556.

Turrell, G., **Oldenburg, B.**, Harris, W., Jolley, D. J., & Kimman, M. L. (2003). Socioeconomic Disadvantage and Use of General Practitioners in Rural and Remote Australia. *Medical Journal of Australia*, 179(6), pp. 325-326.

Academic Publications

QUT - Journal: Other Refereed Contributions

Wilson, A., **Oldenburg, B.**, & Lopez, A. D. (2003). Targeted approaches for reducing inequities in chronic disease. *The Medical Journal of Australia*, 179(5), pp. 231-232.

UQ - Book Chapters

Dobson AJ.

Contributions to MONICA Monograph and Multimedia Sourcebook, edited by Hugh Tunstall-Pedoe for the WHO MONICA Project. World Health Organization, Geneva sections 16: Routine Mortality Data, p36.

40: Statistical Analysis – relating changes in risk factors and treatments to changes in event rates, p. 77.

51: Australia – Newcastle (AUS-NEW, AN), p. 93.

UQ - Journal Articles

Dick, M-L.B., **Bain, C.J.**, Purdie, D.M., Siskind, V., Molloy, D., Green, A.C. (2003). Self-reported difficulty in conceiving as a measure of infertility. *Human Reproduction*, 18, pp. 2711-2717.

Nagle CM, Bain CJ, Purdie DM, Green A and Webb PM (2003). Reproductive factors and survival following ovarian cancer. *Australasian Epidemiologist*, 10 (1), pp. 20-24 .

Nagle CM, Purdie DM, Webb PM, Green A, Harvey PW, **Bain C.** (2003). Dietary influences on survival after ovarian cancer. *Int J Cancer*, 106, pp. 264-269.

Purdie DM, **Bain CJ**, Siskind V, Webb PM, Green AC. (2003). Ovulation and risk of epithelial ovarian cancer. *Int J Cancer*, 104, pp. 228-232.

Purdie DM, Webb PM, Siskind V, **Bain CJ**, Green AC. (2003). The different etiologies of mucinous and nonmucinous epithelial ovarian cancers. *Gynecol Oncol*, 88(1 Pt 2), pp. 145-148.

Valery PC, McWhirter W, Sleight A, **Williams G, Bain C.** (2003). A national case-control study of Ewing's sarcoma family of tumours in Australia. *Int J Cancer*, 105, pp. 825-830.

Keech AC, Colquhoun D, Best J, Kirby A, Simes RJ, Hunt D, Hague W, **Beller E**, Arulchelvam M, Baker J, Tonkin A, for the LIPID Study Group. (2003). Secondary prevention of cardiovascular events with long-term pravastatin in patients with diabetes or impaired fasting glucose: results from the LIPID trial. *Diabetes Care*, 26, pp. 2713-2721

Najman JM, Dunne MP, **Boyle FM**, Cook MD, Purdie DM (2003). Sexual dysfunction in the Australian population. *Austr. Family Physician*, 32(11), pp. 951-954.

Turner, C.T., **Boyle, F.M., O'Rourke, P.K.** (2003). Mothers' health post-partum and their patterns of seeking vaccination for their infants. *International Journal of Nursing Practice*, 9, pp. 120-126.

Dunne, M.P., Purdie, D.M., Cook, M.D., **Boyle, F.M.**, Najman, J.M. (2003). Is child sexual abuse declining? Evidence from a population-based survey of men and women in Australia. *Child Abuse and Neglect*, 27(2), pp. 141-152.

Beadle, G., Yates, P.M., Najman, J.M., **Clavarino, A.M.** Thomson, D., **Williams, G.**, Kenny, L., Roberts, S, Mason, B., Schlect, D. (2003). Illusion in advanced cancer: effect of belief systems and attitudes on quality of life, *Psycho-Oncology* 12, pp. 1-11(A).

Clavarino, A.M, Najman JM., Beadle G. (2003). The impact of will to live and belief in curability on the subjective well-being of patients with advanced cancer. *Mortality* 8(1), pp. 3-19 (A).

