



Contents

Active Couch Potatoes	1
Office Bearers	3
Better health for people with severe mental illness preventing diet-related chronic disease	4
A NEW FACE AT PHAA	5
WONDERFUL WALKING	6
Physical activity and diet prevent Type 2 Diabetes	7
OPAL Obesity Prevention and Lifestyle	8
Lifestyle Choice Program	9
Workplace Support Life-threatening Illness & Carers	10
NSW FOOD SUMMIT: HUNGRY FOR CHANGE	11
Dietary Guidelines for Australians - A Unique Opportunity	13
The Melbourne InFANT Program	15
Junk Food Comes Knocking at Your Door!	16
It's not just alcopops	17
New Members	18

Active Couch Potatoes

*Paul Gardiner, PhD Student & Brigid Lynch, Research Fellow
University of Qld*

Technological, economic and social innovations have made prolonged sitting commonplace at work and at play. We drive to work, sit at a computer all day, drive home, sit down for an evening meal and then spend the rest of the evening watching television. Even if we meet the public health criteria for physical activity - 30 minutes of moderate to vigorous activity on most days of the week - our modern lifestyle ensures we're "active couch potatoes".

Researchers from the Cancer Prevention Research Centre at The University of Queensland, in conjunction with colleagues at the Baker IDI Heart and Diabetes Institute in Melbourne, have begun to study sedentary behaviour - periods of prolonged sitting - as part of their research on health-related physical activity. Compelling evidence is emerging on the detrimental health outcomes of too much sitting, independent of participation in physical activity.

Using data from the Australian Diabetes, Obesity and Lifestyle study (AusDiab) we have found that prolonged television viewing time, particularly more than four hours a day, is associated with higher blood sugar levels, higher cholesterol levels, larger waist circumference and higher risk of Metabolic Syndrome. These are factors related to increased risk of type 2 diabetes, cardiovascular disease and breast and colon cancer. The strong relationship between these biomarkers of metabolic health and television viewing time remained significant regardless of how much moderate to vigorous physical activity people did. Indeed, this detrimental association between television viewing time and metabolic health was observed even in adults who met the criteria for Australia's Physical Activity Guidelines.

How prolonged sitting time is broken up also seems to be important. In a subsample of AusDiab participants, physical activity and sedentary time were measured objectively by accelerometer. Genevieve Healy found that participants who interrupted their periods of sedentary time - for example by getting up to get a drink or standing up to answer the phone - had a better metabolic health profile than participants whose sitting time was generally uninterrupted.

International research has also linked sedentary behaviour with cardiovascular disease, some types of cancer and all-cause mortality. Given that the average person spends more than half of their waking hours in sedentary behaviours, the impact of too much sitting should be considered in addition to our established concerns about too little exercise.

Some innovative interventions designed to reduce sedentary behaviours are now being trialled as part of the Cancer Prevention Research Centre/Baker IDI collaboration. *Stand Up For Your Health* is a world-first intervention designed to reduce and interrupt prolonged sitting in older adults who are the most sedentary

continued on page 2



Active Couch Potatoes

Continued from page 1

demographic group. The Heart Foundation of Australia has provided a Postgraduate Research Scholarship in support of this study, which will also examine the effects of reducing and breaking up sitting time on the cardio-metabolic health of this population. The intervention is delivered in a face-face session where the participants receive individual advice on their sitting time as well as tailored strategies for reducing sitting time through decreasing total sedentary time and breaking up prolonged sitting time, and increasing incidental activity. Preliminary results from 20 participants showed that 16 of them reduced their sitting time by an average 40 minutes a day and increased their daily steps by 1,200.



Participants in Stand Up For Your Health are encouraged to break up prolonged sitting by standing up while they are on the telephone or placing the remote control next to the TV to ensure they have to stand up to change the channel.

Living Well With Diabetes is a National Health and Medical Research Council (NHMRC) funded randomised controlled lifestyle intervention trial in adults with type 2 diabetes. This 6 month telephone counselling intervention is designed to initiate and maintain physical activity, weight loss and glycaemic control in adults recruited from primary care. This study also aims to decrease total sedentary time and encourages participants to break up periods of prolonged sitting.

Regular participation in physical activity, particularly walking, remains a cornerstone of health promotion and disease prevention initiatives for public health. However, there are now good reasons to focus on the possible independent contribution to health outcomes of sedentary time – too much sitting as well as too little exercise.

For more information or references, please contact Paul Gardiner: p.gardiner@uq.edu.au

WHAT'S ON

National Short Courses in Environmental Health, Adelaide. Course 1 'Principles of Risk Assessment & Management' 23-27 Nov; Course 2 'Risk Communication in Practice: engaging the public' 30 Nov-2 Dec 2009.

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Office Bearers

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Mike Daube: m.daube@curtin.edu.au

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SIG Convenors' representatives

Tony Butler: tbutler@curtin.edu.au

Bruce Simmons:

bruce.simmons@ozemail.com.au

Branch Presidents' representatives

Helen Keleher:

Helen.Keleher@med.monash.edu.au

Jane McQueen: jane.mcqueen@caac.org.au

ANZJPH Editors

Managing Editor - Jeanne Daly:

j.daly@bigpond.net.au

Senior Editor - John Lowe: jlowe@usc.edu.au

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priscilla.robinson@latrobe.edu.au

Editor - Sandra Thompson:

s.thompson@curtin.edu.au

Editor - Alistair Woodward:

a.woodward@auckland.ac.nz

Branch Presidents

ACT Gabrielle O'Kane:

Gabrielle.O'Kane@canberra.edu.au

NSW Sarah Thackway:

sthac@doh.health.nsw.gov.au

NT Jane McQueen: jane.mcqueen@caac.org.au

QLD Danette Langbecker:

danette76@optusnet.com.au

SA Jackie Street:

Jackie.Street@adelaide.edu.au

TAS TBA

VIC Helen Keleher: Helen.Keleher@med.monash.edu.au

WA Peter Howat: p.howat@curtin.edu.au

Chief Executive Officer Michael Moore:

ph (02) 6285 2373, mmoore@phaa.net.au

SIG Convenors

Aboriginal & Torres Strait Islander Health

Peter Waples-Crowe: peterw@vaccho.com.au

Child Health

Naomi Priest: npriest@unimelb.edu.au

Environmental Health

Liz Hanna: Liz.Hanna@anu.edu.au

Food & Nutrition Co-convenors

Andrea Begley: A.Begley@curtin.edu.au &

Christina Pollard: C.Pollard@curtin.edu.au

Health Promotion

Peter Howat: p.howat@curtin.edu.au

Injury Prevention

Richard Franklin: rfranklin@rlssa.org.au

International Health Co-Convenors

Peter Vanderwal: peter@jta.org.au

Mental Health

Susan Humphries: susanhumph@hotmail.com

Oral Health

Bruce Simmons: bruce.simmons@ozemail.com.au

Political Economy of Health

Deborah Gleeson: dgleeson@latrobe.edu.au

Primary Health Care

Helen Keleher: Helen.Keleher@med.monash.edu.au

Prisoners' Health

Tony Butler: tbutler@curtin.edu.au

Women's Health Convenor

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Better health for people with severe mental illness preventing diet-related chronic disease

Alison Martin, PhD candidate, Flinders University, SA

Studies over the past sixty years have consistently shown that consumers of mental health services have higher rates of chronic illness rates than the general population.

Death often occurs at a younger age, with life expectancy shortened by up to 25 years in people with chronic, severe mental illness. Research suggests that the excess mortality and morbidity in this group is primarily a consequence of diet-related chronic disease. For example, 12-14% of people living with chronic mental illness have diabetes, compared to 4-7% of the general population. The rate of obesity is double and cardiovascular-related deaths are more than twice as common.

A project to help consumers of a community-based mental health service in the outer south of Adelaide make better food choices and become more physically active is showing positive early results. Led by Alison Martin, a specialist dietitian with South Australia's Southern Mental Health Service, the project identifies consumers at risk of diet-related chronic disease and supports them in adopting healthier eating and lifestyle habits.



The project is funded through a Southern Adelaide Health Service *Service Enhancement Initiative* grant as part of the Australian Better Health Initiative. The target group includes clients from Adaire Clinic, a community mental health site, and The Trevor Parry Centre which provides intensive, short term psychosocial residential rehabilitation. The project was set up to improve identification of diet-related chronic disease risk and to develop locally relevant integrated care pathways to help prevent obesity, cardiovascular disease and diabetes in this vulnerable consumer group. It project also aims to address particular service gaps and so has a specific focus on implementing health promotion, prevention and early intervention services and resources to support healthier eating and higher levels of physical activity.

A project team consisting of community and mental health staff, a general practice network representative and mental health consumers was formed and the project began in January 2008. A change management process - *Clinical Practice Improvement Methodology* - provided a structured framework that encompasses better clinical practice, stakeholder and service uptake, ownership of the results and evaluation of consumer outcomes.

Project team member and Acting Director, Rehabilitation and Recovery, John Strachan, says: "The innovative project is not just focussed on implementing monitoring guidelines. Integrated care pathways have been established to link mental health services with general health services - including close liaison with general practice and non-government organisations. This ensures that consumers receive a portfolio of service options to prevent and manage any identified risks."

Integrated services range widely and include linking with local general practitioners, support in accessing chronic disease risk prevention programs, referral to a dietitian, help with joining a local walking group, healthy cooking groups or budget eating classes.

Alison Martin says: "The lack of integration between general health and mental health care services has historically posed a significant barrier to ensuring mental health consumers receive seamless mental and physical health care. The project carefully addressed this issue, resulting in monitoring and management of diet-related chronic

continued on page 5

Better health for people with severe mental illness preventing diet-related chronic disease

continued from page 4

disease risk being embedded into routine clinical practice for every single consumer. It has also created opportunities to establish shared care that will have a significant and sustained impact on the quality of rehabilitation and recovery services."

Blood pressure monitoring, weight monitoring and waist circumference monitoring all increased significantly during 2008, and blood glucose and lipid monitoring also improved. Approximately half all Adaire Clinic and Trevor Parry Centre consumers are now regularly referred into an integrated care pathway to help improve their eating habits and activity levels. More importantly, an evaluation in January 2009 showed that consumer attendance rates at referral options have doubled since the project started. There will be a final evaluation in January 2010.

For further information or a copy of the 18 month project report, contact Alison Martin at alison.martin@flinders.edu.au.



A NEW FACE AT PHAA

Jamuna Rotstein is a recent addition to the PHAA's National Office in Canberra. She is working as a part-time Research and Policy Project Officer with the PHAA's Environmental Health Special Interest Group (SIG) for the next six months. Her role will be primarily associated with climate change and human health policy. Jamuna's main tasks are to develop a suite of fact sheets, media releases and policy papers that will support the Environmental Health SIG's policy development and advocacy of climate change as an important public health issue.

Sustainable development, environmental change and their impact on health have been of great interest to Jamuna since studying public health at La Trobe University. She is currently undertaking a Graduate Diploma in Environment at the Australian National University, studying human ecology and sustainability by looking at the relationships that we have with our environment and the health outcomes associated with these relationships.

