

# Queensland Centre for Public Health



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## Director's Foreword

Welcome to the annual report of the Queensland Centre for Public Health (the Centre) for 2006.

The Centre is a joint initiative of three partner universities: Griffith University, the Queensland University of Technology and the University of Queensland.

To deliver effective population health education and research programs, the Centre facilitates collaboration between members of the tertiary education, health industry and community sectors.

It seeks to identify and assist with education, research and training needs to improve and maintain population health and wellbeing 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.

The year was one of transition and change for the Centre. In December 2005, the directorate moved from the Queensland University of Technology, Kelvin Grove to Griffith University, South Bank campus. The first half of 2006 was governed under a Deed of Variation of the 2001–2005 PHERP III Funding Agreement, while the second part of the year was governed by the new PHERP IV Funding Agreement.

The first major PHERP IV priority is to develop a public health workforce capable of making reliable and independent decisions. To address this objective, the National Public Health Education Framework will be expanded to investigate the quality of public health programs.

To assess and measure the quality of program outputs, new processes will be developed by the Commonwealth Department of Health and Ageing and the Australian Network of Public Health Institutions (ANAPI) subcommittees and workshops. These outputs include preparation and implementation of national standards

A funded research assistant, a subcommittee and workshops provided input to the quality agenda in 2006. Completion of the quality framework is expected in 2007.

In areas not addressed by the existing programs, a contestable process will ensure that the best-qualified institutions are given the opportunity to deliver value-for-money results. There will be increased emphasis on building Indigenous academic capacity and Indigenous student participation in public health programs. The first round of the contestable funding addressed this area. Both Griffith University and the University of Queensland received Indigenous academic capacity building grants. These grants support the appointment and career development of Indigenous associate lecturers.

The need for a more systematic approach to continuing professional development has been recognised, and a more coordinated approach nationally will be investigated during PHERP Phase IV. More specific needs for epidemiology and biosecurity will be investigated and addressed.

In collaboration with industry partners, the Centre has done a considerable foundation work in continuing professional development. The 'Professional Development Model' was developed to ensure that existing university teaching and learning resources can be delivered in a more responsive and flexible way to meet industry's needs.

The two industry-identified areas for continuing professional development for 2006–07 are 'Writing for publication' and 'Assessing the evidence'. An industry–academic subcommittee will be formed to progress these two areas.

## Director's Foreword

The Centre adopted a systematic approach to addressing the new PHERP objectives. In March 2006, it held a one-day Strategic Planning Workshop, facilitated by Dr Mel Miller, for 45 academic and industry stakeholders. The workshop sought to identify industry-agreed strategies to address PHERP objectives and Queensland Health performance indicators. After the workshop, consultation continued with Centre stakeholders, leading to the finalised 2006–2010 QCPH Strategic Plan and 2006–07 Business Plans at a level satisfactory to the Department of Health and Ageing and Queensland Health.

The Centre Lunchtime Seminar Series was particularly successful. Attendance levels were high and participant feedback enthusiastic. Seminar topics included: Physical activity and obesity; Capacity building for community interventions targeting nutrition and physical activity promotion: Progress from the Growing Years Project; Evaluating the Queensland Strategy for Chronic Disease: Balancing pragmatism and rigour; Public health issues related to algal toxins in Queensland: An overview; New models in health promotion research: Structural equation modelling and multi-level modelling.

Two other major events were held. A consultation workshop on 'Addressing public health workforce issues' provided input to the Queensland Health Skills Formation Strategies Project.

In collaboration with the Brisbane Institute, a forum was organised on the topic, 'What can we expect of our healthcare system?' Speakers for this half-day event included Professor Paul Gross, Professor Alan Lopez, Professor Peter Brooks and Associate Professor Jill Watts. Dr Jane Thomason, from Jane Thomason Associates International, was the chairperson.

A series of journal articles and an editorial summary are expected to be submitted to the *Australian Health Review* as an outcome of the event.

At the 'Public health study and careers evening' in November, Sarah Holmes, the 2005 PHAA (Qld) Prize Dissertation winner, provided a presentation on her Master of Public Health research project titled 'Anthropometric and nutrition related health indices in Indonesia'. Other speakers included academic, government, non-government and professional association representatives, who spoke about study and career opportunities for public health professionals. The evening was well received by attendees.

Griffith University will host the Queensland Public Health Forum Secretariat until December 2008. The Forum and the Centre have objectives in common; and the co-location of the Forum Secretariat is expected to benefit not only both organisations but also students.

In 2006, teaching arrangements within the Centre changed from the historical program delivery model. The three partner universities will now deliver their own core subjects; but students will have the opportunity to study elective subjects at partner universities.

The Centre directorate will be located at Griffith University, South Bank campus from January 2006 to December 2008.

Professor Don Stewart



# Acknowledgements

2006 was the first year of the new Public Health Education and Research Program (PHERP) Phase IV Funding Agreement. The continuing contribution from organisations and individuals enables the Centre to achieve its research, education and training objectives.

We acknowledge the enormous support from our multiple stakeholders and their input to our strategic planning. In addition, we draw particular attention to the funding organisations that enable the Centre to continue meeting its public health research, education and training objectives.

The Centre receives valuable funding and in-kind contributions from various public health sectors. Through the PHERP IV contract, the Department of Health and Ageing continues to support the Centre's activities. Particular thanks go to Angela McKinnon, Kate Brown, Alison Davies, Kerry Dent, Wendy Banham, Danni Wilden, Anna Wiczorek and David Dumbrell.

Queensland Health's continuing support is also acknowledged. In 2006, it continued to fund the Centre manager's salary. Particular thanks are extended to Dr Linda Selvey, Andrea Casasola, Jason Cochrane, Glynis Schultz, Bronwyn Nardi and Robyn Clark for their contribution to collaborative activities.

We acknowledge all those who contributed to the success of the 2006 postgraduate public health programs. Academic staff from the three partner universities have committed and contributed significantly to both Centre-coordinated and intersectoral committees. In light of their already considerable teaching, research and supervision commitments, their contribution to the Centre and public health is gratefully acknowledged.

Our administrative staff continued to support our needs while balancing their commitments to other academic programs, academic staff and students. The Centre's programs are often difficult to coordinate, owing to the geographic dispersion of its staff and students. The administrative staff continually overcame these obstacles, even in peak academic periods. Their diligence and commitment to their work, students and colleagues are to be commended.

We acknowledge the continued collaboration with the Queensland Public Health Forum (the Forum). Martin Webb continued his work as executive officer; and thanks is also extended to those Forum members who took part in the many additional planning meetings. Louisa Begley is warmly welcomed as the new Secretariat (commencing December 2006).

Finally, we thank all those who took part in collaborative meetings, forums, seminars, guest lectures and workshops. In particular, our thanks go to Martin Leet from the Brisbane Institute and Tracey Worrall from the Workforce Council, whose valuable collaboration enhanced the Centre's involvement in important workforce development initiatives.

We are grateful for the time provided by Griffith University, the Queensland University of Technology and the University of Queensland academic staff and legal representatives who facilitated the signing of the PHERP IV Funding Agreement and the Queensland Health Service Agreement.

These agreements govern the contractual arrangements between the Centre and PHERP (from July 2006 to December 2010) and for the position of the Centre manager and the Queensland Public Health Forum (until December 2008).

# Introduction

In 1991, the consortium of Griffith University, the Queensland University of Technology and the University of Queensland established the first Master of Public Health program (MPH) in Queensland.

It has been delivering postgraduate public health programs since then. In 1995, the Queensland Centre for Public Health was formalised as a sustainable and fully developed agency. The directorate was also established at this time and, every three years, moves so that each partner has the opportunity to contribute to the Centre's management and governance.

In December 2005, the directorate moved from the Queensland University of Technology to Griffith University, South Bank campus. Griffith will host the directorate at South Bank until December 2008. The Griffith University School of Public Health is located at Logan, on Brisbane's outskirts. However, it was decided that the South Bank campus's location would enhance the engagement of the other city-based partners and stakeholders.

The Centre is one of nine state–national centres funded by the Department of Health and Ageing's Public Health Education and Research Program (PHERP) budget. In Queensland, 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) are also PHERP funded.

PHERP national objectives have been identified and are met through successful collaboration and partnerships with academic, government and non-government organisations.

The Queensland Health Service Agreement outlines performance indicators. These indicators and the PHERP objectives are integrated into the Centre's Strategic Plan.

