



**The Australian Longitudinal Study on Women's
Health**

Report 12

**The University of Newcastle
31 May 1999**

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UNIVERSITY OF NEWCASTLE

INTERIM REPORT 31 MAY 1999 REPORT

1 ONGOING FUNDING

In August 1998 we were informed by the (then) Minister for Health and Family Services that the study would be funded for a further five years (July 1998 - June 2003) at the level of \$900,000 per year. At that time, the Minister asked the National Health and Medical Research Council to undertake the overall management of the study "given the need to maintain the quality of the study in the long term".

At the time of writing this report, we still do not have a contract for the work to be conducted during this five year period. Although work on the main cohorts has continued in the interim, the delay has caused severe disruption to the special cohort studies, because the University of Newcastle has been unable to develop a contract with the University of Queensland. Considerable progress has been made during the last week on the development of the new contract, and we anticipate finalisation of this early in June 1999.

2 PROJECT ADVISORY COMMITTEE

A new project advisory committee has been appointed by the Minister:

- Professor Janet Greeley - Faculty of Social Sciences, James Cook University;
- Dr Adele Green - Epidemiology Unit, Queensland Institute of Medical Research;
- Professor Christine Ewan - Deputy Vice Chancellor, University of Wollongong;

- Dame Margaret Guilfoyle - Former Minister of Health Services (currently based in Victoria);
- Ms Margaret Curran - Assistant Director, OATSIS, Department of Health and Aged Care;
- Dr David Roder - Director of Epidemiology - South Australian Health Commission;
- Dr Helene Britt - Director, Family Medicine Research Unit.

This committee met for the first time for a face to face meeting on 22 April 1999. Since then, there have been two teleconferences with the Office of the National Health and Medical Research Council and some members of the advisory committee, to progress work on the development of the new contract.

It has been proposed that in future, this project advisory committee will meet (face to face) with the researchers at least once per year, immediately following their annual strategic planning meeting. The schedule for additional meetings and teleconferences is still to be confirmed.

3 PhD COMPLETIONS

The three foundation PhD students (Kylie Ball, Amanda Patterson and Anne Young) who began their research in March 1996, will each submit their thesis this week. The summary pages of each thesis are included in this report (see below).

3.1 DISORDERED EATING, PSYCHOLOGICAL STRESS AND COPING IN YOUNG WOMEN

PhD candidate: Kylie Ball

Supervisor: A/Professor Christina Lee

While disordered eating among young women is generally believed to be multifactorially determined, two factors frequently implicated for their hypothesized etiological importance are psychological stress, and a reliance on maladaptive coping strategies. A review of empirical evidence indicated strong support for the concept that stress and inadequate coping strategies were major precursors of disordered eating, but also identified a number of conceptual and methodological limitations. Most significantly, prior research was characterized by a reliance on cross-sectional methodologies, from which no conclusions regarding causal relationships can be made. A series of interconnected research studies was therefore designed to address these issues and investigate in detail the relationships between stress, coping and disordered eating in young Australian women. Firstly, the relationships between these variables were assessed cross-sectionally in two community surveys. Results of these quantitative surveys were supplemented with those of several qualitative studies, assessing young women's perceptions of relationships among stress, coping and disordered eating. Finally, a longitudinal study, targeting women with reported eating pathology, was conducted, with multiple regression and structural equation modelling used to investigate causal relationships between the study variables. Overall, the cross-sectional data indicated strong relationships between stress, coping and disordered eating; this was supported by qualitative findings suggesting a strong perception among young women that stress triggered subsequent eating pathology. However, results of longitudinal analyses, demonstrating only

tenuous relationships between the study variables, did not support the hypothesis that stress and coping strategies predict disordered eating over time. These findings, while contrary to general opinion in the eating disorders literature, are consistent with those of the few previous longitudinal studies reported, and suggest that stress, coping and disordered eating may be closely intertwined, occurring concurrently among young women. Future studies replicating and extending these results could help to further clarify our knowledge of the mechanisms underlying these relationships, and, ultimately, to increase our understanding of the complex etiology of disordered eating.