Climate change is an important emergent topic for public health, especially for vulnerable populations. Jamuna says that she is relishing the opportunity to work in this role with the Environmental Health SIG and looking forward to engaging with fellow PHAA members over the coming months.

WONDERFUL WALKING

Elizabeth Senior, Eastern Access Community Health, Victoria

Tinternvale Primary School in East Ringwood, Victoria, achieved a 109 % increase in the number of students participating in their inaugural Walk To School Day in October 2008. A spot survey conducted the day before Walk To School Day showed that only 44% of students had walked to school that morning. However on Walk To School Day, 92% of students did so.

Strategies to increasing the number of children walking included:

- stationing teachers and volunteers at strategic positions along the roads leading into the school so busy parents on their way to work to drop could their children off in the care of a responsible adult to walk the rest of the way
- articles in the school newsletter with articles about the benefits of walking
- promotional posters around the school
- awarding pedometers to the class with the greatest increase in walkers, and
- the award of a perpetual golden shoe trophy.

Morning activities for the walkers included a healthy breakfast organized by staff, parents and volunteers.

Local Member of Parliament David Hodgett was on hand to award pedometers to the students from Level 4 which registered the greatest increase in the number of students walking to school. Acting Assistant Principal Kirrily George commended the students on their participation and reinforced that walking to school has the added benefit of reducing car traffic around the school and green house gas emissions. Level 4 received the golden shoe trophy which will be awarded annually to the class that records the greatest increase in walkers on Walk To School Days.

VicHealth reports that 322 schools and 60,004 students participated in Walk to School Day. Tinternvale Primary School is one of the top 10 of the schools with 200 to 349 students enrolled.

Discussions are currently being held within the school community on ways to encourage more students to walk to school on a regular basis. Walk To School Days will be potentially held each term to keep the momentum at a high level in the school.

Walk To School Day at Tinternvale Primary School was funded with a grant from the Victorian Department of Education and Early Childhood Development, Eastern Metropolitan Region.



Physical activity and diet prevent Type 2 Diabetes

Seham Girgi & Ruth Colagiuri, Menzies Centre for Health Policy, The University of Sydney

The Diabetes Unit at the Menzies Centre for Health Policy at the University of Sydney, in collaboration with Diabetes Australia and funding from the Australian Department of Health and Ageing, recently undertook a literature review to update the National Evidence Based Guidelines for Primary Prevention of Type 2 Diabetes Mellitus.

Diabetes is a global health problem of enormous magnitude. It has been estimated that 324 million people worldwide will have diabetes by the year 2025. In Australia, a national representative sample reported a diabetes prevalence of 7.4%. The prevalence of self-reported diabetes is almost twice as high in the most disadvantaged areas than in the least disadvantaged parts of the country. Across Australia, Aboriginal people have a significantly higher prevalence of diabetes than the general population and certain overseas-born Australians have a higher prevalence of diabetes than people born in Australia. Aboriginal and Torres Strait Islanders are at least three times more likely to have type 2 diabetes than non-indigenous Australians. Type 2 diabetes is responsible for approximately 85-90% of all diabetes cases and accounts for most of the public health and cost burden attributable to diabetes.

Type 2 diabetes is a complex metabolic disorder triggered by multiple lifestyle factors superimposed on genetic predisposition. It develops over a long time through initial stages that may include impaired fasting glucose (IFG) and impaired glucose tolerance (IGT). The association between the development of type 2 diabetes and overweight and obesity, physical inactivity and gestational diabetes has long been recognised. However, until 2000 there was little tangible evidence to demonstrate that type 2 diabetes is preventable. We now know that weight loss, physical activity and dietary modification can reduce the risk of developing type 2 diabetes.

Quite apart from the health care costs, the substantially reduced quality of life associated with diabetes and the related morbidity and mental health burden indicate the importance of determining whether primary prevention of type 2 diabetes is an achievable goal.

Therefore a key question for the Guidelines was *"Can type 2 diabetes be prevented in high risk individuals?"* The literature search identified systematic reviews and well designed prospective randomised controlled trials (RCTs) from Finland, the US, Japan and India that met a predetermined inclusion criterion. These studies have demonstrated that progression to type 2 diabetes in people with IGT can be prevented by up to 58% through lifestyle interventions resulting in modest weight loss. Studies with long term follow-up (7-20 years) have shown that the effect of these interventions continues long after the intervention, with a 43% lower incidence of diabetes in subjects who had participated in life style interventions including diet and exercise. These and other RCTs published since 2000 show that progression to type 2 diabetes can also be significantly reduced by the use of drug treatment in high risk individuals.

The results of these major RCTs have been supported by a number of systematic reviews and meta-analyses. For example, a recent meta-analysis by Gillies and colleagues in the UK confirmed earlier findings that both lifestyle and drug treatment reduce the rate of progression to type 2 diabetes in people with IGT. However, economic studies have shown that lifestyle modification interventions are often more cost-effective than drug treatment interventions and also are effective in culturally specific and low socio-economic high risk groups.

Lifestyle interventions in these studies comprised of diet alone, physical activity alone or diet and physical activity combined, all producing similar reductions in diabetes risk. The evidence suggests that lower proportions of calorie from fat and moderate to vigorous physical activity are important to help sustain weight loss. Studies have shown that a 5-7% weight loss can prevent or delay the incidence of diabetes in people with IGT. For every kilogram of weight loss, there is a 16% reduction in risk. The importance of weight loss was confirmed in a systematic review which reported that where weight loss was achieved, the risk of type 2 diabetes was reduced by up to 67%. Moreover, the effectiveness of lifestyle interventions increases in participants who are severely overweight.