Queensland Health hosted the Queensland Public Health Forum from its inception in 1998. Owing to re-structuring and loss of corporate positions in 2006, Queensland Health approached Forum members to nominate interest in hosting the Secretariat. Griffith University saw this as an ideal opportunity to increase industry–academic collaboration. In December 2006, the Forum Secretariat moved from Queensland Health to Griffith University, South Bank campus.

This annual report highlights the Centre's achievements and activities in addressing Queensland's public health education, training and research needs to date.

# QCPH Strategic Plan 2006-2010

## Background to the 2006-2010 Strategic Plan

The Queensland Centre for Public Health has entered into a new five-year contract with the Commonwealth Department of Health and Ageing Public Health Education and Research Program (PHERP), and a new three-year Service Agreement with Population Health Services, Queensland Health.

The Centre's 2006–2010 Strategic Plan identifies industry-agreed strategies that address PHERP objectives and Queensland Health Service Agreement performance indicators.

In March 2006, a strategic planning workshop, overseen by Dr Mel Miller (an external facilitator and public health consultant), was held with 45 academic and industry stakeholders. Subsequently, the draft Strategic Plan was further refined through stakeholder consultation and feedback. In November 2006, the Commonwealth accepted the final Strategic Plan.

## PHERP Phase Four

The 2006–2010 PHERP funding agreement considers public health workforce from a broader scope than the Master of Public Health (MPH).

The agreement recognises other contributions to public health workforce capacity, including quality education, continuing professional development, increasing research capacity and contributions to program specialisation in public health nutrition, biostatistics, epidemiology, biosecurity and emerging issues as identified by the Commonwealth.

## Vision Statement

The Queensland Centre for Public Health's vision facilitates collaboration with partners in tertiary education, industry and the community to identify education and training needs in population health across Queensland.

Where appropriate, it facilitates responses to identified needs within the three-university partnership and with other groups across Queensland and nationally. It fosters collaboration in population health research and is guided in its responses by research (where relevant).

## Mission Statement

The Centre's mission 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 to define, critically assess and resolve public health problems.

# 2006-2010 Strategic Plan

The PHERP Objectives are to:

These are to:

- increase the number of Indigenous Australian students and academics participating in population health education and research training;
- develop and implement a framework for assuring quality across the public health education and research training sector, which will be assessed against key performance indicators and standards for higher education;
- implement a continuing professional development plan to improve the preparedness of the public health workforce to incorporate and apply new knowledge and skills to existing and emerging health issues;
- ensure sufficient numbers of graduates have the necessary competencies (including cultural) for public health practice and research, commensurate with national, state and regional public health workforce needs;
- achieve greater leverage of the broader health and related sectors to ensure public health workforce preparedness, including the capacity to respond rapidly to major public health threats to human health and safety (surge capacity); and
- maintain and further develop a critical mass of expertise in public health (including epidemiology, biostatistics and public health nutrition) and in emerging priorities.

Queensland Health Performance Indicators are:

- review and redevelop curricula for public health related courses, offered by the member universities, that reflect contemporary and emerging public health needs (including standard mechanisms for industry involvement in curriculum development and review);
- agreement on existing public workforce development priorities for continuing professional development; and development, implementation and evaluation of a model for communicating emerging priorities;
- development, implementation and evaluation of processes for identifying and progressing industry-identified research priorities;
- development, implementation and evaluation of models for translating and articulating competency-based training qualifications to the university sector; and
- development, implementation and evaluation of models for effective transition from the tertiary education sector to the workplace.

# Management and Governance

The Centre's management and governance structure accords with conditions outlined in the PHERP IV Funding Agreement and Queensland Health Service Agreement.

The governance committees are structured so that key stakeholders can take part in Centre strategic planning, policy development and operation (see Figure 1).

The partner universities also agree to participate in, and to have regard to, Queensland Public Health Forum deliberations.

## 2006 Directorate

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

Director: Professor Stephanie Short/  
Professor Don Stewart

Centre Manager: Kathleen Lilley

Administration: Kate Lilley, Signe Dalsgaard

## Board of Management

The Board of Management comprises the director, the coordinators from each university and the Centre manager. It manages the formal award programs, the curriculum, teaching and student matters, and has a separate committee that reviews dissertations.

Chair: Professor Stephanie Short/  
Professor Don Stewart

Members: Dr Elizabeth Parker  
Dr Peter Hill  
Kathleen Lilley

## 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: Professor Stephanie Short/  
Professor Don Stewart

Members: Kathy Brown (Dept of Health and Ageing)  
Dr Linda Selvey (Queensland Health)  
Dr Peter Anderson (Public Health Assoc, Qld)  
Bryce Hines (Local Government Assoc, Qld)  
Rachelle Foreman (Qld Public Health Forum)  
Rick Williams (Dept of Communities)  
Dr MaryLou Fleming, (Head of School, QUT)  
Dr Peter Hill  
Dr Elizabeth Parker  
Kathleen Lilley

## Planning and Review Committee

The Planning and Review Committee develops industry/academic initiatives for education and training. With the Centre Manager, its members represent Queensland Health, Commonwealth Department of Health and Ageing, Queensland Public Health Forum, consortium academics and the consortium universities.

# Management and Governance

## Queensland Public Health Forum Workforce Development Group

The Workforce Development Group is a collaborative working group of the Queensland Public Health Forum.

The main objectives for the working group for 2006 were:

- Indigenous workforce development
- Support national/state initiatives
- Investigate opportunities for collaboration and partnerships between Government, non-government, professional organisations and the education sector.

Members of the working group include the Centre, Queensland University of Technology, Queensland Health, Office of Aboriginal and Torres Strait Islander Health, Queensland Aboriginal Indigenous Health Council, Australian Health Promotion Association and Department of Aboriginal and Torres Strait Islander Policy, now part of the Department of Communities.

The group met six times in 2006 and made significant progress and achievements towards planned actions for the year. These achievements were viewed from an individual and organisational perspective.

Individual members and organisations provided support and resources to a number of national and state initiatives. The main collective effort of the Working Group and the Forum was through participation to the consultation phase of the Queensland Health Skills Formation Strategies Project. This project is funded by the Queensland Government, Department of Education, Training and the Arts (DETA).

Areas that were examined as part of this Skills Formation Strategy Project include:

- causes of skill shortages in the health workforce including recruitment and retention of workers;
- the nature of work including the structure of jobs, new and emerging work roles and career paths;
- skills needed now and in the future and the capacity of training and skills development delivery to meet this demand (both in number and content).

The Workforce Group advocated for a public health perspective to be included in this project and a specific Workforce Planning Workshop was held for the Queensland Public Health Forum in October. Members of the Working Group also attended the Education and Training Forum as well as the Aboriginal and Torres Strait Islander Forum. The Working Group provided significant input to these Forums as well as the Health Summit held in November 2006. The Centre Manager represents the Queensland Public Health Forum on the Industry Reference Group. It is anticipated that a series of projects will be funded by DETA over the next 3-years.

## Membership

Chair: Professor Stephanie Short/Kathleen Lilley (QCPH)

Sub-committee members: Martin Webb (QPHF)

Andrea Casasola (QH)

Di Maurer (OATSIH)

Freya Walton (DATSIP)

