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A NEW AGE

**Michael Moore, CEO
Public Health Association of Australia**



It is not the age of Aquarius – apologies to all those baby boomers who now have a tune running through their brains for the next twelve hours – it is the age of public health. 2008 provides extraordinary opportunities for the advancement of public health in Australia and the Public Health Association is in a marvellous position to be part of the change process.

I am pleased to have this opportunity to provide a few words for the first edition of *intouch* as CEO of the Public Health Association.

Most public health practitioners and advocates would have watched on with horror through the election process as we heard debate after debate on hospitals, their waiting lists and waiting times, almost to the exclusion of all other health issues. I was at the Press Club when the then Shadow Minister for Health, Nicola Roxon, debated with the absent Tony Abbott: even prior to his very late arrival the focus was on ways of dealing with hospitals. Some observers in the media might have been expected to point out that hospitals are primarily a State/Territory responsibility and that at the national level debate could at least include primary and preventative health approaches – but such commentators were few and far between.

We should not feel too depressed about it! That's the political process! Both parties were polling and running focus groups and they knew that hospitals gained electoral and media traction.

It was refreshing for me to listen to the now Health Minister Roxon addressing the Australian General Practice Network Conference in Hobart a couple of weeks prior to the election. Her focus was on primary and preventative health care and her comments were in great contrast to those of the then Minister Tony Abbott who only touched on these issues. Typically, there was very little reporting of the preventative and primary issues that she raised!

And there lies the challenge for us all. The community at large has lost focus and understanding of preventative and primary health care in spite of its enormous role in reducing morbidity and mortality. Using our networks within the PHAA and with parallel organisations we have the opportunity - and the responsibility - to build

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understanding of the importance of a public health approach. The good news is that Nicola Roxon does understand public health and PHAA President Mike Daube and I were delighted at the response we received when we discussed public health issues with her deputy chief of staff.

Back to astrology! Not being a Zodiac fundamentalist I relied on the appropriate level of academic rigour for the situation (checked Wikipedia) and after dedicating a nano-moment to the research thought that we just might be in the age of Pisces. It certainly does not recur as a song in the mind - it seems impossible to conjure up the album! Instead we will just have to settle for the age of public health. An Ottawa Charter perspective would have us entering the age of "peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity".

All we have to do is convince Labor governments around Australia that these fundamentals are the bread and butter of their own policies and we are there to help with their implementation.

REGULATION OF WEIGHT LOSS DRUGS

Consumer advocate CHOICE says it supports recommendations for the tighter regulation of complementary medicines advocated this month in an article in the *Medical Journal of Australia*. CHOICE Health Policy Officer Michael Johnson said: "The proliferation of complementary weight-loss drugs in the last decade, despite limited evidence of their effectiveness, is a clear example of how the current regulatory arrangements have failed consumers."

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Office Bearers

The Board

President

Mike Daube: ph (08) 9266 4933, m.daube@curtin.edu.au

Vice President - (Policy)

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SIG Convenors' representatives

Helen Keleher: ph (03) 9904 4465, Helen.Keleher@med.monash.edu.au

& Tony Butler: tbutler@optusnet.com.au

Branch Presidents' representatives

Peter Anderson: ph (07) 3872 2561, Peter.Anderson@heartfoundation.org.au

& John Coveney: john.coveney@flinders.edu.au

Editors, ANZJPH

Judith Lumley: ph (03) 8341 8500, J.Lumley@latrobe.edu.au &

Jeanne Daly: j.daly@bigpond.net.au

Branch Presidents

ACT To be Advised

NSW Sarah Thackway: sthac@doh.health.nsw.gov.au

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

QLD Peter Anderson: ph (07) 3872 2561,

Peter.Anderson@heartfoundation.org.au

SA John Coveney: john.coveney@flinders.edu.au

TAS Jennifer Ejlak: ph (03) 6222 7702, jenny.ejlak@dhhs.tas.gov.au

VIC Helen Keleher: ph (03) 9904 4465,

Helen.Keleher@med.monash.edu.au

WA Peter Howat: ph (08) 9266 7997, p.howat@curtin.edu.au

SIG Convenors

Aboriginal & Torres Strait Islander Health Peter Waples-Crowe:

ph (03) 9419 3350, peterw@vaccho.com.au

Child Health Jan de Groot: ph (08) 9489 7769, jang@ichr.uwa.edu.au

Environmental Health Liz Hanna: lizhanna@netc.net.au

Food & Nutrition Co-convenors, Cate Burns: Ph (03) 9251 7273,

cburns@deakin.edu.au & Simone Lowson: Ph (07) 3379 5745,

Simone_Lowson@ozemail.com.au

Health Promotion Peter Howat: Ph (08) 9266 7997, p.howat@curtin.edu.au

Injury Prevention Richard Franklin: ph (02) 8217 3128, rfranklin@rlssa.org.au

International Health Co-Convenors Peter Vanderwal:

Peter.Vanderwal@jtai.com.au & Miyuki Harui: miyuki@jtai.org.au

Mental Health Susan Humphries: ph (03) 9525 5038,

susanhumph@hotmail.com

Oral Health Bruce Simmons: Bruce.Simmons@nt.gov.au

Political Economy of Health Doug Welch: ph (07) 3284 5155,

doug@rbcdgp.com.au

Primary Health Care Helen Keleher: ph (03) 9904 4465,

Helen.Keleher@med.monash.edu.au

Prisoner's Health Tony Butler: tbutler2@optusnet.com.au

Women's Health Co-Convenors Angela Taft: ph (03) 8341 8571,

a.taft@latrobe.edu.au & Rhonda Small: ph (03) 8341 8542,

r.small@latrobe.edu.au

Chief Executive Officer Michael Moore: ph (02) 6285 2373,

mmoore@phaa.net.au

Aboriginal Health & the criminal justice system

Michael Levy, former Convenor, Prison Health Special Interest Group

The 1991 Royal Commission into Aboriginal Deaths in Custody recognised that ‘...too many Aboriginal people are in custody too often’, and recommended a strategy of imprisonment as the last resort in order to reduce the level of over-representation of Indigenous people in custody.

Sixteen years later, Aboriginal incarceration numbers and rates have increased: in June 2007 there were 6630 full-time adult Indigenous prisoners in Australian prisons.

The average daily number of full-time Indigenous adult prisoners in Australia in June 2006 was 6,041 - 5,528 (92%) males and 513 (8%) females.

The national average daily Indigenous imprisonment rate in the June quarter of 2006 was 2,110 per 100,000 adult Indigenous population, an increase of 4% from the previous year

The highest Indigenous imprisonment rate was recorded in Western Australia (3,376 Indigenous prisoners per 100,000 adult Indigenous population), followed by New South Wales (2,324).

The national age standardised Indigenous imprisonment rate from the annual Prisoner Census conducted in June 2005 was 12 times higher (1,561 per 100,000 adult Indigenous population) than the rate for non-Indigenous

persons (129 per 100,000 adult non-Indigenous population).

On 28 November 2007, the Public Health Association co-hosted a meeting with the Australian Institute of Aboriginal and Torres Strait Islander Studies and the Collaborative Research Centre for Aboriginal Health (CRC). The meeting was held at the Institute,

and attended by approximately 40 community members, public health practitioners and Aboriginal health researchers.

The meeting, which was promoted by the CRC as a ‘Roundtable’, aimed to:

- promote an evidence base for programmatic interventions directed at different stages of contact between Aboriginal communities and the criminal justice system
- explore different models of prison health services, whereby the interests of Aboriginal clients is prioritised
- seek evidence on which to develop effective coordination of health services for Aboriginal clients in and out of custody.

Issues of particular concern to participants were:

- the high rates of re-incarceration of Aboriginal Australians
- the close link between victims and perpetrators of crime, particularly in relation to violent and sexual offences
- the denial of Medicare entitlements to all Australian, and
- the impact of incarceration on families and Aboriginal communities.

The almost complete lack of high-level evidence to support social, welfare, education and health interventions to address the ‘health determinants’ of crime was particularly distressing to participants.



**PHAA 11th National Immunisation Conference
call for papers available online at**

: http://www.phaa.net.au/documents/21-01-08_conference_Mailout_Call_for_Papers.pdf



Centre for
Health Governance
Law & Ethics



THE CENTRE FOR HEALTH GOVERNANCE, LAW & ETHICS, UNIVERSITY OF SYDNEY
AND THE AUSTRALIAN & NEW ZEALAND INSTITUTE OF HEALTH LAW & ETHICS (ANZIHLE)

CONFERENCE
Business as usual?
Debating the role of industry in meeting the challenges of chronic disease

Friday 29 February 2008
9:15 AM - 3.45 PM

KEYNOTE SPEAKERS

Professor Lawrence Gostin

Linda and Timothy O'Neill Professor of Global Health Law,
Georgetown University, Washington DC, and Director,
O'Neill Institute for National and Global Health Law

Professor Fiona Stanley AC

Founding Director, Telethon Institute for Child Health Research; Executive
Director, Australian Research Alliance for Children and Youth (ARACY);
Professor of Paediatrics and Child Health, University of Western Australia

Professor Stephen Sugarman

Roger J. Traynor Professor of Law, School of Law,
University of California, Berkeley

OTHER PRESENTERS

Dr Rosemary Stanton OAM

Professor Wayne Hall

A/Professor Roger Magnusson

- VENUE :** Assembly Hall, Ground Floor, Faculty of Law, University of Sydney,
173-175 Phillip Street, Sydney
- COST:** Full registration: \$150 (GST incl); ANZIHLE members: \$90 (GST incl)
Full time students and pensioners: \$50 (GST incl)
- CONTACT:** Ms Val Carey, Sydney Law School, Phone (02) 9351 0238), email:
V.Carey@usyd.edu.au
http://www.law.usyd.edu.au/LPD/docs_pdfs/2008/healthconf2008program.pdf

Gambling: a critical public health issue

Helen Keleher & Charles Livingstone
Victorian Branch, PHAA

For some time now there has been interest in the research community about the harm arising from gambling, the links with health inequalities and the need for a strengthened public health approach.