In summary, the evidence that type 2 diabetes can be prevented or significantly delayed in high risk individuals by physical activity and diet modification is overwhelming. The challenge now is the application of this knowledge to a public health approach and policies that support advocacy for developing and implementing strategies to promote increased physical activity and healthy weight.

References are available and can be obtained from the author at sgirgis@med.usyd.edu.au

Website: www.ahpi.health.usyd.edu.au

OPAL

Obesity Prevention and Lifestyle

Michele Herriot, Director, Health Promotion Branch, SA Health

Overweight and obesity in Australian children and adolescents increased significantly between 1985 and 1994. Whilst it may have levelled off more recently, in South Australia, 1 in 5 four year old children is overweight or obese and more than half the State's adults are overweight or obese. Being overweight can affect the emotional and social well-being of children and can lead to serious health issues, including diabetes and heart disease, in later life.

Recognizing this, the South Australian government recently announced that it will take the lead on a joint Federal, State and Local Government five-year, \$22.3 million Obesity Prevention and Lifestyle (OPAL) initiative. This level of investment makes OPAL one of the most significant health promotion initiatives ever seen in South Australia.



OPAL encourages physical activity through play

OPAL is a community wide obesity prevention initiative based on EPODE (*Together we can prevent childhood obesity*), the French approach that have demonstrated encouraging results in preventing childhood obesity. OPAL will be introduced to 20 SA communities over the next five years, with six beginning in September 2009.

EPODE is run in over 250 communities in France, Belgium, Spain and Greece. Recently published EPODE findings from 2 pilot cities in France has demonstrated that a community-wide intervention using the EPODE methodology can have positive effects in reducing the prevalence of childhood obesity.

EPODE's overriding aim is to make positive changes in the expectations, attitudes and beliefs that determine a community's social and cultural norms around healthy eating and physical activity and for this to result in behaviour change. Between 1992 and 2000, children in the EPODE communities of Fleurbaix and Laventie acquired a better knowledge of nutrition, modified their eating habits and increased their physical activity. In 2004, obesity (measured by BMI) was shown to be statistically significantly lower in EPODE communities than in neighbouring non-EPODE communities. Making systemic changes like these takes time – often years. EPODE found that a whole of community approach was more successful than school-only programs. Interestingly, the greatest reductions in overweight and obesity rates were achieved in communities with lower socio-economic levels.

The EPODE approach works intensively with the whole community, with strong leadership from mayors and the active participation of schools, local government, health services, local media, businesses and community organisations. Local activity is supported by a robust central social marketing approach that uses well researched resources and messages to promote behaviour change. Key themes like promoting play, encouraging cooking as fun or reducing soft drink consumption are identified every six months and these are supported locally by councils that encourage activities around the theme. Information resources, including the evidence base and scientific guidelines, are produced for health professionals, schools and parents.

Like the French program, OPAL is a multi-strategy community-based obesity prevention program involving changing community norms through a variety of programs and activities to increase healthy eating and physical activity of children, families and their communities. South Australia currently has a range of statewide healthy weight, healthy eating and physical activity programs. OPAL will work closely with these and other initiatives within local communities to develop healthy environments and make healthy eating and physical activity an accessible and preferred option. This will be achieved by working across sectors - transport, planning, education, health, recreation and sport - to influence the environment where children and families play, learn and work.

continued on page 9

OPAL

Obesity Prevention and Lifestyle

Continued from page 8

The Cities of Onkaparinga, Marion, Playford, Salisbury, Mt Gambier and Pt Augusta are set to become the first South Australian sites to embrace this initiative and commit to an initial five year period.

OPAL will be supported by a Scientific Advisory Committee to ensure evidence based approaches and to support the evaluation of OPAL, and a Strategic Advisory Committee to inform the directions of the initiative. Each region will have an OPAL Council Manager situated within the council to drive activity with local community partners. They will draw on the community to develop and support activities through a local Coordination Committee. There will be a central coordination team within SA Health, including a state manager, social marketing manager and evaluation manager.

For more information: tel: 08 8226 6329. References are available and can be obtained from the author at lisa.weir@health.sa.gov.au

Lifestyle Choice Program

Rebecca Dowling

A recent report showed that 29.6% of children in Australia presenting to general practice between 2002 and 2008 were overweight or obese. The proportion of adult patients who were overweight or obese increased from 51.8% to 58.8% between 1998-2000 and 2006-2008 (AIHW 2009).

The ACT Division of General Practice (ACTDGP) has recognized the growing impact of obesity on both the community and general practice by introducing programs targeting the condition in both children and adolescents. These programs are incorporated into a Lifestyle Choice program.

In collaboration with The Heart Foundation ACT, the Division is now in the second year of a three year ACT Health funded initiative called the Lifestyle Risk Factor Modification Program. The Program targets smoking, nutrition, alcohol and physical inactivity and aims to raise awareness of the importance of these lifestyle risk factors in chronic disease and their prevention in the general practice setting. It supports enhanced referral pathways and aims to improve the health of ACT residents through a reduction in the risk factors for chronic disease.

Health promotion is increasingly important in the general practice domain and the Lifestyle Risk Factor Management Program aims to help GPs promote community based campaigns that address chronic disease. The Program has developed an electronic and hard-copy resource to raise GPs awareness of these programs and so facilitate referrals to them. GPs have also been given training in motivational interviewing for obesity and smoking cessation. In addition, the Division worked in partnership with ACT Health on the Measure Up campaign when GPs were supported and equipped to follow up on the mail-out of tape measures to adults in the ACT.