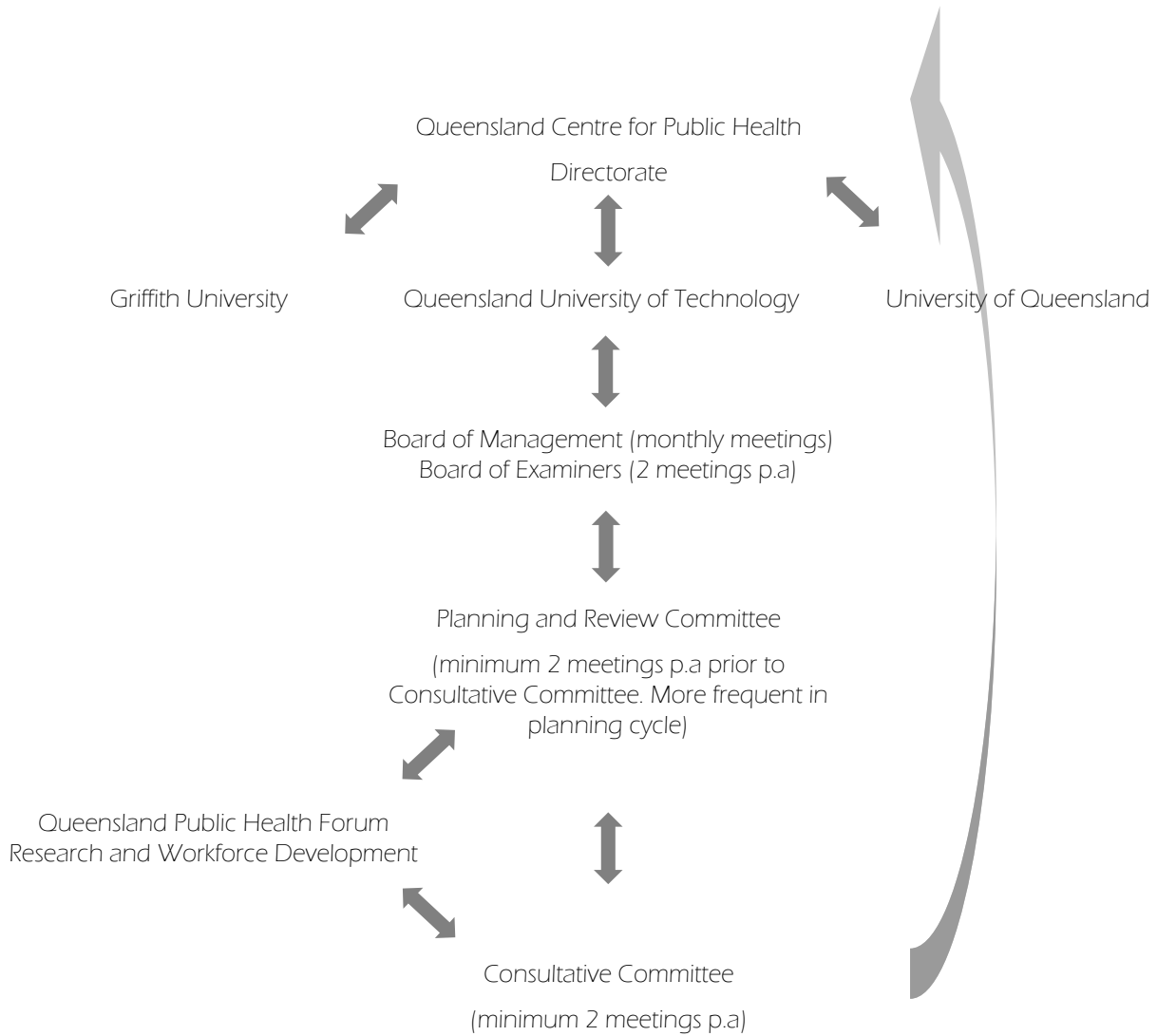
Garth Morgan (QAIHC)

Beryl Meiklejohn (QUT)

Lily O'Hara (AHPA).

# Management and Governance

Figure 1



## Resources

The Public Health and Education Research Program (PHERP) of the Department of Health and Ageing is the primary source for the Centre funding. Queensland Health has continued to sponsor the Centre Manager position. In total the financial assistance for the Centre in 2006 was \$572,618.

A Deed of Variation for the 2001-2005 Funding Agreement was negotiated with the Department of Health and Ageing to cover the first 6-months of 2006, and PHERP IV contract covers the period from July 2006-December 2010. The provision of PHERP funds allows the Centre to operate from a stable base, build on its strengths and meet industry objectives while fostering innovation to meet the emerging health education, research and workforce development needs. The PHERP financial support for the Centre in 2006 was \$475,368.

Queensland Health sponsors the position of Centre Manager. The primary purpose of the position is to facilitate effective links between the Centre, Queensland Health, Queensland Public Health Forum and other universities in Queensland, to ensure that public health programs and research are linked to industry needs. The grant from Public Health Services Division of Queensland Health for 2006 was \$97,250.

In addition, each of the three universities contributed to the operation of the Centre through provision of services in-kind, namely academic time, services, and facilities. These in-kind contributions have been valued at \$497,833.

The Centre will endeavour 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 Centre's 2006 Consolidated Financial Statement.

# Staffing

## Directorate

Director	Prof Stephanie Short/Prof Don Stewart
Centre Manger	Kathleen Lilley
Administration	Kate Lilley/ Signe Dalsgaard
MPH Coordinators	Prof Stephanie Short/ Prof Don Stewart (GU), Dr Elizabeth Parker (QUT), Dr Peter Hill (UQ)

## Other PHERP Funded Personnel

GU	QUT		UQ
Academic			
Dr Fiona Rowe	Dr Helen Higgins Dr Kate Lemerle	Ian England Simon Dunne	Assoc Prof Scott Kitchener Dr Christine Nagle
Dr Ming Liang	Dr Simon Kitto	Paul Vardon	Dr Michael Coory
Sandeep Moola	Trish Gould Kay Mills Susan Wilson Rebecca Ruff John O'Brien Patricia Shuter	Elisabeth Winkler Tracy Schrader Dr Sandra Sacre Vinesh Oommen Clare Macaulay Lynette Ferguson	Dr Mark Jones Dr Jon Adams

## Administration

James Athanasoff	Susi Wise	Laurell Robers	Alison Manley
		Nick Dawbam	Leonie Gemmel

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

GU	QUT		UQ
Academic			
Prof Stephanie Short	Dr Peter Anderson	Prof Brian Oldenburg	Prof Alan Lopez
Prof Don Stewart	Adrian Savage	A/Prof Peter O'Rourke	A/Prof Peter O'Rourke
A/Prof Roger Huges	Dr Elizabeth Parker	Grant Warren	Dr Chris Bain
Dr Neil Harris	A/Prof Shilu Tong	Dr Thomas Tenkate	Prof Konrad Jamrozcyk
Bernadette Sebar	Bonnie MacFarlane	Dr Mary-Anne Kedda	Dr Gail Williams
Zoe Murray	Dr Diana Battistutta Dr Gary Day	Dr Margaret Cook	Prof Annette Dobson Dr Geoff Marks

## Administration

Pam Harvey	Alison Manley
Debby Findlay	Mary Roset

# Student Data

## Public Health Program Student Data

As at 31 December 2006, 52 students graduated with either a Master of Public Health (38), a Graduate Diploma in Public Health (9), or a Graduate Certificate in Public Health from the Centre (5). 5 Students completed their dissertation.

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

## 2006 Enrolment Statistics

<b>University</b>	<b>Total</b>
<b>New Students</b>	
GU	15
QUT	27
UQ	128
<b>Total New</b>	<b>170</b>
<b>Continuing Students</b>	
GU	24
QUT	35
UQ	102
<b>Total Continuing</b>	<b>161</b>
<b>Total Students</b>	
GU	39
QUT	62
UQ	230
<b>Total Students</b>	<b>331</b>

# 2006 Lunchtime Seminar Series

**Topic:** Physical Activity and Obesity

**Speaker:** Professor Andrew Hills

**Summary:** Regular physical activity is essential for the normal growth and development of children and youth, and contributes to a lower risk of coronary heart disease and other chronic diseases, including obesity and type 2 diabetes in adulthood. As a consequence, physical activity has been described as public health's 'best buy'. To maximise the health benefits for the overweight and obese, we need to move beyond physical activity promotion strategies for the population to optimal exercise prescription to meet individual needs.

**Topic:** Capacity building for community interventions targeting nutrition and physical activity promotion: Progress from the Growing Years Project

**Speaker:** Associate Professor Roger Hughes

**Summary:** This presentation focused on the first six months of formative evaluation related to the Health Promotion Queensland-funded Growing Years Project, based in the Gold Coast Health Service District. This community-based project is developing capacity for nutrition and physical activity promotion interventions targeting women and infants in socioeconomically disadvantaged community groups. The presentation summarised the capacity-building evaluation framework and outlined progress with baseline assessments. This presentation was of interest to practitioners involved in community-based health-promotion programs.

**Topic:** Evaluating the Queensland Strategy for Chronic Disease – balancing pragmatism and rigour?

**Speaker:** Professor Konrad Jamrozik

**Summary:** Within the strategy's first triennium, the evaluation team's emphases have been on measures of structure, process and impact. However, the evaluation project is also an opportunity to examine carefully how data already collected in routinely in Queensland might be employed to provide quantifiable evidence about progress on important outcomes in health.

**Topic:** Public health issues related to algal toxins in Queensland: an overview

**Speaker:** Dr Glen Shaw

**Summary:** Queensland fresh waters can contain algal toxins, which can be an issue for both drinking water and recreational exposure. Various treatment measures need to be in place to remove these toxins before they reach the consumer of reticulated water. Algal toxins in the marine environment can accumulate in shellfish, producing a number of different illnesses. This presentation gave an overview of these organisms and toxins and how they potentially impact on public health.