3.2 IRON DEFICIENCY IN WOMEN OF CHILDBEARING AGE

PhD candidate: Amanda Patterson

Supervisors: Dr Wendy Brown (principal supervisor);

Professor David Roberts (associate supervisor)

The current prevalence of iron deficiency for Australian women of childbearing age is unknown, but baseline data from the Australian Longitudinal Study of Women's Health (ALSWH) suggest that one in three women have had diagnosed iron deficiency by the age of 45-50 years. Despite this, dietary and lifestyle factors which are important in the development of iron deficiency have not yet been clearly defined for Australian women, and the public health impact of this condition remains unclear. In addition, while the Australian Iron Status Advisory Panel (AISAP) currently recommends dietary intervention as the first line of treatment for iron deficiency in adults, the efficacy of dietary treatment has not been evaluated. This thesis describes a series of studies which examine the development, implications and treatment of iron deficiency for Australian women of childbearing age.

Chapter 1 provides a review of the literature and defines the research questions. Background information on the physiology of iron, the biochemical and haematological variables used to assess iron status, and the current definitions used for the diagnosis of iron deficiency is presented. Iron deficiency has been shown to adversely affect work performance, immunity, thermoregulation and cognitive functioning, and the research describing these relationships is reviewed. Dietary and lifestyle factors thought to be important determinants of iron status, and the current strategies used in the prevention and treatment of iron deficiency are also discussed.

In Chapters 2 and 3, two preliminary studies are described. The first was a general practitioner (GP) survey and pathology audit which examined the knowledge, attitude and behaviour of GPs in relation to the diagnosis and treatment of iron deficiency. While diagnosis practices were generally in accordance with AISAP recommendations, treatment practices were not. Supplementation was the preferred treatment option in even mild cases of iron deficiency, and this preference may reflect the poor dietary knowledge of GPs in relation to enhancers and inhibitors of iron absorption. The second preliminary study was an epidemiological analysis of baseline and follow-up data from the ALSWH to determine the impact of iron deficiency (self-report) on general health and well-being (measured using the Short Form-36 General Health and Well-being questionnaire; SF-36) for two large cohorts of Australian women. Baseline and longitudinal analysis of this data showed reduced vitality and physical and mental health for women who reported iron deficiency.

The major component of this research was a randomised control trial which compared dietary and supplement treatment for iron deficiency (Chapters 4-7). In Chapters 4 and 5, the

background and rationale for the study, and the methods used, are described. Baseline dietary, lifestyle and morbidity data were examined for iron deficient and iron replete women (Chapter 6). Multivariate analyses were used to investigate the relative importance of dietary and lifestyle factors in the development of iron deficiency for women of childbearing age. Iron status was positively associated with oral contraceptive pill use and alcohol consumption and negatively associated with phytate intake. The effects of iron deficiency on general health and well-being, fatigue and cognitive functioning were examined using the SF-36 general health questionnaire, the Piper Fatigue Scale and four subscales of Wechsler Adult Intelligence Scale-Revised (WAIS-R), respectively. Iron deficiency was associated with decreased mental health, vitality and cognitive functioning, and increased fatigue in the baseline data (Chapter 6).

In Chapter 7, the longitudinal results of the intervention trial are described and discussed. Dietary and supplement treatment for iron deficiency and the relative effects of each on general health and well-being, fatigue and cognitive functioning are compared. Both dietary and supplement treatment resulted in significant improvements in haemoglobin and serum ferritin, but changes in serum ferritin were seen more quickly for the supplement group. Women in both the diet and the supplement intervention groups showed significant improvements in general health and well-being, fatigue and cognitive functioning during the trial. Improvements in mental health were more marked among women in the diet intervention group, while vitality and fatigue improved similarly for women in both groups. Women in both groups also improved similarly on two subscales of the WAIS-R which assess reasoning and perceptual organisation.

Chapter 8 provides an overview of the research and offers some answers to the research questions posed in Chapter 1. The relevance of the findings, their public health implications and possible future directions are also discussed.