Obesity in children is being targeted through a partnership with Robert De Castella's SmartStart For Kids (GP-HELP) program. GPs identify children with or at high risk of obesity and refer them to the SmartStart program. These children then participate in a seven week after-school program which focuses on physical activity and nutrition. The program complements the ACTDGP's role in helping the Australian Medical Association (AMA) ACT provides health information to ACT children: GPs attend local primary schools during Family Doctor Week to discuss the importance of healthy lifestyles and diet.

The ACTDGP is also involved in the Commonwealth Preventing Type 2 Diabetes program. This program targets adults aged between 40 and 49 years who have been identified as at high risk of having diabetes in the next five years. GPs refer patients to accredited Lifestyle Modification Programs with a focus on modifying lifestyle risk factors associated with diabetes and chronic disease. The Division is supporting accredited providers in the ACT and promoting the program to the public and also, in collaboration with a practice nurse and exercise physiologist, trialling a pilot general practice as an accredited provider. Through this broad range of Lifestyle Choice programs, the ACTDGP hopes to have a positive impact on the prevalence of obesity in children and adults in the ACT.

For more information or to obtain references contact Rebecca Dowling tel: 02 6287 8099 or email r.dowling@actdgp.asn.au.

Workplace Support Life-threatening Illness & Carers

Mary Tehan, *Ultimacy*

It is predicted that by 2030 non-communicable health conditions will cause over three-quarters of all deaths: cancer, cardiovascular diseases and traffic accidents will account for 56% of the projected 67 million deaths. World Health Organisation global health indicators suggest similar patterns of mortality and burden of disease across Europe, USA, UK and Australia. Life expectancy and demographic ageing are increasing and this has implications for workplace health and well-being.

These trends suggest that government, business and the health care sector need to be developing policy, programs and practices that support employers, carers, ill people and their work colleagues through life course transitions. This support needs to include the end-of-life and bereavement trajectory as well as detachment from, and return to, the workplace.

Between 2003-2006, Palliative Care Victoria (PCV), in partnership with Creative Ministries Network (CMN), was funded through the Australian Department of Health and Ageing to develop a best practice approach to *Workplace Support: life-threatening-illness & carers*.

Even after funding for the project ceased, the vision was carried on in study for the degree of Master of Public Health undertaken by Mary Tehan, project officer for the *Caring Communities* project, through the Latrobe University Public Health Palliative Care Unit within the Victorian Consortium for Public Health. Mary is also Vice-chair of the CMN Board and a member of Palliative Care Victoria (PCV) and the Australian Research Alliance for Children and Youth (ARACY).

In 2007, an Action Learning Project (ALP) was undertaken to develop an Ethos-based Approach to Evaluation of Grief Support in the Workplace as part of this study. The project was based at Creative Ministries Network (CMN), under the academic supervision of epidemiologist Dr Priscilla Robinson (Co-ordinator of the MPH & MHA programs and Senior Lecturer at Latrobe University). It generated an integrated model of workplace support embedded in a compassionate leadership, befriending ethos which is yet to be piloted (Figure 1).

Figure 1: Three domains of an integrated approach to evaluation for grief support in the workplace.



NB: This model has been adapted from Creative Ministries Network and its Work- related Grief Support Program.

The 2005 *Caring Communities* Literature Report *What Does the Literature Tell Us?* highlighted the serious damage to business and employees that can come from errors of judgment made by grieving and bereaved executives.

continued on page 11

Workplace Support Life-threatening Illness & Carers

Continued from page 10

The needs of small business owners who have to deal with serious illness, grief or bereavement present particular challenges that had never been adequately addressed in Australia or elsewhere. In response to this need, in 2008 Small Business Victoria (SBV) funded the development of online resources for small business owners who are carers or have been themselves diagnosed with a life-threatening illness. The resources developed in this world-first project can now be downloaded at business.vic.gov.au/illness.

In 2009, a Back-to-Work (BtW) project, auspiced by the Bone Marrow Donor Institute (BMDI), is underway. The program, to support suitable post-transplant recipients in their transition back to work, will be piloted and externally evaluated later this year. Sandra Slatter, who led the SBV project and chairs the BtW project, is herself a transplant recipient and small business owner.

Swann's *Compassionate leadership in schools* framework (2002) and Kellehear's (2005) *Compassionate Cities, public health and end-of-life care* (2005) approach to health promoting palliative care and end-of-life support and care are embedded in all the above projects.

International developments have also emerged:

- *The Foresight and Mental Wellbeing* project (2008), undertaken for the UK Government Office for Science, includes compassion in the section of the report that outlines a conceptual overview of factors that affect wellbeing at work. These Maps can be accessed at: http://dius.ecgroup.net/files/118-08-FO_b.pdf
- The Darzi Report *High Quality Care for All NHS Next Stage Review Final Report*, launched in the UK in June 2008, cites compassion as a component to be benchmarked as part of high quality care for all.

For further information and references, please contact Mary Tehan at mctehan@hotmail.com tel.0402 723 392.

NSW FOOD SUMMIT: *HUNGRY FOR CHANGE*

An initiative organised by the Sydney Food Fairness Alliance (SFFA) Report on lead in events

Over 110 people gathered at the University of Wollongong on July 1 for the Illawarra lead in event to the Sydney Food Fairness Alliance (SFFA) NSW Food Summit *Hungry for Change*. Coordinated by the local peak organisation Food Fairness Illawarra, this was the first of a series of public forums during 2009, culminating in the Summit in October, to prepare the groundwork for developing a NSW Food Policy.