Mishra GD, Brown WJ, **Dobson AJ.** (2003). Physical and mental health changes during menopause transition. *Quality of Life Research*, 12, pp. 405-412.

Young AF, **Dobson AJ.** (2003). The decline in bulk billing and increase in out-of-pocket costs in general practice consultations in rural Australia, 1995-2001. *Med J Aust*, 178, pp. 122-126.

Grove N, Brough M, Canuto C, **Dobson A.** (2003). Aboriginal and Torres Strait Islander health research and the conduct of longitudinal studies: issues for debate. *ANZ J Public Health*, 27, pp. 637-641.

Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, **Glasziou PP**, Irwig LM, Lijmer JG, Moher D, Rennie D, De Vet HC. (2003). Towards Complete and Accurate Reporting of Studies of Diagnostic Accuracy: The STARD Initiative. *AJR Am J Roentgenol*, 181(1), pp. 51-5.

Bennett JW, **Glasziou PP.** (2003). Computerised reminders and feedback in medication management: a systematic review of randomised controlled trials. *Med J Aust.*, 3, 178(5), pp. 217-22. Review.

Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, **Glasziou PP**, Irwig LM, Moher D, Rennie D, de Vet HC, Lijmer JG. (2003). Standards for Reporting of Diagnostic Accuracy. The STARD statement for reporting studies of diagnostic accuracy: explanation and elaboration. *Ann Intern Med.* 138(1), pp. 1-12.

Green M, Turner C, Purdie D, **McClure R.** (2003). Injury related risk behaviour – a study of Australian Skydivers. *Journal of Science and Medicine in Sport*, 6(2), pp. 166-175.

Neale R, Rokkas P, **McClure R.J.** (2003). Interrater reliability of injury coding in the Queensland Trauma Registry. *Emergency Medicine*, 15, pp. 38-41.

Turner C, **McClure R, Pirozzo S.** (2003). Injury and risk-taking behaviour - a systematic review. *Accident Analysis and Prevention*, 929, pp. 1- 9.