3.3 DETERMINANTS OF GENERAL PRACTITIONER UTILISATION AMONG WOMEN IN AUSTRALIA

PhD candidate: Anne Young

Supervisors: Professor Annette Dobson; Dr Julie Byles

The purpose of this thesis is to explore the determinants of the use of general medical practitioners among women in Australia. General practice is the first point of contact for the provision of health care services in Australia and is the gateway to more intensive and specialised services. Despite the existence of a national health insurance scheme (Medicare) there is growing debate about the equity of access to health services and the out of pocket costs associated with the use of health services.

This study examines the use of general practitioner (GP) services during 1995 and 1996. The framework for the study is the behavioural model of health service utilisation developed by Andersen, Newman, Aday and others which includes measures of medical need and other individual and societal factors that may predispose, enable or impede use of services. Survey data for 20,000 participants in the Australian Longitudinal Study on Women's Health were linked with data from the Health Insurance Commission (HIC) which administers Medicare. The survey data include a range of questions designed to explore social and environmental aspects of women's lives as well as the psychological and biological determinants of health

and health care utilisation. The HIC data provide measures of GP utilisation for each woman and the out of pocket cost associated with each consultation.

Using the linked database, the demographic characteristics, medical history and health service utilisation of very frequent attenders and non-attenders to general practice are described. These data provide insights into the use of GP services that cannot be determined from either source alone. Although some findings are consistent across age groups, the profile of frequent attenders differs according to life stages such as pregnancy and menopause. A few case studies highlight the difficult personal and social circumstances of some women and demonstrate the importance of considering the context in which use of health services takes place.

A third source of data for the thesis was a substudy to provide additional measures of individual and environmental determinants of health service use and satisfaction with GPs among a sample of almost 5,000 women participating in the longitudinal study. This substudy provides strong quantitative evidence to support the qualitative reports of the problems faced by women living in country areas. The availability, accessibility and affordability of services were rated lower by women living in rural and remote areas than by women living in urban areas. These substudy results complemented the administrative data from the HIC which revealed inequities in the out of pocket cost of services and in the availability of female GPs.

Many studies have adapted the behavioural model to examine the utilisation of a variety of types of health services, but the model requires more complex analysis than the traditional statistical techniques employed by most researchers. The insights gained by using structural

equation modelling, in addition to multiple linear regression and Poisson regression modelling, and the inclusion of out of pocket costs in the model, are discussed in this thesis.

In this study, the use of GP services was shown to be determined primarily by medical need. Also out of pocket cost per visit was lower for women with lower socioeconomic status. These findings suggest that the system is equitable in these dimensions. However the out of pocket cost for GP services increased with distance from urban centres, which shows that the charges imposed by GPs are not equitable across place of residence. Higher cost was associated with lower use of services, even among women considered to have high levels of need for care.

The findings from these cross-sectional data suggest a need to regulate the costs of GP services to patients, particularly in rural areas. The study also highlights the need to improve the delivery of GP services especially in rural and remote areas. The long term impact of the geographical inequity in services on health outcomes for women remains to be determined. Policy implications are discussed and recommendations for future research and monitoring, using cohorts in the longitudinal study, are proposed.

4 MID-AGE FOLLOW-UP SURVEY

The ongoing problems with the data from last year's first follow-up of the mid-age cohort are close to resolution. The Educational Testing Centre at the University of New South Wales, who were the successful tenderers for data entry, has agreed to re-scan all surveys, and an error-free data set is expected to be available by 30 June 1999. (The problems arose because

of "slippage" in the data set, whereby one woman's follow-up data had been recorded against another woman's ID at random stages of the data entry process. This error was not detectable until longitudinal analysis was commenced, because prevalence estimates, ranges etc were not affected by the errors.) Before returning the survey forms to ETC, every survey was individually checked to ensure that all data fields would be correctly read. The cost of this exercise was about \$6,000 in casual labour. (All surveys from the older follow-up (1999, see Section 4 below) are being similarly checked, to ensure that the number of 'missing' data reflects *actual* missing data, rather than data which cannot be read by the scanner.)