The mood was buoyant, with organic growers, academics and school garden experts chatting with folk from the big NGOs and various State and local government agencies. People had a shared purpose - to develop an equitable, sustainable food system in the Illawarra, one that is inspired both by successful local projects and commitment to create a healthy food future.

Keynote speaker Dr Rosemary Stanton OAM highlighted the need to balance nutrition and health with environmental sustainability and food literacy. Dr Susan Thompson, UNSW, unlocked the mysteries of planning for health and food security. Jenny Norman from Healthy Cities Illawarra (HCI) and Karen Tavener-Smith from South East Illawarra Area Health Service (SEIAHS) explained the role of Food Fairness Illawarra in enabling access to healthy food by supporting community-based networks. Many local projects were represented on the day including community and school gardens, seed saving organisations, a community food coop, and a commercial organic farm.

continued on page 12

NSW FOOD SUMMIT: *HUNGRY FOR CHANGE*

An initiative organised by the Sydney Food Fairness Alliance (SFFA) Report on lead in events

Continued from page 11

Everyone strongly supported the need for a state Food Policy and were enthusiastic that local events were being held, to build on the existing local food actions. A range of practical policy strategies were identified, at local and state levels, to provide the supports needed for a sustainable food system:

- Nutrition and food literacy education in schools and community
- Clear and understandable food labelling
- Food safety regulations that do not inhibit small-scale diversified production
- Support access to local food and local food production
- Planning tools that enable urban food production on public land
- Urban design to support access to healthy food
- Integrated planning for sustainable food systems and food security
- Protection for local agricultural land and incentives for sustainable local food production

On 2 July at Sydney's Customs House a total of 160 people attended afternoon and evening sessions to hear Michael Shuman, an American local economics advocate, give an inspiring address about local and food-based social enterprises across the USA.

Participants then moved between 'World Café' style tables to consider 10 aspects of food security, fair food access and sustainable food futures. Much lively discussion ensued and a number of policy ideas will be forwarded to the Summit.

These included:

- Support for alternative food distribution systems, especially medium-size businesses
- Developing planning protections and agricultural zoning to maintain and preserve peri-urban agriculture
- Development Applications to include food production
- Local Environment Plans to include food production
- Offer tax or other incentives to farmers to move to organic production
- Provide training and other support to farmers
- Support for local procurement policies in government institutions
- Maximising opportunities for, and removing barriers to inner-city food production
- Developing risk management strategies for food supply in case of disaster
- Support for food projects in disadvantaged areas
- Supermarket chains encouraged to reserve aisles for local producers

The results from these two events and the other local events to follow will be fed into the NSW Food Summit process, as well as used as briefing for local MPs, business leaders and other stakeholders.

Lead in events also include the regional areas Blue Mountains (18th July), Central Coast (29th August) and Macarthur (15th September), prior to the Food Summit, 22nd-23rd October, Surry Hills. Further information on the Food Summit is at: <http://www.sydneyfoodfairness.org.au/>



Dapto Community Garden Display

Dietary Guidelines for Australians

A Unique Opportunity

Andrea Begley
 Co-convenor, Food and Nutrition SIG
 School of Public Health, Curtin University of Technology

Australia has embarked on a unique public health nutrition process. The National Health and Medical Research Council (NHMRC) is currently reviewing Australia's Dietary Guidelines for Adults, Older Adults, Children and Adolescents and developing new guidelines for Pregnant and Lactating Women. Also included in this revision process is the Australian Guide to Healthy Eating (AGHE), our national food selection guide. This is the first time that all these key documents will be revised and released at the same time.

The primary audience for the Dietary Guidelines (DGs) is the general Australian population. DGs contain dietary recommendations to guide food choices. They are also used by public health nutritionists, dietitians, policy makers, health care providers and the food industry as the key public health nutrition messages. The key premise of the DGs and AGHE is that nutrient requirements have to be met through the consumption of a variety of foods and that the population chooses foods, not nutrients. This premise is important from a scientific perspective as it recognises that foods are made up of more than just individual nutrients so DGs have been designed to be applied to the total diet, not particular foods or beverages, and as a complete set of messages.



Consumer Poster showing Dietary Guidelines as a Dietary Jigsaw

Australia's first set of DGs were developed in 1979 and there have been several iterations since then. However diet-related diseases and risk factors like obesity continue to be leading causes of death and burden of disease. It is not always easy for populations to follow DGs. Critics of their effectiveness cite several reasons why they may have had limited success in reducing diet-related diseases. Marion Nestle, Professor of Food Policy at New York University, has reservations about DGs for Americans. She is adamant that being proactive about obesity means getting people to eat less, but DG messages don't clearly direct people to eat less. DGs messages can be ambiguous or use euphemisms that affect the way people understand them. An example that Professor Nestle uses is messages that that direct consumers to 'choose': for example, 'Choose foods low in salt' really means 'Eat less foods high in salt'.

The lack of direct 'eat less' messages in the DGs for Americans is partly attributable to the influence of the food industry whose business it is to increase the consumption of their products and their profits. This doesn't sit well with eat less messages. Those in public health here shouldn't underestimate the potential for various stakeholders in the Australian food industry and nutrition system to influence what is included in DGs and how messages are worded. For example, we have a history of debate about whether sugar should be included as a separate guideline. The food industry takes the position that there isn't sufficient evidence to justify this while public health nutritionists maintain that sugar contributes to kilojoule intakes, particularly from highly processed foods and beverages.