**Topic:** New models in health promotion research – Structural equation modeling and multilevel modeling

**Speaker:** Dr Jing Sun

**Summary:** Evidence about the processes and mechanisms involved in promoting mental health in the school community context has been limited, in part, by methodological issues. This presentation focused on a study to examine the pathways between social and contextual factors in school and family contexts and resilience. It reported on methodologies used to evaluate the effects of a multi-strategy intervention project on promoting mental health in children in Brisbane.

## Other Collaborative Events

**Topic:** What Can We Expect Of Our Health Care System?

**Collaboration:** QCPH and The Brisbane Institute

**Speakers:** Professor Alan Lopez, Professor Paul Gross, Professor Peter Brooks, Associate Professor Jill Watts,

**Summary:** There are serious questions about whether the health system, in its present form, is sustainable in the long term. Even as health care expenditure has grown rapidly, demand for service remains unmet and appears inexhaustible. Expensive new technologies and drugs, a population living longer with more chronic disease, and declining workforce capacity indicate a worsening of the current situation. In light of such a scenario, this forum considered what citizens can reasonably expect of their health system.

**Topic:** Public Health Workforce Planning Forum

**Collaboration:** QCPH, QPHF and Health Skills Formation Strategy Project

**Speakers:** Tracey Worrall and Wallis Westbrook

**Summary:** Forum participants were invited to contribute a public health perspective to the Queensland Health Skills Formation Strategy and proposed Health Workforce Summit later in the year.

**Topic:** Public Health Training And The Future Of The Public Health Workforce In Queensland

**Collaboration:** QCPH, Australasian Faculty of Public Health Physicians, Public Health Association Australia (Qld)

**Speakers:** Professor Andrew Wilson, Dr Lynne Madden, Dr Linda Selvey, Professor Don Stewart

**Summary:** This symposium provided presentations on public health workforce training, Queensland Health perspectives, workforce preparedness and advanced trainee projects.

**Topic:** Project/Dissertation Workshop

**Collaboration:** QCPH, Queensland Health, Queensland Cancer Council

**Speakers:** Aleesa Clough, Lucy Smith, Professor Stephanie Short, Associate Professor Peter Hill and Dr Elizabeth Parker

**Summary:** This interactive workshop was designed to prepare and support Master of Public Health students eligible to embark on their dissertations in 2007. In addition, the industry project option for the coursework masters was discussed as the pathway to higher degrees.

# Queensland Public Health Forum

The Queensland Public Health Forum (the Forum) is a strategic leadership alliance of government and non-government organisations that is committed to improving public health outcomes in Queensland.

The Forum's partnering approach capitalises on each organisation's expertise and areas of influence to develop the most appropriate course of action for intervention in key public health issues.

The benefits of this collaborative approach are integrated public health initiatives, minimised duplication of effort and a clearly defined strategic position to advocate.

The Centre is one of the Forum's member organisations. As part of the Commonwealth contract, the partner universities agree to participate in, and have regard to, the Forum's deliberations.

In 2006, Professor Stephanie Short and Professor Don Stewart were Forum members representing the universities in Queensland. In April 2006, Professor Short nominated Kathleen Lilley to chair the expanded Workforce Development Implementation Working Group. Other university representatives were Dr Peter Anderson (Public Health Association) and Dr Peter Howard (Australasian Faculty of Public Health Medicine).

The Forum was the major outcome of the Public Health Partnerships in Queensland Symposium, held in July 1998. More than 240 representatives from government, non-government, private and tertiary education sectors attended.

Participants agreed that opportunities existed to strengthen cooperation between organisations involved in public health—in terms of strategic alignments and networking to implement strategies.

The Forum agreed to achieve these outcomes through:

collaboration between QPHF members; external advocacy; promoting capacity development (mainly in terms of the public health workforce and research); and overseeing groups charged with implementing interventions.

A review of the Forum's 2004–2006 Workplan shows that 2006 was a year of calculated achievement. In terms of completed actions, the Forum exceeded expectations; and outstanding actions will be finalised in 2007.

One pleasing achievement was members' increased level of participation, particularly by the Department of Aboriginal and Torres Strait Islander Policy and the Queensland Aboriginal and Islander Health Council.

Several organisations that had not previously been active participants contributed strongly to the Forum's achievements. Implementation Working Groups evolved as a driving force for the Forum, giving members increased participation opportunities. The Forum's bi-monthly meetings were well attended and the presentations were diverse and topical.

An important development was the hosting of the Secretariat position. This position had been situated in Queensland Health, but owing to a change in funding, member organisations were invited to express an interest in housing this part-time position. Given the close ties the Forum has with the Queensland Centre for Public Health, the Centre successfully negotiated to host the position until December 2008, as part of its contract with Queensland Health.

# Queensland Public Health Forum

The Forum also contributed strongly to the Public Health Education and Research Program Review and to emerging initiatives such as the Draft South East Queensland Regional Plan and the Queensland Chronic Disease Implementation Strategy.

In December, the Forum participated as a member in the Queensland Strategy for Chronic Disease 2005–2015 Steering Committee's first meeting. This advisory committee will have an important role in implementing the Strategy.

In 2006, the Forum consolidated membership, clearly defined key priority areas and actions, and continued to develop strong networks. The challenge is now for implementation through effective engagement.

# Public Health Program

The Public Health Program prepares health professionals to define, critically assess and resolve public health problems.

Programs are designed for health professionals who are from a broad range of backgrounds, who have knowledge and skills from a variety of disciplines, and who are interested in moving into public health. The programs are also suitable for mid-career health professionals seeking advancement in their areas of work and for clinicians wishing to broaden their range of expertise or move into management.

The Centre arranges access for students to the staff, expertise and facilities of the three partner universities. Students are exposed to a range of public health perspectives through contact with other students from Australia and overseas.

The programs allow full-time or part-time attendance, with the option to alter the attendance mode mid-course. If attendance at classes is difficult or geographically impossible, students can study through external or flexible delivery. All students have access to a mentor system, which provides individual academic guidance throughout their program.

The four core subjects are Epidemiology, Health Care Delivery Systems, Social and Behavioural Determinants of Health, and Statistics. Students identify their areas of interest within public health to select electives and, later, can develop their interests through a dissertation. They then develop a long-term study plan to suit their professional commitments and the availability of relevant subjects. Before selecting their 'home' university, students can discuss their plans with the academic staff at any or all of the universities.

## Coursework Masters

From 2006, the three partner universities will provide their own core subjects for students. Shared teaching arrangements will still apply, if students elect to undertake an elective at another university.

The Centre continued to support study, career and workforce initiatives for the public health students.

The full coursework stream requires that a student complete the Master of Public Health with 100 per cent of the program dedicated to coursework subjects. A student must complete the core subjects and an approved Research Methods subject. The university rules governing the choice of a major apply. To select Semester 2 subjects, a student must choose a major by the end of Semester 1 (FT student). No introductory subjects are permitted by Semester 3.

The option for coursework with a guided study component or a minor research project is a variation on the full coursework stream. While the rules for core subjects, research subject, advanced level subjects and a major apply, this option allows 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 help students develop a study/research plan.

The coursework masters (with its program of guided vocational experience option) is similarly structured. The rules for core subjects, research subject, advanced level subjects and a major still apply, and students take a 20-credit point (GU), 24-credit point (QUT) or 4-unit (UQ) option in their final period as a workplace practicum experience. The workplace mentor and academic supervisor will help students plan their practicum. Students are assessed on their report or portfolio documenting their workplace experience and development of high-level skills.

# The Student Dissertation

Promoting research is a Centre priority. As part of the Master of Public Health (MPH) Program requirements, students undertake a research dissertation that is intended as a practicum in investigating and/or solving a public health problem. This is usually undertaken on an individual basis.

The level or standard of a MPH dissertation is set between that of an honours thesis and that of a research masters thesis. The dissertation is expected to form the basis for a paper eligible for publication in a major public health journal.

## Topic and Supervision

Centre academic staff guide students in selecting and developing an appropriate dissertation topic.

The community and Queensland Health have many projects that may be suitable for a dissertation. The Centre acts as an agency to external service providers seeking assistance with research.

Workplace 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;
- preparation of a detailed research proposal that could include a literature review, critical appraisal, and piloting of proposal methodology; or
- critical review of an issue of major public health importance.

## Collaboration with Industry

The Centre has established a dissertation framework that guides the development of industry-based research.

The framework includes a set of protocols for joint industry–university approval and supervision of research dissertations.

The protocols were prepared in consultation with Queensland Health and non-government organisations.