5 OLDER COHORT FOLLOW-UP SURVEY 1999

5.1 REVISED PROTOCOL FOR RETURN OF SURVEYS

For the first time during the ALSWH project, the protocol used for this survey involved return of surveys to University of Newcastle for logging in, checking of addresses against the consent file data base, checking responses and noting responses on the back page for additional information. The cost of doing this is estimated to be about \$10,000. The advantages of this protocol are that it:

- Ensures that all surveys are promptly logged in, so that reminders are not sent to women who have already completed their survey, or who have withdrawn or are deceased;
- Enables an up-to-date log-in file to be kept next to the 1800 phone to ensure that accurate information on whether the survey has arrived, can be given to callers;

- Enables identification of surveys with 'skipped' pages so that participants can be telephoned to provide additional data;
- Allows timely responses to letters and phone calls which request information or help;
- Ensures that 'return to senders' (RTS) are processed more rapidly, resulting in a faster repeat mailing of the surveys;
- Allows editing of surveys by Women's Health Australia (WHA) staff to ensure more accurate data;
- Allows changes of address and other address details (eg overseas next week etc) to be kept up-to date and accurate;
- Provides immediate feedback to WHA staff when systematic errors occur in the printing or mailout processes.

5.2 SUMMARY OF MAILOUT AND REMINDER PROTOCOL

Item	Date	Number sent
Initial mailout of survey etc	26-31 March 1999	11,677
Reminder/thank you	16 April 1999	11,473
2nd reminder	14 May 1999	2,858
Telephone follow-up	To commence on 1 June 1999	

5.3 SUMMARY OF RESPONSES TO DATE

- Linkage with the National Death Index (NDI) identified 164 'matches' with WHA participants. 58 additional deaths notified by family and friends and one identified by the NDI is now confirmed as deceased. Total deceased = 233.
- 212 returned to sender - 172 traced and resent.
- 163 letters or calls to advise of withdrawal (main reasons - too sick eg Alzheimer's disease, stroke, blindness or deafness (17%), too old, too tired, can't be bothered).
- 8,588 surveys returned completed, of which 1,046 had a complete page of missing data and need telephone calls to clarify. 26% of these have been contacted.
- 46 short surveys completed by phone (17 were originally telephone interviews, and others were too ill to do the long survey; or were thinking of withdrawing).
- 41 full length surveys have been completed by phone, of which two were done by interpreters.
- 240 surveys completed by 'proxy' have been returned (mostly completed by husband or daughter).
- 38 women wrote comments on the back page which required a response. Letters have been written to these women with appropriate condolences, advice on where to get help and thanks for sending additional information (including a book, poetry etc) (see Section 6.2 below).

Response rate (adjusted for deaths) is currently 74%. All remaining women will be telephoned and offered a short survey early in June.

It is anticipated that data collection will be completed by 31 July 1999, and all checked surveys sent to Harbour Data for scanning.

6 MAINTAINING CONTACT WITH PARTICIPANTS

6.1 TRACKING

Following the mail out of the 1998 newsletter in November 1998, we received 1349 RTS envelopes. In addition, the whereabouts of 180 women who had been sent follow-up surveys during the 1998 mid cohort survey was still unknown. Strenuous efforts have been made during the first five months of this year to track these "missing" participants. A table showing the progress with this task is provided below:

	Young	Mid-age	Older
'Lost' at time of follow-up (1998)		180	
RTS from 1998 newsletter	966	198	185
Additional RTS	27		40
TOTAL RTS (Jan 1999)	993	378	225
Found through electronic white pages and tracking via relatives etc.	-392	-38	-107
Found through electoral roll	-124		-35
Outstanding (31 May 1999)	477	340	83

Every effort to track the 'missing' young women will be made prior to the mail out of the first follow-up survey of this group in 2000. Tracking the mid-age and older women is ongoing.

6.2 CORRESPONDENCE WITH OLDER PARTICIPANTS RESULTING FROM THE FOLLOW-UP SURVEY

In response to comments made by participants in the older follow-up survey (1999), we have written 34 personal letters to WHA participants. Several women requested additional information about health services and information relating directly to their own health conditions. These women have been referred to appropriate services in their area. Two letters have been written to the relatives of women who forwarded surveys completed by participants prior to their recent deaths, thanking them for doing this. Letters have also been sent to thank the relatives of participants who completed surveys on behalf of women who may be suffering a disability that prevents them completing a paper survey themselves. Women who were unable to complete their survey promptly because of the death of a spouse or close relative (or as in one case, a beloved dog), have also been sent a letter to thank them for doing the survey in such difficult situations.

