

INDEX MEDICUS AND MEDLINE RECOGNISE NSW PUBLIC HEALTH BULLETIN

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We are very proud to announce that the *NSW Public Health Bulletin* will be indexed in *Index Medicus* and MEDLINE. This follows a successful review in February by the Literature Selection Technical Review Committee (LSTRC) of the National Library of Medicine, which is part of the National Institutes of Health, situated in Maryland, USA.

For authors, inclusion of the Bulletin in *Index Medicus* and MEDLINE means that their work is more readily accessible to a larger audience—nearly all literature reviews in the public health and biomedical fields start with a search of these indexes. We hope that this will make the Bulletin an even more attractive journal for high quality articles, and hence even more valuable for regular readers. The primary focus on NSW and Australia will, however, remain.

Index Medicus, a bibliographic index, was established in the 1870s,¹ and its electronic form MEDLINE was established in the 1960s.¹ They are major sources of citation and provide access to the international biomedical journal literature covering areas such as public health, medicine, health care systems, dentistry, and veterinary medicine. About 4,300 journals are included on the MEDLINE database and 3,400 in *Index Medicus*.²

The purpose of the LSTRC is to review the quality of journals and make recommendations regarding their inclusion in MEDLINE; journals may be added or removed. The LSTRC meets three times a year and at each meeting considers about 120 journals. Only 15–20 per cent of applications to be included in MEDLINE are successful.³ In a range of between 0 and 5 the LSTRC gave the Bulletin a score of 3.5–3.9, a ranking equivalent to 'very good'.

The quality of a journal is assessed using the following measures: scope and coverage (relevance to the biomedical field); quality of content (the scientific merit of the papers); quality of the editorial work (including processes such as peer review); production quality (layout, design, and graphics); audience (intended for health

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professionals); and types of content (certain types are preferred, such as statistical compilations and critical reviews).

The National Library of Medicine is in the process of converting MEDLINE input to direct electronic submission. The Bulletin has been asked to provide its content in XML-tagged format, using the PubMed system, which will reduce the time between publication and citation in *Index Medicus* and MEDLINE.

The editor and managing editor would like to thank all the many people who have contributed to this achievement, including: for content—guest editors,

authors, and reviewers; for direction—the Bulletin's Editorial Advisory Committee; and for distribution—the Public Health Network in NSW.

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1. Kunz J. *Index Medicus: A Century of Medical Citation*. *JAMA* 1979; 241(4): 387–390.
2. National Library of Medicine. Fact Sheet—Response to Inquiries about Journal Selection for Indexing at NLM. http://cortex.nlm.nih.gov/pubs/factsheets/j_sel_faq.htm.
3. Delamonthe. Navigating across medicine's electronic landscape, stopping at places with Pub or Central in their names. *BMJ* 2001; 323: 1120–1122.

THE BIG FALLS ISSUE

GUEST EDITORIAL

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This issue, which is the third in the *NSW Public Health Bulletin's* ongoing injury series, illustrates how falls in older people are on the rise—with predictions of the associated health care costs escalating two-and-a-half times by 2051. Encouragingly, however, we see how the attention of researchers, policy developers, and health promoters has been captured by falls—and in a big way.

The articles in this issue explore the:

- collaboration on falls prevention occurring among area health services in NSW;
- results of fitness promotion among older people;
- significance of eye disorders as a contributing factor to the risk of hip fracture;
- current research effort, which ranges from the perception of the risk of falls among those most at risk, to the biomechanics of falls.

In addition, two articles examine the current and future resource demands associated with falls in older people—with some rural and coastal areas of NSW predicted to be the most affected as they receive an increase in migration of older people.

We cannot afford to neglect the potential epidemic of falls. Perhaps two lines from Moller's article expresses it best: 'failure to fund prevention will lead to resource demands for treatment that will be difficult to meet. As treatment costs rise it will be difficult to find resources for prevention and the cycle of increased demand will be accelerated.'

Over the past year, the NSW Department of Health has been working on developing a policy for the prevention of falls, which is expected to influence health investment as well as policy and practice in the acute, residential care, and community based environments. In terms of its breadth, depth, and determination to reverse what could be a public health crisis by the middle of this century, this is an exciting development. ☞