- Turner C, **McClure RJ**. (2003). Age and gender differences in risk taking behaviour as an explanation for the high incidence of driver injury in young males. *Injury control and safety promotion*, 10(3), pp.123-130.
- Turner C, Spinks A, **McClure R**, Nixon J. Community-based interventions for the prevention of burns and scalds in children (Protocol for a Cochrane Review). In: *The Cochrane Library*, Issue 3, 2003. Oxford: Update Software.
- Nagle CM, Bain CJ**, Purdie DM, Green A and Webb PM (2003). Reproductive factors and survival following ovarian cancer. *Australasian Epidemiologist*, 10 (1), pp. 20-24.
- Nagle CM**, Purdie DM, Webb PM, Green A, Harvey PW, **Bain C**. (2003). Dietary influences on survival after ovarian cancer. *Int J Cancer*, 106, pp. 264-269.
- Groves, M., **O'Rourke, P.K.** and Alexander, H. (2003). The clinical reasoning characteristics of diagnostic experts. *Medical Teacher*, 25, pp. 308-13.
- Turner, C.T., **Boyle, F.M., O'Rourke, P.K.** (2003). Mothers' health post-partum and their patterns of seeking vaccination for their infants. *International Journal of Nursing Practice*, 9, pp. 120-126.
- Wainwright, C., Altamirano, L., Cheney, M., Chaney, J., Barber, S., Price, D., Moloney, S., Kimberley, A., Woolfield, N., Cadzow, S., Fiumara, F., Wilson, P., Mego, S., Vandeveld, D., **Sanders, S., O'Rourke, P.** and Francis, P. (2003). A multi-centre, randomised, double-blind, controlled trial of nebulised epinephrine in infants with acute bronchiolitis. *New England Journal of Medicine*, 349, pp. 27-35.
- Young, J. and **O'Rourke, P.K.** (2003). Improving attitudes and practice relating to sudden infant death syndrome and the Reduce the Risk messages: The effectiveness of an educational intervention in a group of nurses and midwives. *Neonatal, Paediatric and Child Health Nursing*, 6, pp. 4-14.
- Callaghan, L.A., Cartwright, D.W., **O'Rourke, P.** and Davies, M.W. (2003). Infant to staff ratios and risk of mortality in very low birthweight infants. *Archives of Disease in Childhood*, 88, F94-7.
- Hallett, K.B. and **O'Rourke, P.K.** (2003). Social and behavioural determinants of early childhood caries. *Australian Dental Journal*, 48, pp. 27-33.
- McKenna, K.T., **Tooth, L.R.**, King, D.B., Clark, M.J., **O'Rourke, P.K.**, Steinberg, M.A., de Looze, F.J. (2003). Older patients request more information: A survey of use of written education materials in General Practice. *Australasian Journal on Ageing*, 22, pp. 15-19.
- Tooth L**, McKenna K, Smith M, **O'Rourke P**. (2003). Further evidence for the agreement between patients with stroke and their proxies on the Frenchay Activities Index. *Clinical Rehabilitation*, 17(6), pp. 656-665.
- Tooth L**, McKenna K, Smith M, **O'Rourke P**. (2003). Reliability of scores between stroke patients and significant others on the reintegration to normal living index. *Disability and Rehabilitation*, 25(9), pp. 433-440.
- Leslie E, Johnson-Kozlow M, Sallis JF, **Owen N**, & Bauman A. (2003). Reliability of moderate-intensity and vigorous physical activity stage of change measures for young adults. *Preventive Medicine*, 37(2), pp. 177-181.
- Owen N**, Bauman A, Brown W, & Trost S. (2003). Physical activity and population health outcomes. *Journal of Science and Medicine in Sport*, 6, pp. 368-370.
- Cameron, A.J., Welborn, T.A., Zimmet, P.Z., Dunstan, D.W., **Owen, N.**, Salmon, J., Dalton, M., Jolley, D. and Shaw, J.E. (2003). Overweight and obesity in Australia - the 1999-2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab). *Medical Journal of Australia*, 178, pp. 427-432.
- Leslie E, Johnson-Kozlow M, Sallis JF, **Owen N**, & Bauman A. (2003). Reliability of moderate-intensity and vigorous physical activity stage of change measures for young adults. *Preventive Medicine*, 37, pp. 178-182.
- Bauman, A. E., Armstrong, T., Davies, J., **Owen, N.**, Brown, W., Bellew, B. and Vita, P. (2003). Trends in physical activity participation and the impact of integrated campaigns among Australian adults, 1997-99. *Australian and New Zealand Journal of Public Health*, 27, pp.76-79.
- Borland, R., Balmford, J., Segan, C., Livingston, P. and **Owen, N.** (2003). The effectiveness of personalized smoking cessation strategies for callers to a Quitline service. *Addiction*, 98, pp. 837-846
- Ha, B. T. T., Jayasuriya, R. and **Owen, N.** (2003). Male involvement in family planning in rural Vietnam: An application of the Transtheoretical Model. *Health Education Research*, 18, pp. 171-180.
- Marshall, A.L., Bauman, A., **Owen, N.**, Booth, M.L., Crawford, D. and Marcus, B.H. (2003). Population-based randomized controlled trial of a stage-targeted physical activity intervention. *Annals of Behavioral Medicine*, 25, pp. 194-202.
- Marshall, A.L., Leslie, E.R., Bauman, A.E., Marcus, B.H. and **Owen, N.** (2003). Print versus website physical activity programs: a randomized trial. *American Journal of Preventive Medicine*, 25(2), pp. 88-94.
- Napolitano MA, Fotheringham M, Tate D, Sciamanna C, Leslie E, **Owen N**, Bauman A, & Marcus B. (2003). Evaluation of an Internet-based physical activity intervention: a preliminary investigation. *Annals of Behavioral Medicine*, 25(2), pp. 92-99.