Hundreds of women have provided extensive additional information about their current health and lifestyles, and offered very positive comments to the researchers about the value of the project. It will be impossible to individually acknowledge all of these contributions. However, where the WHA researchers have received books, poetry and other literary works from the participants, a 'thank you' letter has been sent.

7 BUDGET

The current budgetary issues being faced by the researchers were summarised in a paper provided for the new project advisory group in May 1999. This is produced in full below.

7.1 SUMMARY OF CURRENT BUDGETARY ISSUES FOR THE AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

1. The project was initially funded for the period May 1995 to June 1998 with a grant of \$3.5m.

The distribution of the budget between the main and special cohort studies was:

Date/period	University of Newcastle	University of Queensland	Total
May 95 - June 95	\$725,000	\$75,000	\$800,000
July 95 - June 96	\$710,000	\$190,000	\$900,000
July 96 - June 97	\$713,000	\$187,000	\$900,000
July 97 - June 98	\$790,000	\$110,000	\$900,000
TOTAL	\$2,938,000	\$562,000	\$3.5m

2. During 1996, supplementary funding of \$28,000 was provided to meet the costs of data storage and data entry for the qualitative comments in the main cohorts baseline surveys. Supplementary funding of \$20,000 was also provided to support the work of a PhD student at the University of Queensland (UQ) who had secured a PHRDC scholarship (Ms Milica Markovic). These funds were committed to establishing a small cohort of recent immigrants from the Former Yugoslav Republics (FYR).

3. Following the external review of the project in March 1998, the reviewers (Professor Christine Ewan and Professor Adèle Green) recommended the following funding for the next five year period (July 1998 – June 2003:

1998-1999	\$1,105,307
1999-2000	\$1,156,516
2000-2001	\$1,270,249
2001-2002	\$1,254,599
2002-2003	\$1,318,173

The increased funding was required to cover: increases in University salaries and on-costs, (all University employees received a pay increase of 11% during the first three years of the project), the work required to deposit the data in the National Social Science Data Archive at ANU, an International Conference to disseminate the study findings in 2002, and expansion of the Indigenous and FYR cohorts, as well as increases in costs due to inflation.

4. In August 1998, the Minister for Health, Dr Michael Wooldridge, recommended funding for the period July 1998 to June 2003 of \$900,000 per annum. This represents 70-80% of amount recommended by the reviewers. The Minister also recommended that management of the project, and it's funding, be transferred from the Public Health Division of the Department to the Office of the NHMRC (ONHMRC).

Following the Minister's recommendation, there has been a series of extensions to the original contract (to September 1998, December 1998, March 1999 and May 1999), to allow time for the ONHMRC to draw up a new contract for the second funding period. (July 1998-June 2003).

5. In response to the reduced funding for the current period, it is proposed that priority be given to maintaining the three main cohorts and the existing indigenous cohorts (at Woorabinda and Cherbourg). It may also be possible to allocate 'one-off' funding for a survey of the Filipina cohort in 2001, though this will be at the expense of activities (eg data linkage with the National Death Index etc) for the main cohorts. The proposed distribution of funds for the current period is as follows:

Date/Period	Main Cohorts (UN)	Indigenous Cohorts (UQ)	Migrant Cohorts (UQ)	Total
1998/1999	\$783,000	\$90,000	\$27,000	\$900,000
1999/2000	\$810,000	\$90,000	-	\$900,000
2000/2001	\$760,000	\$90,000	\$50,000*	\$900,000
2001/2002	\$810,000	\$90,000	-	\$900,000
2002/2003	\$810,000	\$90,000	-	\$900,000

**In order to devote \$50,000 to the Filipina study in 2000/01, strenuous efforts will be made to make up the shortfall in funding for the main cohort studies. As a worst case scenario, the shortfall would have to be found over the three years from 2000/01 to 2002/03.*