## 2006 Dissertation Summaries

### **Associations of dental caries status of Queensland primary school children to health attitudes, behaviours and socioeconomic factors**

**Candidate: Helen Clifford**

The tooth brushing in primary schools research project was designed to determine the possible cause-effect relationship of daily tooth brushing at school on the incidence of dental caries. A total of 806 children from 14 schools received a dental examination and a parent survey at baseline survey. Matched longitudinal data were collected for a total of 520 students at 30 months. A single examiner and recorder were used to conduct all dental examinations in a clinical setting.

At baseline, the mean number of tooth surfaces with caries experience (d3mf/D3MF) was 3.30 (SD 6.0) and this rose to 4.81 (SD 6.4) by post intervention. Children who were economically disadvantaged showed significantly higher levels of dental caries experience.

Social disadvantage related to family factors, such as mother's age at child's birth and father's highest level of education, also showed statistically significant associations with child dental caries experience.

Relative to children with no dental caries, children with the highest levels of dental caries were more likely to eat sweets more than once a day; drink cordial, juice and soft drink more often; and usually drink cordial between meals at home. They were also less likely to drink more milk more often or eat sweets rarely compared to children with no dental caries.

Children who brushed their teeth more than twice a day were more than twice as likely to be caries free compared to children who brushed their teeth occasionally. A positive association was found between positive parental attitudes to maintaining oral health and low caries experience.

Overall, a small improvement was found in caries incidence in the tooth-brushing intervention group compared to the control group; but the wide confidence interval suggests that the intervention was unable to substantially reduce dental caries incidence for this population.

### **Evaluation of the community health activities model program for seniors questionnaire**

**Candidate: Kate Giles**

The Community Health Activities Model Program for Seniors (CHAMPS) questionnaire had been previously used in the United States, but not in Australia.

In this study, 100 questionnaires were mailed to seniors registered with the 50+ registry at the Australian Centre for Ageing at the University of Queensland: 73 responded to the evaluation's first phase and 54 to the follow-up phase. The CHAMPS questionnaire was found to be a reliable and valid measure for physical activity for Australian adults over 65 years, comparable to, if not better than, the measures in the US study.

## 2006 Dissertation Summaries

### **A Preliminary Assessment of Equity in the Allocation of Liver Transplantation across the Australian States: A Public Health Policy Perspective**

**Candidate: Charleton Noble**

End-stage liver disease (ESLD) is a major public health dilemma. The optimal treatment for ESLD is liver transplantation, which is challenged by organ shortages leading to growing waiting lists. This, however, is only part of the dilemma. Along with growing waiting lists is an increased need to make complex decisions about how waiting lists are managed and who to transplant when a suitable organ is available. How these decisions are made are important factors in assuring equitable health care.

Equity issues in the clinical speciality of liver transplantation are the focus of this dissertation. Its terms of reference included identifying indications for and use of liver transplantation in Australia, together with the structure and resource distribution of its service arrangements.

Comparison is made with the United Kingdom and the United States, with particular attention on the evolution from biomedical science to population-based needs analysis. Six characteristics were used with the terms of reference. These included the strategic outlook, real-world outcomes, linkage and communication within and across organisational and professional boundaries of the service (including how inclusive, transparent and robust its arrangements are).

The purpose of this thesis is to identify both socio-political and clinical complexities surrounding equity issues in liver transplantation and to draw out a methodology for determining future policy.

The project utilised soft systems methodology to enhance the image of real-world dynamics and to support problem definition and problem solving that would otherwise remain unnoticed for sometime in the midst of cultural and organisational change in current health-care organisations.

This methodology was directed at three world views: the professional, the political and the public (community). Conceptual metaphors enabled key parts of the whole service to be dissected to identify areas of concern. The issues of equity articulate around the environment in which areas of concern exist and into the problem owners and actors who can enable change.

Analysis of these segments provides a cluster of rich potential in terms of data development and prospective knowledge, and is an important starting point for discussion and debate. There is scope for advanced research projects in equity issues in liver transplantation in Australia.

Future analytical development could use an individual world view or all of the world views presented in this dissertation to identify how transplantation is provided in Australia and how this may be transformed. Developing this type of study could be useful when applied to other forms of solid organ transplantation and their associated organisational structures.

This thesis identified the need for improved governance at both state and national levels to identify with community, political and biomedical views on equitable liver transplantation services. The consequences of failing to understand this are already apparent, as liver transplant waiting lists grow and donation rates are inadequate to meet demand.

## 2006 Dissertation Summaries

### **The Effects of Air Pollution from Industrial Activities on Children in Yen Phong District**

**Candidate:**        **Huu Thang Nguen**

There is epidemiological evidence from some studies that respiratory symptoms and pulmonary function are considered good indexes for estimating the impact of air pollution on children. Based on those indexes, this study assessed the effects of air pollution from industrial activities on children in Yen Phong district, Bac Ninh province, Vietnam.

Spirometric measures were taken of 307 children (ranging in age from 6 to 12 years) in two hamlets (Van Mon – exposed commune and Yen Phu – unexposed commune) attending randomly selected schools of hamlets, using the Fukuda ST95 Spirometer. At the same time, the prevalence of school children suffering from respiratory symptoms was studied by using a questionnaire to interview children's caregivers.

The results showed the decrements in the average of children's PFT indexes in the exposed commune—VC (95.08%), FVC (88.71%), FEV1 (87.92%) and FEV1/FVC (92.98%), compared with children's PFT indexes in the unexposed commune—VC (106.01%), FVC (94.53%), FEV1 (104.47%) and FEV1/FVC (96.3%).

In addition, the findings from interviewing the respiratory symptomatic also indicated that children in the exposed commune were more likely to experience some type of respiratory symptom when compared to children in the unexposed commune. The excess risk for respiratory symptoms among children in the exposed commune was also shown for the frequency of cough and symptoms of both the lower and upper respiratory systems.

Variations in the spirometric indices and the prevalence of school children suffering from respiratory symptoms were observed across the exposed commune as compared with the unexposed commune. These results suggest that children in the exposed hamlet were more likely to be unhealthy than children in the unexposed hamlet.

This cross - sectional data, however, does not permit the conclusion that there is a certain cause for the unhealthy status of the children in the exposed community

### **Exploring the acceptability of antenatal ultrasound to Aboriginal women living in remote communities within Central Australia**

**Candidate:** **Bernadette Rickard**

This study explored the acceptability of providing basic antenatal ultrasound to Aboriginal women living in remote areas of Central Australia.

Key findings of this research include establishing that Aboriginal women enjoy seeing images of their unborn children on the ultrasound screen as well as receiving photographs after the procedure. Aboriginal women articulate that having an ultrasound machine in their community clinic makes them feel happy and that they enjoy showing images to their families.

Provision of basic antenatal ultrasound to remote communities is well-received by midwives and Aboriginal health workers who have been trained in its use. Health practitioners' increased capacity to accurately date pregnancies for Aboriginal women in remote communities helps reduce the dislocation burden for remote-dwelling women incurred through their having to journey long distances to regional hospitals for early dating ultrasound.

Accurate dating of pregnancy at the community level additionally affords potential to reduce the pre-delivery waiting period Aboriginal women endure, as they observe the current recommendations to again travel 'to town' to give birth in hospital rather than in their remote communities.

## 2006 Dissertation Summaries

### **Varicella, Rubella And Hepatitis B Vaccination For Healthcare Workers At A Women's And Children's Hospital**

#### **Candidate Li Siok Hong**

This dissertation describes a cohort study of varicella, rubella and hepatitis B immune status among HCWs at KK Women's and Children's Hospital, Singapore.

The aim of the Staff Vaccination Program was to prevent transmission of vaccine-preventable infectious diseases among HCWs and patients.

Of the HCWs surveyed, 22.8% (421/1844), 41.6% (767/1844) and 77% (1375/1785) had no evidence of immunity to varicella, rubella and hepatitis B, respectively. Of these HCWs, 15.2%, 20.3% and 28.4% had negative antibodies for varicella, rubella and hepatitis B, respectively, and were offered vaccination. Of the latter group, 74%, 79.3% and 63.2% accepted vaccination against varicella, rubella and hepatitis B, respectively. Of those HSWs who received a complete vaccine series of hepatitis B, 10.5% had no seroconversion. Hence, the overall immunity rate in HCWs was 97% for varicella, 94.2% for rubella and 82.6% for hepatitis B.

The study shows a progressive increase in immunity status among HCWs, which points to the considerable success of the Staff Vaccination Program. However, the hospital community comprises two major groups, HCWs and patients. Although high immunity has been achieved among the HCWs, this group of staff is mixed with patients who have unknown immunity status. Thus, there is still a potential risk to outbreak of infection.