DGs must be comprehensible to their target group. The 2006 Australian Bureau of Statistics Adult Literacy and Life Skills Survey demonstrated that across different literacy areas including prose, document and numeracy literacy, on average 50% of Australian adults scored levels which indicate their ability to function fully in our society is compromised, for example by lack of competence on reading newspapers or maps. Therefore DGs must be clear,

continued on page 14

Dietary Guidelines for Australians A Unique Opportunity

Continued from page 13

simple and carry directly actionable messages and it is extremely important that DGs are extensively tested with the general public and modified if necessary.

DGs can only be effective in an environment that enables healthy choices to be made. It is essential that foods promoted in DGs and AGHE - for example fruits, vegetables and legumes - are affordable and accessible and people have the skills to prepare and cook them.

DGs must be based on scientific evidence from systemic literature reviews and data on current dietary intakes. The last National Nutrition Survey of Adults was conducted in 1995. Australia is in desperate need of a national nutrition monitoring and surveillance system to document trends in dietary intakes as a basis for effective DGs and a key instrument of national food and nutrition policy. Australia is long overdue for both a system and a policy which would support the revised DGs and AGHE.

Earlier this year PHAA released the *A Future for Food* report that outlined emerging issues for Australia's food and nutrition system. For the first time, the NHMRC is giving explicit recognition to the social, environmental and economic aspects of food and nutrition in conjunction with their biomedical dimensions. It thus has a unique opportunity to rethink current DG and AGHE formats, messages and dissemination processes not only to reduce diet related diseases, but also to tackle broader issues of food accessibility and environmental sustainability.

For more on dietary guidelines, see NHMRC's website <http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm>

PHAA's *A Future for Food* can be found at <http://www.phaa.net.au>



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The Melbourne InFANT Program

Getting healthy eating and active play right from the start

Karen Campbell, Public Health Research Fellow, Deakin University

Despite awareness of increasing overweight and obesity among many of the world's children, and the impact of this on their health, the past two decades have provided us with surprisingly few insights on how best to prevent this epidemic. Opportunities for obesity prevention in early childhood have only recently become a focus of research: most studies in this area have been published since 2003.

The case for obesity prevention activity that concentrates on early childhood is informed by our understanding that obesity promoting behaviours are established at this time. One study found reported that 90% of 18-month old Australian children were consuming energy-dense snack foods, 70% were consuming sweetened non-milk drinks (eg soft-drinks or cordials) and that foods considered as "extra" or "non core" provided 27% of total energy intakes. There is also evidence that suggests a high level of sedentary behaviour in early childhood: US data indicates that 17% of 0-11 month olds and 48% of 12-23 month old children watch more than the recommended two hours of television per day and that the proportion of children who watch television for more than two hours a day increases throughout childhood.

Targeting parents right from the start makes good sense. We know that parents actively seek the information and skills they need to provide a healthy environment for their child, and that their sense of competency in establishing good feeding habits and limiting sedentary behaviours diminishes over the first few years of a child's life. Data from Victoria shows that parents readily use health services in their first year of parenthood, with 96% of parents using the established Maternal and Child Health Services, and two-thirds of women joining first-time mothers groups. Research has shown that two-thirds of these mothers were still meeting 18 months after the formal sessions had concluded.

The Melbourne Infant Feeding Activity and Nutrition Trial (InFANT) Program is an National Health and Medical Research Council (NHMRC) funded cluster randomised controlled trial conducted by researchers at Deakin University's Centre for Physical Activity and Nutrition Research* and Melbourne University's Department of Paediatrics**. The study investigates the effectiveness of an early childhood obesity prevention intervention delivered to first-time parents that focuses on parenting skills that support the development of positive diet and physical activity behaviours and reduced sedentary behaviours in infants from three to eighteen months of age. The intervention is innovative, unique and strongly underpinned by the need for public health approaches to the promotion of healthy eating and activity. Using an anticipatory guidance framework, the intervention provides parents with knowledge, skills, confidence and social support enabling them to provide their infants with healthy food and activity environments from an early age. InFANT involves six two hour sessions delivered by a dietitian at three monthly intervals to the intervention groups. The knowledge and skills learnt in sessions are re-enforced with mail-outs: control group participants receive regular newsletters on generic child health issues.

Recruitment for InFANT occurred through 14 Local Government Areas in metropolitan Melbourne and involved the randomization of 62 first-time parent groups. Uptake was outstanding, with 88% of eligible parents (n=559) consenting to participate. Around half the parents (45.4 %) reported having less than university education; 54.6% reported a university education. Six months into the 15 month intervention, attrition remains low with only 33 families (<6% attrition) withdrawing from the study.

Process evaluation six months into the intervention found that e"80% of parents reported that information and discussion during the sessions was useful. Approximately 90% of parents indicated that sessions were relevant to their family circumstances.

The Melbourne InFANT Program commenced in June 2008 with recruitment running until December that year. All mid-point data, including three days of 24 hour dietary recall for all children aged nine months, has now been collected. Final data collection is about to begin and will conclude in February 2010.

The study protocol can be found at <http://www.biomedcentral.com/1471-2458/8/103> or contact Dr Karen Campbell (karen.campbell@deakin.edu.au) or Dr Kylie Hesketh (kylie.hesketh@deakin.edu.au) from whom further information and references are available.

Junk Food Comes Knocking at Your Door!

*Bridget Kelly, Kathy Chapman & John Coveney
Cancer Council NSW & School of Medicine, Flinders University*

There is good evidence that food marketing influences children's food choices and their diets. This is concerning, as most food marketing is for unhealthy foods like sugary breakfast cereals, confectionery, high-fat savoury snacks, soft drinks and fast food. It is estimated that Australian children are exposed to around 2,200 unhealthy food advertisements on television per year. This means that children who watch two hours of television daily, a conservative estimate by all accounts, see 18 hours of unhealthy, obesity-inducing advertisements per year – the equivalent of watching unhealthy food advertisements for three full school days. Restricting this unhealthy food marketing to children would be an important step towards preventing obesity.