- 6 In view of the reduced level of funding, the research teams will be forced to seek funds from additional sources (even though there is no money to support the work of a person to do this). The researchers will seek guidance from the Project Advisory Committee on this issue.
- 7 Some of the consequences of the reduced funding will be as follows

For the main cohort studies (University of Newcastle):

- The grant will no longer fund nested sub-studies. During the first funding period, the grant supported 12 sub-studies (some of these attracted additional funding from other sources) which involved in-depth exploration of issues arising from the results of base-line surveys. These included studies of young women's access to contraception, women's experiences of coping with widowhood, and seeking help for domestic violence and depression. Funding for nested studies will now have to come from other sources such as NHMRC project grants or State Governments.
- The grant will no longer support post-graduate students. It may be possible to obtain funding for PhD students from the two Universities' Research Management Committees and other competitive funding sources. Two new students have commenced at the University of Newcastle on this basis in 1999.
- The University will make a \$50,000 contribution to Dr Wendy Brown's salary for the next five years.

- Participants will receive only one newsletter per year. (The cost of designing, printing and posting the newsletter to 40,000 women is about \$40,000). It may be possible to obtain corporate sponsorship for additional newsletters. The newsletters are an important vehicle for maintaining contact with participants, keeping them informed about the findings, and enabling the research team to keep track of their whereabouts.
- The conference planned for 2001-2002 will not take place unless an alternative source of funding can be found.
- A second request for consent to link survey data with HIC/Medicare data will be postponed until funds are available to do this.

For the special cohort studies (at the University of Queensland):

- It is proposed that there will be no expansion of the FYR cohort, and the existing cohort will be subsumed into the main cohort studies.
- Funding for the Filipina cohort will be reduced to a 'one-off' expenditure of \$50,000 in 2001. It is likely that this will result in considerable attrition as there will be no funds to enable continuing tracking of participants.
- There will be no expansion of the indigenous cohorts to include urban Aboriginal women.

8 Estimates of additional funds required to meet the cost of some of these activities over the next five years is estimated to be:

<u>Item</u>	<u>Cost (1999)</u>	<u>5 year cost</u>
Expansion of indigenous cohorts	\$20,000	\$80,000
Data linkage request (1999 & 2002)	\$40,000	\$80,000
PhD scholarships (per student)		
Stipend	\$21,000	\$73,500
Project expenses	\$6,000	\$18,000
Maintenance of Filipina cohorts	\$10,000	\$50,000
Maintenance and expansion of FYR cohorts		
Post doctoral fellowship	\$50,000	\$250,000
Project expenses	\$20,000	\$100,000

The costs of nested studies for the main cohorts (except in association with the work of the PhD students) have not been included. We will continue to seek additional funding for these. While this may mean that the scope of the project may be reduced, our priority for the main cohort studies at this stage is to maintain communication with the participants, ensure that the data are deposited safely in a national archive, and ensure that our role in the training of future researchers is maintained.

For the special cohorts the priorities are to expand the indigenous cohorts so that women from urban areas are included, and to maintain the larger of the two NESB cohorts.

This paper was discussed in a teleconference between the researchers (Annette Dobson, Wendy Brown, Lenore Manderson, Gail Williams) and the chair (Janet Greeley) and two

members of the project advisory committee (Helene Britt and Christine Ewan) on 25 May 1999. Marilyn Hatton and Jeanette Pedlow from ONHMRC and Jean Douglass from the DHAC were in attendance. The outcome of the discussion was agreement that the distribution of the budget between the two Universities for the period July 1998 - June 2003, would be as shown in item 5 (above), but with deletion of the \$50,000 (marked with an asterisk) for the Filipina cohort in 2000-2001. Of this \$50,000, \$25,000 will be committed during 1999-2000 to the integration of the Filipina cohort into the main cohort studies.

During the teleconference it was confirmed that the Department of Health and Aged Care (DHAC) would provide an additional \$20,000 for the indigenous cohort studies in 1999-2000. If further funds become available, they will be assigned to the data linkage aspects of the main cohort studies.