Academic Publications

- Salmon, J., **Owen, N.**, Crawford, D., Bauman, A., and Sallis, J.F. (2003). Physical activity and sedentary behavior: A population-based study of barriers, enjoyment, and preference. *Health Psychology, 22*, pp. 178-188.
- Pirozzo S**, Summerbell C, Cameron C, **Glasziou P.** (2003). Should we recommend low-fat diets for obesity? *Obes Rev., 4(2)*, pp. 83-90.
- Proctor E, Turner C, **Pirozzo S**, Wood P. 2003. Oral health professional's attitudes regarding their role in health promotion. *Health Promotion Journal of Australia. 14(1)*, pp. 19-24.
- Turner C, **McClure R, Pirozzo S.** (2003). Injury and risk-taking behaviour - a systematic review. *Accident Analysis and Prevention, 929*, pp. 1- 9.
- Wainwright, C., Altamirano, L., Cheney, M., Chaney, J., Barber, S., Price, D., Moloney, S., Kimberley, A., Woolfield, N., Cadzow, S., Fiumara, F., Wilson, P., Mego, S., Vandeveld, D., **Sanders, S., O'Rourke, P.** and Francis, P. (2003). A multi-centre, randomised, double-blind, controlled trial of nebulised epinephrine in infants with acute bronchiolitis. *New England Journal of Medicine, 349*, pp. 27-35.
- Richards B., Chaboyer W., Bladen T. and **Schluter P.J.** (2003). Effect of central venous catheter type on infections: a prospective clinical trial. *Journal of Hospital Infection, 54*, pp. 10-17.
- Schluter P.J.** and Ford R.P.K. (2003). Infant environmental tobacco smoke exposure following a smoking in pregnancy intervention program. *New Zealand Family Physician, 30*, pp. 253-260.
- Wallace R., **Schluter P.** and Webb P. (2003). Helicobacter pylori and hepatitis A and B infection in carers of adults with intellectual disability. *Journal of Occupational Health and Safety - Australia and New Zealand, 19*, pp. 99-108.
- Gole G.A., **Schluter P.J.**, Hall J. and Colville D. (2003). Comparing the Retinomax Autorefractor with hand held Retinoscopy in one-year-old infants residing in Brisbane, Australia. *Clinical and Experimental Ophthalmology, 31*, pp. 341-347.
- Griffin J, McKenna K, **Tooth L.** (2003). Written health education materials: Making them more effective? *Australian Occupational Therapy Journal, 50(3)*, pp. 170-177.
- Tooth L**, McKenna K. Geraghty T. (2003). Rehabilitation outcomes in traumatic spinal cord injury in Australia: Functional status, length of stay and discharge setting. *Spinal Cord, 41*, pp. 220-230.
- Bennett S, **Tooth L**, McKenna K, Rodger S, Strong J, Mickan S, Ziviani J, Gibson E. (2003). Occupational therapists perceptions of evidence-based practice: A survey. *Australian Occupational Therapy Journal, 50(1)*, pp. 13-22.
- McKenna, K.T., **Tooth, L.R.**, King, D.B., Clark, M.J., **O'Rourke, P.K.**, Steinberg, M.A., de Looze, F.J. (2003). Older patients request more information: A survey of use of written education materials in General Practice. *Australasian Journal on Ageing, 2*,: pp. 15-19.
- Rodger S, Mickan S, **Tooth L**, Strong J. (2003). Clinical research: room for all?. *Australian Occupational Therapy Journal, 50(1)*, pp. 40-44.
- Tooth L**, McKenna K, Smith M, **O'Rourke P.** (2003). Further evidence for the agreement between patients with stroke and their proxies on the Frenchay Activities Index. *Clinical Rehabilitation, 17(6)*, pp. 656-665.
- Tooth L**, McKenna K, Smith M, **O'Rourke P.** (2003). Reliability of scores between stroke patients and significant others on the reintegration to normal living index. *Disability and Rehabilitation, 25(9)*, pp. 433-440.
- Tooth L**, Ottenbacher K, Gonzalez V, Smith P, Illig S, Granger C, Linn W. (2003). The impact of functional gain on satisfaction with medical rehabilitation following stroke. *American Journal of Physical Medicine and Rehabilitation, 82(9)*, pp. 692-699.

