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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## 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.