7.2 PROJECTED BUDGET FOR AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH (1998 - 2003)

A summary of the proposed distribution of the budget, with salary and project costs for the main cohort studies, for the period July 1998 - June 2003 is shown below.

		1998-1999	1999-2000	2000-2001	2001-2002	2002-2003	
Funds requested		1,105,307	1,156,516	1,270,249	1,254,599	1,318,173	
Actual income		900,000	900,000	900,000	900,000	900,000	
income/requested		81%	78%	71%	72%	68%	
A UN (90%)		810,000	785,000	785,000	810,000	810,000	
B UQ Indigenous cohorts		90,000	90,000	90,000	90,000	90,000	
Integration of immigrant cohorts		27,000	25,000	??25,000			
Expenditure (UN)							
Salaries	Project Manager C4+	25198	25198	23525	31185	33847	(a)
	Data manager 7,4	46674	48008	48008	48008	48008	
	RA1 6,1	38674	40006	41340	42674	42674	
	RA2 5,5	35491	36567	37643	38674	38674	
	RA3 5,1	33338	34415	35491	35491	35491	
	Secretary 3,1	26671	27478	28286	29029	29900	
	Statistician 1 B3	47961	49761	51557	53358	55155	
	Statistician 2 7.1	41340	42674	42674	44007	45342	
Total salaries		295,347	304,107	308,524	322,426	329,091	
on-costs 30%		103,604	106,232	109,057	111,728	113,727	
C Salaries + on-costs		398,951	410,339	417,581	434,154	442,818	
Surveys		125,000	131,250	137,813	144,703	151,938	
Office costs		40,000	42,000	44,100	46,305	48,620	
Travel		15,000	16,750	18,588	20,517	22,543	
NAC		20,000	20,000	20,000	20,000	20,000	
Newsletters (1)		42,750	44,888	47,132	49,488	51,963	
HIC/ NDI data		5,000	5,000	5,000	5,000		
Sub-studies		22,500					(b)
Collaboration		9,000	12,000	12,000	12,000	12,000	
D total project costs		279,250	271,888	284,632	298,014	307,064	
E salaries + project (C+D)		678,201	682,227	702,213	732,168	749,882	
F UN overheads (15%)		121,500	117,750	117,750	121,500	121,500	
G TOTAL (E+F)		799,701	799,977	819,963	853,668	871,382	
H Available funds		810,000	785,000	785,000	810,000	810,000	
K Balance (H-G)		10,299	-14,977	-34,963	-43,668	-61,382	-144,691

Notes:

- (a) Dr Brown's salary is largely met by the University of Newcastle
- (b) Sub-studies are not funded from the grant after 1999 - (the one planned for 1999 is a commitment already made to follow up victims of violence). Additional funding has been sought for sub-studies in 1999 and will be sought for future sub-studies

7.3 INCOME EXPENDITURE FOR THE PERIOD 1 JANUARY - 28 MAY 1999

	Actual \$	Commitments \$	Act + Cmtmts \$
INCOME			
RESEARCH GRANT	430,000		430,000
EXPENDITURE - NON SALARY			
COMPUTER SOFTWARE AND UPGRADES	842		842
POSTAGE	17,191		17,191
OFFICE CONSUMABLES, PRINTING ETC	4,053	2,219	6,272
TRAVEL	1,318	6,586	7,904
LINKAGE WITH NDI	2,410		2,410
TELEPHONE	2,422		2,422
THESIS EXPENSES		2,400	2,400
DATA ENTRY		61,000	61,000
SHARED RESEARCH - PAYMENT TO UQ	36,000	81,000	117,000
TOTAL EXPENDITURE - NON SALARY	64,236	153,205	217,441
EXPENDITURE - SALARY			
ACADEMIC STAFF	35,528		35,528
ACADEMIC STAFF on costs	7,042		7,042
GENERAL STAFF	98,194		98,194
GENERAL STAFF on-costs	19,882		19,882
SCHOLARSHIPS	25,118		25,118
TOTAL EXPENDITURE - SALARIES	185,764		185,764
TOTAL EXPENDITURE	250,000	153,205	403,205
SURPLUS OF INCOME OVER EXPENDITURE			26,795