UQ - Conference Proceedings

Schluter P.J. and Young J. (2003). *Sudden infant death syndrome in Queensland*. Redcliffe and Caboolture Clinical Meeting, Redcliffe Hospital, 24 April.

Schluter P., Neale R., Scott D. and **McClure R.** (2003). *Validation of the functional capacity index*. 1st Asia-Pacific Injury Prevention Conference & 6th National Conference on Injury Prevention and Control Proceedings, Perth, Australia. 16-18 March. p 61.

Horn D., Chaboyer W. and **Schluter P.J.** (2003). *Distribution of aspirate volume measurements in a Brisbane paediatric ICU population*. Australian & New Zealand Intensive Care Society and The Australian College Of Critical Care Nurses 28th Annual Scientific Meeting Incorporating 9th Australian And New Zealand Paediatric and Neonatal Intensive Care Conference. Cairns, 10-14 September.

Wong A.A., Davis J.P., **Schluter P.J.** and Read S.J. (2003). *The impact of admission variables on 30-day stroke mortality*. Stroke Society of Australasia Annual Scientific Meeting. Sydney, 19 September.

Wong A.A., Davis J.P., **Schluter P.J.** and Read S.J. (2003). *The impact of admission variables on 30-day stroke mortality*. Royal Australasian College of Physicians Advanced Trainee Annual Scientific Meeting, Brisbane, 2 October.

Schluter P., Neale R., Scott D. and McClure R. (2003). *Further validation of the functional capacity index*. Queensland Health and Medical Scientific Meeting 2003, Brisbane, Australia, 25-26 November.

GU - Journal Articles

Chu, C & Li, P. (2003). Integrative Workplace Health Management: Concepts, Methodology and Successful Examples. *China Preventive Medicine*, 4(4), pp. 245-248.

Connell, D.W., Fung, C.N., Minh, T.B., Tanabe, S., Lam, P.K.S., Wong, B.S.F., Lam, M.H.W., Wong, L.C., Wu, R.S.S. and Richardson, B.J. (2003). Risk to breeding success of fish eating birds due to persistent organic contaminants in Hong Kong: Evidence from organochlorine compounds in eggs. *Water Research*, 37, pp. 459-467.

Ndoen, E & Respati, T (2003). Analysis of Malaria incidence, altitude and rainfall a study in the Timor Tengah Selatan (TTS) District, West Timor, Indonesia. *Medika*, XXIX, 10, pp. 631-641.

Raka Darmasemaya, AAG. & Respati, T. (2003). Compliance to Tuberculosis Treatment in Bali. *Medika online*, October 2003.

Saikhu, A & Respati, T. (2003). The assessing knowledge, attitude and practice that influence the distribution of malaria prevalence in Central Java Province, Indonesia. *Medika*, XXIX, 9, pp. 559-566.

GU - Conference Keynote Addresses

Chu, C. (2003). *The New Economy: Changing Face of Leadership and Health At Work*. Keynote address in the 2003 International Conference on Workplace Health, In conjunction with the 3rd Singapore National Conference on Workplace Health, October 7-8, 2003, Singapore.

Chu, C. (2003). *Development of Health Promoting Workplaces in Asia-Pacific: Successful Models and Critical Success Factors*. Keynote address in the 2003 International Conference on Workplace Health, In conjunction with the 3rd Singapore National Conference on Workplace Health, October 7-8, 2003, Singapore.