Hence, the staff vaccination program must be maintained, as lapses may result in a re-emergence of infectious diseases.

### **Factors Associated with Breastfeeding Practices and Duration for Singaporean Women- A Prospective Cohort Study**

#### **Candidate: Cynthia Pang Pui Chan**

The study seeks to identify factors associated with breastfeeding practices and duration for Singaporean women so that appropriate measures can be implemented to improve breastfeeding outcomes for mothers and babies in Singapore.

The breastfeeding rates observed in this study showed that exclusive breastfeeding is very low. Most of the mothers combined breastfeeding with supplementary feeds of infant formula. At six weeks, only 22.6% of mothers were still exclusively breastfeeding and this rate fell to 17.3% at four months and as low as 3.1% at six months.

The study's main findings indicate that factors such as Chinese ethnicity, primigravida and lower educational attainment are common non-modifiable factors associated with lower initiation and shorter duration of breastfeeding.

However, modifiable factors such as early initiation within one hour after birth and intention to breastfeed exclusively were also found to be significantly associated with continuation of breastfeeding and exclusive breastfeeding at six weeks postpartum. These modifiable factors must be taken into consideration by midwives to improve the breastfeeding situation in Singapore.

# Industry Collaboration

## Griffith University

In October 2006, Associate Professor Roger Hughes secured € 0.5 million in funding for a public health nutrition workforce development research project, under the European Union's Leonardo Da Vinci Program in Sweden. Professor Hughes also leads a \$500 000 Health Promotion Queensland project 'Growing Years'.

Public health research on water with international organisations such as the American Waterworks Research Foundation and the Global Water Research Coalition has been initiated by Dr Glen Shaw, who is program leader for toxicology in the CRC for Water Quality and Treatment.

Community benefit has occurred from research into the effects of cyanobacteria on the health of recreational water users. The outcomes of this research have been incorporated into the NHMRC Recreational Water Guidelines. Dr Shaw is a named key researcher of the GU Smart Water Application team, which was recently awarded \$10 million in funding from the Queensland Smart State Initiative.

Other collaborative partnerships established in 2006 were with Queensland Health, the Victorian Department of Human Services, South East Queensland Water, the Water Services Association of Australia, the Queensland Department of Natural Resources and Water, the Queensland Department of Primary Industries and Fisheries, the Queensland Environmental Protection Agency, Melbourne Water, Yarra Valley Water, the Norfolk Island Government, the Office of the Australian Safety and Compensation Council, RSL Care, the Wesley Mission, the Australian College of Health Service Executive, the Society of Health Administration Program in Education, the CSIRO E-Health Centre, the Royal Brisbane and Women's Hospital, Workplace Health and Safety Queensland, and the Safety Institute of Australia.

## Queensland University of Technology

The 11th International Health Summer School was held at the QUT Kelvin Grove Campus from 20 to 24 November 2006. More than 115 participants were involved in a suite of events, including an environmental health symposium, child protection workshops and a mortality data course. The Summer School was truly international. Speakers and registrants from Canada, New Zealand and Africa attended. Planning is underway for the next International Summer School in 2008.

The Queensland Health Leadership and Culture Change Workshops for managers and supervisors began in September 2006. In the next two years, facilitation teams will deliver an innovative and thought-provoking program to more than 4500 Queensland Health staff across the state.

Feedback has been excellent, with a high percentage of participants indicating that they will change their leadership style as a result of the workshops. The success of these workshops has led to a number of spin-off programs and workshops.

# Academic Publications

Griffith University

## Book Chapter

Davis J. Impacts of eutrophication on the safety of drinking and recreational water. In: *Encyclopaedia of Life Support Systems*. EOLSS under the auspices of UNESCO: Oxford, 2006.

Davis J. Toxic cyanobacteria. In: *Encyclopaedia of Life Support Systems*. EOLSS under the auspices of UNESCO: Oxford, 2006.

Desbrow B. Supplements and sports foods. In: *Clinical Sports Nutrition*. Sydney : McGraw Hill, 2006.

## Refereed Journal Article

Bellis C, Hughes R, Quinlin S, Lea R, Heath S, Blangero J, Griffiths L. Phenotypical characterization of an isolated Norfolk Island population focusing on epidemiological indicators of cardiovascular disease. *Human Heredity* 2006;60:211–19.

Desbrow B. Awareness and use of caffeine by athletes competing at the 2005 Ironman Triathlon World Championships. *International Journal of Sport Nutrition and Exercise Metabolis*, 2006;16:545–68.

Hughes R. A socioecological analysis of the determinants of national public health nutrition workforce capacity: Australia as a case study. *Family & Community Health* 2006;29(1):155–67.

Lidwine L. Age-related variations in flavonoid intake and sources in the Australian population. *Public Health Nutrition* 2006;9:1045–54.

Liang Z. Senior health managers in the new era: changing roles and competences in the 1990s and early 21st century. *The Journal of Health Administration Education* 2006;23:281–301.

Liang Z. Centralised control and devolved responsibilities: personal experiences of senior health executives on the implementation of the area health management model in New South Wales, 1990–1999. *Asia Pacific Journal of Health Management* 2006;1:44–50.

Johannot L, Somerset S. Age-related variations in flavonoid intake and sources in the Australian population. *Public Health Nutrition* 2006;9:1045–54

Shaw G. Recreational and occupational field exposure to freshwater cyanobacteria—a review of anecdotal and case reports, epidemiology studies and the challenges of epidemiological assessment. *Environmental Health: A Global Access Journal* 2006;5:6–18.

Shaw G. Cutaneous hypersensitivity reactions to freshwater cyanobacteria—human volunteer studies. *BMC Dermatology* 2006;6:6–14.

Shaw G. Epidemiology of recreational exposure to freshwater cyanobacteria—an international prospective cohort study. *BMC Public Health* 2006;6:93–121.

Shaw G. Cyanobacterial lipopolysaccharides and human health—a review. *Environmental Health: A Global Access Science Source* 2006;5:7–29.

Shaw G. A review of the potential role of tumour promoting compounds produced by *Lyngbya majuscula* in turtle fibropapillomatosis. *African Journal of Marine Science* 2006;28 441–46.

Shaw G. Primary irritant and delayed-contact hypersensitivity reactions to the freshwater cyanobacterium *Cylindrospermopsis raciborskii* and its associated toxin cylindrospermopsin. *BMC Dermatology* 2006;6:5–17.

# Academic Publications

Short S. Political economy and population health; is Australia exceptional? *Australia and New Zealand Health Policy* 2006;3:1–4.

Stevens S. Addressing organisationally induced stress in a police jurisdiction: an Australian case study. *International Journal of Police Science & Management* 2006;8:198–204.

## Conference: Full Written Paper — Refereed Proceedings

Harris N. Demystifying qualitative data analysis for public health students: a three-stage process to thematic analysis. 7th International Interdisciplinary Conference. *Advances in Qualitative Methods, Looking to the Future: Opportunities & Challenges for Qualitative Research*. 2006.

Harris N, Grootjans J. Healthy and active ageing: residential aged care as a health promoting setting for the ageing population. 6th Annual Health and Medical Research Conference of Queensland: Towards a Healthier Queensland through Research and Innovation. Brisbane: 2006.

Harris N, Grootjans J, Stewart R. A client-centred model of quality of life for residents in a retirement village setting. 6th Annual Health and Medical Research Conference of Queensland: Towards a Healthier Queensland through Research and Innovation. Brisbane: 2006.

Stewart D. Sounds of resilience. Proceedings of the 27th World Conference of the International Society for Music Education. 2006.

Queensland University of Technology

## Book Chapters

Dunne M, Macfarlane B. Improving instruments for international research into child abuse. In: *World Perspectives on Child Abuse*, ed. D Daro. West Chicago, Ill.: International Society for the Prevention of Child Abuse and Neglect, 2006.

## Peer-Reviewed Journal Article

Albertsen K, Borg V, Oldenburg B. A systematic review of the impact of work environment on smoking cessation, relapse and amount smoked. *Preventive Medicine* 2006;43(4):291–305.

Battistutta D, Pandeya N, Strutton G, Fourtanier A, Tison S, Green A. Skin surface topography grading is a valid measure of skin photoaging. *Photodermatology, Photoimmunology, and Photomedicine* 2006;22(1):39–45.

Chen L, Verrall K, Tong S. Air particulate pollution due to bushfires and respiratory hospital admissions in Brisbane, Australia. *International Journal of Environmental Health Research* 2006;16(3):181–91.