Children are seen by food marketers as having a lot of spending power: they have their own money to spend, they influence their parents' purchases and establishing brand loyalty at an early age can ensure life-long purchases. Advertising encourages children to nag their parents for products. This "pester power" undermines parents' attempts to provide a healthy diet for their children.

The current government regulations do little to protect children from unhealthy food marketing. The Australian Communications and Media Authority oversees regulations covering television advertising to children. However, the Children's Television Standards contain many loopholes and rely on the general public to complain about advertising breaches.

To coincide with a review of these regulations, in 2007 the Coalition on Food Advertising to Children (CFAC), of which PHAA is a member, ran a postcard advocacy campaign aimed at demonstrating community support for stronger regulations on television food advertising to children. Despite strong community support for better regulations, with over twenty-thousand members of the Australian community pledging their support for the campaign, the Communications Authority has since made only minor amendments to the Standards. The proposed new Standards still do not cover advertising during periods when the highest numbers of children are watching television: up to 9:00pm.

Earlier this year public health and consumer groups, including Cancer Council, Choice, The Parents Jury, Public Health Advocacy Institute of Western Australia and Obesity Policy Coalition ran a virtual advocacy campaign. The BurgerCorp campaign was developed to highlight the audacity of the sectors of the food industry that markets unhealthy food to vulnerable children. ShamBurger, the BurgerCorp mascot, represents the companies that do this. He infiltrates homes unannounced and unwelcome, and preys on children. Whilst he might look friendly and give away free toys, there is a hidden agenda behind his smile – to promote unhealthy food.

The BurgerCorp campaign hit back at unhealthy food advertising with a humorous 30-second video clip and accompanying website (www.burgercorp.com.au) that draws comparisons between unhealthy television food advertisements and door-to-door salesmen touting for kids' business. Viewers were encouraged to forward an email to the Federal Minister for Health urging the government to ban unhealthy television food advertising to children during broadcast periods when high numbers of children are watching. This campaign was timed to generate support before the release of the Preventative Health Taskforce's report.

These advocacy campaigns demonstrate community sentiment towards the issue of food marketing to children. Parents and public health and consumer groups are calling for tighter restrictions on unhealthy food marketing to children. The Government must place the rights of children and parents above commercial interests and develop and enforce robust regulations on unhealthy food marketing to children.

For further information visit the CFAC website <http://www.cfac.net.au/>.

It's not just alcopops

Tom Sloan

In the current environment we face a multitude of challenges, locally and globally, which are likely to have significant implications for the quality of life future generations will experience. They range from climate change to teen binge drinking and the paradox of an obesity crisis and famines taking place at the same time. We have reached a situation where we need to start asking serious questions about how to find solutions to these challenges. I am a 20 year old student studying for my Bachelor of Interdisciplinary Studies (Sustainability) at the Australian National University and would like to share my perspective of how young people fit in to finding some of these solutions. Recent media coverage and political debate would lead you to believe that the price of "alcopops" is the big issue driving young Australians. However, this is a misrepresentation of what really engages young people.

For most of us, the important questions are related to the sort of future we want to experience and building an identity around who we want to be. However, as noted above, our society faces a multitude of challenges on many fronts that will affect our future in terms of the place we live, both socially and environmentally.

This leads to the question of how are we going to move towards a desirable future society and environment? Within this, the bigger question is undoubtedly how are young people going to participate in helping to find solutions to these challenges?

I have heard people wonder whether young people really care about anything but themselves (or "alcopops")? They certainly do. I think there is plenty of interest in many of the fundamental issues, although the importance of each varies from person to person! However the problems lie in this interest not being transferred into action. I see a few contributing factors for this.

First is time. There is only a certain amount of time to do many different things, so you prioritise. Part-time jobs, social life and education are all time-costly. Community participation, activism and changing bad habits are lower down on the priority list. I think this is largely because there is a perception among young people, justified or not, that our views are not considered as valid input.

This is the second point: although there are calls for youth to participate more, we question whether we will be seriously listened to. Personally I felt this way. However that changed through my involvement with a community based organization (SEE-Change) where people wanted to know what I thought. I found this vote of confidence extremely empowering and it motivated me to be involved, particularly in environmental issues. If this type of empowerment could be increased it would certainly help.

However, communication about what we think is only part of the solution. Encouraging youth participation is extremely important. It is crucial to have young people involved because it is the time in our lives when we're trying to figure out who we are and what we want to do in the future. Thus for any solution to work and be sustainable in the long run, you need youth to be part of it from the offset.

Not all our suggestions will be good, and some will be terrible, but that can also be said of some current practices as well. Fresh inputs may come up with new ideas, while older people provide support and wisdom: cooperation between both is the key to addressing the challenges we face.

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Acronyms that are regularly used in the PHAA Newsletter

PHAA - Public Health Association of Australia Inc.
SIG - Special Interest Group
AIHW - Australian Institute of Health & Welfare
WHO - World Health Organization
ACT - Australian Capital Territory
NSW - New South Wales
VIC - Victoria
WA - Western Australia
TAS - Tasmania
SA - South Australia
NT - Northern Territory
QLD - Queensland

Editors: Elizabeth Proude, Susan Stratigos, Jacky Hony & Pippa Burns

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The Editor, *intouch*, PHAA
 PO Box 319, Curtin ACT 2605, or email publications@phaa.net.au

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Membership enquiries to:
 Membership Coordinator, PHAA
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