Chu, C. (2003). *Global Challenges and Sustainable Responses: integrative primary health care and health promotion*. Key speaker at the 2003 Taiwan International Public Health Workshop. Sponsored by the Taiwan Centre for Disease Control, Department of Health, Taiwan and Ministry of Foreign Affairs, Taiwan. Hualien, Taiwan.

Chu, C. (2003). *Developing health-promoting workplaces: Trends, Strategies and case studies*. Keynote address in the Taiwan-Australia Forum on Healthy Cities and Communities Building, November 26-27, Taipei. Sponsored by the National Health Promotion Bureau, Taiwan.

GU - Conference Presentations/Proceedings

Chu, C. (2003). *Integrative approach to the development of health promoting workplaces*. Invited presentation at the 2003 International Conference on Workplace Health, In conjunction with the 3rd Singapore National Conference on Workplace Health, October 7-8, 2003, Singapore.

Harris, N. (2003). *Integrating ESD into Corporate Practices in the Extractive Sector: An examination of internal factors mediating change*. Paper presented at 3rd Annual Minerals Council of Australia Sustainable Development Conference, Value through Sustainable Development, Brisbane, 10-14 November, 2003.

Haryoto, K, Davey, P, Chandran, G, Cole, S, Ward, J, Waterman, P. (2003). *Health Equity and Sustainable Environments: Using Applied Post Graduate Research Projects To Enhance Knowledge of the Determinants and Control Measures for Selected Communicable Diseases*. Proceedings of the 35th Public Health Association of Australia Conference 2003.

Ward, J & Respati, T. (2003). *Integrating professional Development in Environmental Epidemiology and health Promotion as a proactive measure for better understanding the links between social policy and social determinants of health*. Presented at 35th Public health Association of Australia Annual Conference. Brisbane 28 September – 1 October 2003.

Ward, J, Waterman, P, Cole, S. (2003). *Integrating Professional Development in Environmental Epidemiology and Health Promotion as a Proactive Measure for Better Understanding the Links Between Social Policy and Social Determinants of Health*. Proceedings of the 35th Public Health Association of Australia Conference 2003.

Consolidated Income and Expenditure Statement

Consolidated Income and Expenditure Statement

1 January 2003 to 31 December 2003

	GU	QUT	UQ	Centre Non PHERP	QCPH Total
	\$	\$	\$	\$	\$
INCOME					
Carried forward	12,271.37	28,805.11	(7,149.99)	(578.40)	33,348.09
PHERP Funding	72,404.20	150,124.65	239,401.16		461,930.01
Queensland Health				80,000.00	80,000.00
University of Queensland		3,218.06		328.00	3,546.06
Griffith University		3,070.99			3,070.99
Interest		992.92		125.99	1,118.91
Total Income	84,675.57	186,211.73	232,251.17	79,875.59	583,014.06
EXPENDITURE					
Salary Expenses					
Academic	37,997.81	79,983.70	239,853.94		357,835.45
Administrative		39,484.42	34,629.03	78,945.37	153,058.82
Sub Total	37,997.81	119,468.12	274,482.97	78,945.37	510,894.27
Administration Expenses					
Administrative expenses	23.50			3,000.00	3,023.50
Communications		4,386.61	3,836.31	150.94	8,373.86
Consumables		8,121.25	13,778.61	548.45	22,448.31
Travel		1,992.34	92.60	1,283.70	3,368.64
Assets/Hire Services	57,708.50	0.00	0.00		57,708.50
Sub Total	57,732.00	14,500.20	17,707.52	4,983.09	94,922.81
Total Expenditure	95,729.81	133,968.32	292,190.49	83,928.46	605,817.08
Outstanding Commitments				(3,000.00)	(3,000.00)
Subtotal	0.00	0.00	0.00	(3,000.00)	(3,000.00)
Net Surplus/(Deficit)	(11,054.24)	52,243.41	(59,939.32)	(1,052.87)	(19,803.02)