Chen L, Mengersen K, Tong S. Spatiotemporal relationship between particle air pollution and respiratory emergency hospital admissions in Brisbane, Australia. *Science of the Total Environment* 2006;373(1):57–67.

Day G, Minichello V, Madison J. Nursing morale: what does the literature reveal? *Australian Health Review* 2006;30(4):516–24.

## Academic Publications

Dwyer S, Nicholson J, Battistutta D. Parent and teacher identification of children at risk of developing internalizing or externalizing mental health problems: a comparison of screening methods. *Prevention Science* 2006;7(4):343–57.

Hu W, Tong S, Mengersen K, Oldenburg B, Dale P. Mosquito species (Diptera: Culicidae) and the transmission of Ross River virus in Brisbane, Australia. *Journal of Medical Entomology* 2006;43(2):375–81.

Hu W, Tong S, Mengersen K, Oldenburg B. Rainfall, mosquito density and the transmission of Ross River virus: a time-series forecasting model. *Ecological Modelling* 2006;196(3-4):505–14.

Hu W, Mengersen K, Bi P, Tong S. Time-series analysis of the risk factors for haemorrhagic fever with renal syndrome: comparison of statistical models. *Epidemiology and Infection* 2006;134:1–8.

Lang C, Conrad S, Garrett L, Battistutta D, Cooksley G, Dunne M, McDonald G. Symptom prevalence and clustering of symptoms in people living with chronic hepatitis C infection. *Journal of Pain and Symptom Management* 2006;31(4):335–44.a.

Kedda M, Duffy D, Bradley, O’Heir R, Thompson P. ADAM33 haplotypes are associated with asthma in a large Australian population. *European Journal of Human Genetics* 2006;14(9):1027–36.

Lai J, Kedda M, Hinze K, Smith R, Yaxley J, Spurdle A, Morris C, Harris J, Clements J. PSA/KLK3 ARE1 promoter polymorphism alters androgen receptor binding and is associated with prostate cancer susceptibility. *Carcinogenesis* 2006;28:1–8.

Marsh A, Healey S, Lewis A, Spurdle A, Kedda M, Khanna, Mann G, Lakhani S, Chenevix-Trench G. Mutation analysis of five candidate genes in familial breast cancer. *Breast Cancer Res Treatment* online November 2006 (ePub).

Mellick G, Gartner C, Silburn P, Battistutta D. Passive smoking and Parkinson disease. *Neurology* 2006;67(1):179–80.

Naish S, Hu W, Nicholls N, Mackenzie J, McMichael A, Dale P, Tong S. Weather variability, tides, and Barmah forest virus disease in the Gladstone region, Australia. *Environmental Health Perspectives* 2006;114(5):678–83.

O’Connor-Fleming M, Parker E, Higgins H, Gould T. A framework for evaluating health promotion programs. *Health Promotion Journal of Australia* 2006;v.17(1):61–6.

Reeves M, Battistutta D, Capra S, Bauer J, Davies P. Resting energy expenditure in patients with solid tumours undergoing anticancer therapy. *Nutrition* 2006;22(6):609–15.

## Academic Publications

Ren C, Williams G, Tong S. Does particulate matter modify the association between temperature and cardiorespiratory diseases? *Environmental Health Perspectives* 2006;114(11):1690–96.

Ren C, Tong S. Temperature modifies the health effects of particulate matter in Brisbane, Australia. *International Journal of Biometeorology* 2006;51(2):87–96.

Sanderson K, Tilse E, Nicholson J, Oldenburg B, Graves N. Which presenteeism measures are more sensitive to depression and anxiety? *Journal of Affective Disorders* 2006;Vol. ULRICH:1–17.

Thomas S, Bain C, Battistutta D, Ness A, Paissat D, MacLennan R. 2006. Betel quid not containing tobacco and oral cancer: a report on a case-control study in Papua New Guinea and a meta-analysis of current evidence. *International Journal of Cancer* 2006;120(6):1318–23.

Tong S, Hughes K, Oldenburg B, Del Mar C. Colorectal cancer screening with faecal occult blood testing: community intention, knowledge, beliefs and behaviour. *Asia Pacific Journal of Public Health* 2006;18(1):16–23.

Tong S, Baghurst P, McMichael A. Birth weight and cognitive development during childhood. *Journal of Paediatrics and Child Health* 2006;42:98–103.

Wang X, Tong S, Verrall K, Gerber R, Wolff R. Air pollution trends in Brisbane, Australia, between 1980 and 2003. *Clean Air and Environmental Quality* 2006;40(1):34–9.

Winzenberg T, Oldenburg B, Frendin S, De Wit L, Jones G. A mother-based intervention trial for osteoporosis prevention in children. *Preventive Medicine* 2006;42(1):21–6.

Winzenberg T, Oldenburg B, Frendin S, De Wit L, Riley M, Jones G. The effect on behaviour and bone mineral density of individualized bone mineral density feedback and educational interventions in premenopausal women: a randomized controlled trial. *BMC Public Health* 2006;6(12):1–12.

Youl P, Jackson C, Oldenburg B, Brown C, Dunn J, Aitken J. Attitudes, knowledge and practice of CRC screening among GPs in Queensland. *Australian Family Physician* 2006;35(7):547–50.

### Other refereed contribution

Eldridge D, Tenkate T. The role of environmental health in disaster management: an overview and review of barriers and facilitators for action. *Reviews on Environmental Health* 2006;21(4):281–94.

# Academic Publications

University of Queensland

## Peer-reviewed publications

Adams J. An exploratory study of complementary and alternative medicine in hospital midwifery: models of care and professional struggle. *Complementary Therapies in Clinical Practice* 2006;12(1): 40–7.

Adams J. Theorising complementary and alternative medicine: a commentary on Hirschkorn and Bourgeault. *Social Science and Medicine* 2006;63(3):563–5.

Altizer S, Dobson A, Hosseini P, Hudson P, Pascual M, Rohani P. Seasonality and the dynamics of infectious diseases. *Ecology Letters* 2006;9(4).

Bain C. Commentary: what's past is prologue. *International Journal of Epidemiology*, 2006;35(1):16–7.

Chatwin J, Tovey, Adams J. Formal and informal processes in an Australian cancer support group: an exploratory case study. *Austral-Asian Journal of Cancer* 2006;5(3).

Coory M, Roselli T. Does size matter? It depends on how the analysis is done. *British Journal of Obstetrics and Gynaecology* 2006;211(4):617.

Coory M, Hockey R, Flenady V. Postneonatal mortality by rurality and Indigenous status in Queensland. *Journal of Paediatrics and Child Health* 2006;42:464–8.

Coory M, Baade P, Aitken J, Smithers M, McLeod G, Ring I. Trends for in-situ and invasive melanoma in Queensland, Australia 1982–2002. *Cancer Causes Control* 2006;17:21–7.

Coory M, Johnston T. Trends in the annual prevalence of hospitalisation for remote Indigenous communities in Queensland, 1997/98–2004/05. *Australian and New Zealand Journal of Public Health* 2006;30:440–3.

Coory M, Fong K, Bowman R. Why we need a population-based approach to clinical indicators for cancer: a case study using microscopic confirmation of lung cancer in Queensland. *Internal Medicine Journal* 2006;36:389–92.

Coory M, Smithers M, Aitken J, Baade P, Ring I. Urban-rural differences in survival from cutaneous melanoma in Queensland. *Australian and New Zealand Journal of Public Health* 2006;30:71–4.

Geelhoed D, Agadzi F, Visser L, Ablordeppey E, Asare K, O'Rourke P, Schagen van Leeuwen J, van Roosmalen J. Severe anemia in pregnancy in rural Ghana: a case-control study of causes and management. *Acta Obstetrica et Gynecologica Scandinavica* 2006;85(10):1165–71.

Hallett K, O'Rourke P. Pattern and severity of early childhood caries. *Community Dentistry and Oral Epidemiology* 2006;34(1):25–35.

Johnston T, Coory M. Increase in caesarean-section rates among low-risk women in Queensland, 1990 to 2004. *Medical Journal of Australia* 2006;185:404–5.

## Academic Publications

Knight A, Usherwood T, Adams J. Increasing EBM learning in training general practitioners: a qualitative study of supervisors. *Australian Family Physician* 2006;35(4): 205–6.

Magin P, Adams J, Heading G, Pond D, Smith W. The causes and treatments of acne: an exploratory qualitative study of patient perceptions and implications for acne care. *Dermatology Nursing* 2006;18(4):344–70.

