Formats and options

Judith Lumley and Jeanne Daly

Co-editors, Australian and New Zealand Journal of Public Health

The flow of the Journal has changed under our editorship. Instead of classifying research articles according to format (Research Reports, Brief Reports, Practice Notes) we decided to group papers according to the substantive area of public health to which they make a contribution. These categories are not fixed, but change in response to the papers accepted for publication in a particular issue. We have, for example, had a Methodology section in each issue thus far. We have not had a section on Health Policy, but we would be very happy to receive papers in this area, as it has been under-represented in the Journal.

A question that has come up frequently in recent correspondence is what characterises the different types of papers which the Journal publishes. Articles (up to 3,500 words) are expected to report a substantive research study, a comprehensive review of a research area or an important methodological development. Brief Reports (up to 1,500 words) are the preferred format for reporting a research finding with limitations, an important pilot study or a minor finding of substantial importance. Some Brief Reports are submitted under that title but an equivalent proportion are ‘negotiated’ between the authors and the editors as a response to reviewers’ comments.

Practice Notes were initiated in 1999 to provide an opportunity for people to write something relatively brief that would be of practical help to public health practitioners, not excluding those whose practice is research. The length depends on the subject matter, but is usually less than 1,500 words. Again, Practice Notes can be submitted but the editors also sometimes suggest that a submitted paper be rewritten as a Practice Note. In this issue, there is a Practice Note reporting on Computer Assisted Telephone Interview (CATI) survey methods. It describes where we are with this technology in Australia, how it is being used by State and national bodies, how it is linked to public policy and the measurement of health outcomes, how technical standards are being developed and how the use of CATI surveys fits in with other national initiatives in health information management and reporting on Australia’s health.

We have retained as a separate section the Point of View format. As we noted in the February issue, it “allows authors to present new or contentious ways of approaching public health issues, including innovative approaches to interventions”, and the two Points of View in that issue are great examples. Point of View papers are often commissioned, but may be submitted. In the past few months, we have also been impressed by some excellent and thoughtful responses to papers sent out for review. We have suggested to those reviewers that the review, without reference to the paper that had prompted it, might be expanded into a Point of View so that the Editors were not the only readers to benefit from their careful, considered arguments.
for the inclusions and exclusion of potential studies. Their conclusion from pooling all the data available at the time for each successive year (cumulative meta-analysis) that the evidence of a substantially increased risk has been demonstrated from 1983 onwards is sobering. (While wearing our editorial hats we were taken aback by the extent of duplicate publication which the authors found.)

The construct ‘potentially avoidable morbidity’ is developed in the paper by Gary Jackson and Martin Tobias as an extension of their work on avoidable deaths in New Zealand, published earlier this year. It uses inpatient admissions to hospital where the outcome was hospital discharge as a proxy measure of the occurrence of a severe illness or injury that in some cases could have been avoided. Their analysis finds one-third of hospital admissions to be theoretically avoidable, “two-thirds of these through more effective primary health care services”. Socio-economic differences in age-adjusted admissions were, not surprisingly, striking, as were the higher rates for Māori and Pacific Islander people.

Infectious Diseases

Infection, its acquisition and control, is the theme of the next four papers. Anthony Harris, Karen Young and Michelle Kermode compare the health impact and the cost effectiveness of two strategies for universal hepatitis B vaccination of infants using a combination Haemophilus influenzae – hepatitis B vaccine and selective vaccination of high-risk infants using monovalent hepatitis B vaccine, concluding that the former strategy would save lives and reduce costs.

In a Brief Report, Rachel Skinner and Terry Nolan present the case for compulsory immunisation of adolescents against hepatitis B until the new cohort of infants who will have received vaccination reaches adolescence.

Greg Simons, Gail Greening, Wanzhen Gao and Donald Campbell conclude that eating raw oysters may be linked to Norwalk-like virus gastroenteritis in New Zealand.

Medical and surgical exposures in a case series of people who were anti-HCV positive and for whom no other known transmission route had been identified demonstrated the potential importance of iatrogenic transmission of hepatitis C. The authors, Claudia Transacos, Marion Kainer, Paul Desmond and Heath Kelly, describe the need to extend this Brief Report with a further study and a better research design. Another preliminary cross-cultural study on the same topic by Sonia Caruana and colleagues is described in a Letter to the Editors.

Injury Prevention

The next three papers focus on the prediction and prevention of injury. Mark Stevenson and Peter Palamara followed a cohort of newly licensed drivers in Western Australia through their first year of driving, finding only marginal differences between urban and rural drivers, but the frequency of driving before obtaining a learner’s permit and being a high risk-taker, as measured at recruitment, were significant predictors of crash involvement.

Geoffrey Jalleh and colleagues report increased use of mouthguards in training and in competitive play among junior rugby and basketball players after a promotion campaign and go on to discuss the potential benefits of ‘leverage’, using sponsorship of health messages as part of sports and arts funding.

In a more gloomy Brief Report, David Chalmers and colleagues conclude that any gains in safety achieved through increased compliance with height and surface standards in New Zealand playgrounds have been counteracted by the substantial increase in the amount of equipment available.

Health and health care

Data from the 1989/90 and 1995 Australian Health Surveys on ‘having a Pap test in the last three years’ was used by Richard Taylor and colleagues to describe the association between this outcome and a variety of social and demographic measures also collected in these surveys. The differences by educational qualifications, gross income and occupational categories, adjusted for age, country of birth, and rurality would not be a surprise to any ANZJPH reader, but a less expected finding was that area-based indices of social disadvantage captured less of the differences than measures at the individual level.

Cate Cameron and colleagues summarise, in a Brief Report, both the extent of use and the appropriateness of using aged care facilities to house younger people with acquired brain injury.

A thematic analysis by Stacey Carter and Simon Chapman of the ways in which the 1998 press coverage of the Government’s 30% private health insurance rebate was ‘framed’ combines a relatively unfamiliar method with a problem of high relevance.

This issue’s final paper is a Practice Note. David Wilson, Anne Taylor and Catherine Chittleborough describe the state of play in Computer Assisted Telephone Interview (CATI) survey methods in Australia, following a national forum last year.

Finally, don’t miss this month’s Letters to the Editors and Book Reviews.

Footnote

Some of our reviewers and authors will be aware that we have stepped up our efforts to ensure that research results reach the public arena as soon as practicable. Reviewers are asked to provide their comments within a month of being asked to review paper and let us know quickly if they are unable to meet this deadline. Authors are also being set a deadline for submission of their revised and accepted papers. While the pressures of other responsibilities can interfere with the reviewers’ and authors’ best intentions, we hope you all will help us ensure that the content of the Journal is as timely and relevant as possible.