Magin P, Adams J, Heading G, Pond D, Smith W. Complementary and alternative medicine therapies in acne, psoriasis, and atopic eczema: results of a qualitative study of patients' experiences and perceptions. *Journal of Alternative and Complementary Medicine* 2006;12(5):451–7.

Magin P, Pond, Smith W, Adams J. The psychological sequelae of acne vulgaris: results of a qualitative study. *Canadian Family Physician* 2006;52:978–9.

Magin P, Adams J, Ireland M, Joy E, Heaney S, Darab S. The response of general practitioners to the threat of violence in their practice: results from a qualitative study. *Family Practice* 2006;23(3):273–8.

Magin P, Adams J, Smith W, Pond D. Topical and oral CAM in acne: a review of the empirical evidence and a consideration of its context. *Complimentary Therapies in Medicine* 2006;14(1):62–6.

Mhurchu C et al., Dobson A. Body mass index and risk of diabetes mellitus in the Asia-Pacific region. *Asia Pacific Journal of Clinical Nutrition* 2006;15(2).

Moss J, Mickan S, Fuller J, Procter N, Waters B, O'Rourke P. Mentoring for population health in general practice divisions. *Australian Health Review* 2006;30:46–55.

McDermott L, Dobson A, Owen N. From partying to parenthood: young women's perceptions of cigarette smoking across life transitions. *Health Education Research* 2006;21(3).

Nagle C, Bain C, Webb P. Cigarette smoking and survival after ovarian cancer diagnosis. *Cancer Epidemiology Biomarkers and Prevention* 2006;15(12):2557–60.

Nagle C, Purdie D, Webb P, Green A, Bain C. Searching for cancer deaths in Australia: national death index vs. cancer registries. *Asian Pacific Journal of Cancer Prevention* 2006;7(1).

Najafi F, Dobson A, Jamrozik K. Is mortality from heart failure increasing in Australia? An analysis of official data on mortality for 1997–2003. *Bulletin of the World Health Organization* 2006;84(9).

Nolte E, Bain C, McKee M. Diabetes as a tracer condition in international benchmarking of health systems. *Diabetes Care* 2006;29(5):1007–11.

Rofail M, Lee G, O'Rourke P. Quality of life after open globe injury. *Ophthalmology* 2006;113:1057.

## Academic Publications

Rofail M, Lee G, O'Rourke P. Prognostic indicators for open globe injury. *Clinical and Experimental Ophthalmology* 2006;4(8):783–6.

Spallek M, Turner C, Spinks A, Bain C, McClure R. Walking to school: distribution by age, sex and socio-economic status. *Health Promotion Journal of Australia* 2006;17(2).

Scott D, Harrison J, Purdie D, Bain C, Najman J, Nixon J, Spinks A, McClure R. The properties of the international classification of the external cause of injury when used as an instrument for injury prevention research. *Injury Prevention* 2006;12(4).

Sibbritt D, Adams J, Young A. A profile of middle-aged women who consult a chiropractor or osteopath: Findings from a survey of 11,143 Australian women. *Journal of Manipulative and Physiological Therapeutics* 2006;29(5):349–53.

Spinks A, Macpherson A, Bain C, McClure R. Injury risk from popular childhood physical activities: results from an Australian primary school cohort. *Injury Prevention* 2006;12(6):390–94.

Spinks A, McClure R, Bain C, Macpherson A. Quantifying the association between physical activity and injury in primary school-aged children. *Pediatrics* 2006;118(1):E43–E50.

Spinks A, Macpherson A, Bain C, McClure R. Compliance with the Australian national physical activity guidelines for children: relationship to overweight status. *Journal of Science and Medicine in Sport*, 2; 2006.

Spinks A, Macpherson A, Bain C, McClure R. Determinants of sufficient daily activity in Australian primary school children. *Journal of Paediatrics and Child Health* 2006;42(11):674–79.

Thomas S, Bain C, Battistutta D, Ness A, Paissat D, MacLennan R. Betel quid not containing tobacco and oral cancer: A report on a case-control study in Papua New Guinea and a meta-analysis of current evidence. *International Journal of Cancer*, 12; 2006.

Thomas C, Mitchell P, O'Rourke P, Wainwright C. Quality-of-life in children and adolescents with cystic fibrosis managed in both regional outreach and cystic fibrosis centre settings in Queensland. *Journal of Pediatrics* 2006;148(4):508–16.

Tolonen H, Dobson A, Kulathinal S. Assessing the quality of risk factor survey data: lessons from the WHO MONICA Project. *European Journal of Cardiovascular Prevention and Rehabilitation* 2006;13(1).

# Academic Publications

Tolhurst H., Adams J. & Stewart S. An exploration of why urban background medical students become interested in rural practice. *International Journal of Remote and Rural Health* 2006;6(1): 452.

Tovey P. & Adams J. Comment on: "Conceptualizing mainstream health care providers' behaviours in relation to complementary and alternative medicine" by Hirschhorn and Bourgeault. *Social Science and Medicine* 2006;63(3): 563-565.

Valery P., Coory M., Stirling J. & Green A. Cancer diagnosis, treatment and survival in Indigenous compared with non-Indigenous Australians treated in public hospitals. *Lancet* 2006;367: 1842-1848.

Wilson C., MacDonald J., Watter P. & O'Rourke P. A retrospective audit of hospital records evaluating change in respiratory function during hospitalisation for pulmonary exacerbation in a paediatric population with cystic fibrosis. *Physiotherapy* 2006;92(4): 219-224.

## Reports

Lucke J, Tooth L, Hockey R, Dobson A. Employed carers in mid-life: findings from the Australian Longitudinal Study on Women's Health—preliminary report. Australian Department of Health and Ageing, 2006.

Australian Longitudinal Study on Women's Health. June 2006. Technical Report (26). Prepared for the Australian Department of Health and Ageing.

Australian Longitudinal Study on Women's Health. December 2006. Technical Report (27). Prepared for the Australian Department of Health and Ageing.

# Consolidated Income & Expenditure Statement

1 January 2006 to 31 December 2006

	<u>GU</u>	<u>OUT</u>	<u>UQ</u>	<u>QCPH</u>	<u>Total</u>
	\$	\$	\$	Non-Pherp	\$
				\$	
<b>INCOME</b>					
Carried forward 1 January 2006	87,511.00	43,198.81	0.27	4,201.22	134,911.30
PHERP Funding	168,200.00	147,409.67	159,759.24		475,368.91
Queensland Health				97,250.00	97,250.00
University Contribution(Cash & In-Kind)	54,820.00	134,340.00	308,723.48		497,883.48
Other	1,834.41				1,834.41
Interest		554.36			554.36
<b>Total Income</b>	<b>312,365.41</b>	<b>325,502.84</b>	<b>468,482.99</b>	<b>101,451.22</b>	<b>1,207,802.46</b>
<b>EXPENDITURE</b>					
<b>Salary Expenses</b>					
Academics	214,219.69	178,637.06	398,631.70		791,488.45
Administration	17,360.00	50,304.97	83,360.97	86,910.27	237,936.21
Others	-	13,600.62			13,600.62
<b>Sub-Total (Salary)</b>	<b>231,579.69</b>	<b>242,542.65</b>	<b>481,992.67</b>	<b>86,910.27</b>	<b>1,043,025.28</b>
<b>Administration Expenses</b>					
<b>Centre-Non PHERP Expenses</b>					
Catering	3,347.00	590.76			3,937.76
Communication	4,524.00		119.29		4,643.29
Consumables	3,299.25	13,265.19	21,333.50	4,542.33	42,440.27
Recruitment			3,645.35		3,645.35
Travel	8,861.00	6,091.36	105.67	2,572.41	17,630.44
Other	-	21,342.65		836.36	22,179.01
<b>Sub-Total ( Non-Salary)</b>	<b>20,031.25</b>	<b>41,289.96</b>	<b>25,203.81</b>	<b>7,951.10</b>	<b>94,476.12</b>
<b>TOTAL EXPENDITURE</b>	<b>251,610.94</b>	<b>283,832.61</b>	<b>507,196.48</b>	<b>94,861.37</b>	<b>1,137,501.40</b>
<b>NET SURPLUS/(DEFLICIT)</b>	<b>60,754.47</b>	<b>41,670.23</b>	<b>- 38,713.49</b>	<b>6,589.85</b>	<b>70,301.06</b>

# GU Surplus includes \$50,856 owing to UQ

## Pherp Funding for QCPH includes \$46,250 service agreement for Jul- Dec 06.

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