Public health harms arising from gambling, and especially problem gambling, are of increasing concern. Electronic gambling machines (EGMs or 'the pokies') are particularly associated with problem gambling, accounting for around 95% of those experiencing problems with gambling. Of the 199,000 EGMs in Australia, NSW has the highest proportion, more than half, but Victoria, with just 15% of EGMs, has close to the highest spend per capita, totalling \$2.5 billion per year. The Victorian government currently reaps about \$1.5 billion per year in gambling revenue, of which \$1 billion is derived from EGMS. So governments staunchly support the gambling industry and shy away from measuring the harms associated with it, including crime, depression, family breakdown, divorce, poverty, children's welfare and family violence or the close links between these harms and health and socio-economic inequalities.

Sophisticated public health frameworks are needed to tackle the harms arising from gambling.

*[A] public health approach to gambling is valuable because it offers a broad viewpoint on gambling per se and not solely a focus on the more specific matter of gambling addiction. This position is consistent with public health approaches toward alcohol, tobacco and other drugs (Korn, D. & H. Shaffer (1999), "Gambling and the Health of the Public: Adopting a Public Health Perspective" in *Journal of Gambling Studies*, 15:4 pp 289-365)*



Gambling and associated problems are largely addressed as deriving from individual pathology, and the official response to this is to offer treatment to individuals who have succumbed to gambling problems. However, this narrow approach is inadequate, given the very substantial degree of control which governments have over the regulation and monitoring of gambling, and the vast flows of cash from families and communities into gambling industry and government coffers. It is time for the public health community to understand the nature of gambling derived harms and to develop appropriate public health responses within the broad framework of established principles of public health and to advocate for governments to respond.

This will necessitate research and development from the perspectives of healthy public policy, primary, secondary and tertiary prevention and health promotion at a population level rather than individual approaches based on a pathologically determined (and very inadequate) understanding of how and why people become victims of the gambling industry's marketing.

Pertinent questions will include looking at the concentration of EGMs in areas of socio-economic disadvantage and the links between population health inequalities and the harms arising from gambling. The public health community also needs to consider gambling industry funding for research and whether or not this is analogous to tobacco industry funding.

The New Zealand government has mandated a role for the Ministry of Health as responsible for funding and co-ordinating national and local services to address problem gambling, to raise public awareness of its risks and to conduct in depth research about problem gambling in New Zealand in order to learn more about the harm it causes and to identify effective approaches to address it.

References are available and can be obtained from the author at: Charles.Livingstone@med.monash.edu.au

VACCHO Practice Management training commences

Victorian Aboriginal Community Controlled Health Organisation's (VACCHO's) inaugural Diploma in Practice Management training took place in Melbourne in November 2007. It was a resounding success with lots of positive feedback coming from the participants. The training was led by VACCHO staff member Brendan O'Connell and supported by Jimi Peters, Tyson Murphy and Linda Osman from the Victorian Aboriginal Health Service (VAHS).

The Diploma in Practice Management Training was the culmination of 3 years of Practice Management forums run by the VACCHO Workforce Issues Unit. These forums were well received so the next logical step was to offer unique accredited training in this area.

Practice managers are fast becoming the vital 'cog in the wheel' in health service operations and the continued roll out of this training will provide a sound basis for Aboriginal Community Controlled Health Services to operate as efficiently and effectively as possible, so ensuring quality services to their communities.

The first training block covered one unit: Occupational Health and Safety (OHS). The remaining units will be rolled over the coming year.

Lyn Briggs, Women and Children's Manager at VAHS, commented: "There is so much to cover in OHS Policy and Procedures. We are already organizing things so that each manager conducts OHS Audits of our program areas and we have also set a date for a new OHS Committee". Lyn went on to say "I feel the training was very productive and has certainly put OHS back on the agenda at VAHS".

The training is funded by The Office of Aboriginal and Torres Strait Islander Health and should its initial pilot be successful, VACCHO, which represents 25 Aboriginal community controlled health organisations will be looking to run the course again in the coming year.

Depression in the Workplace

Is it a growing issue or is it simply that people are discussing it more openly and addressing it?

Depression is common and can affect anyone at any time for many different reasons. More than one million people in Australia experience depression, anxiety or related alcohol and drug problems each year.

Depression is more than just being stressed, upset or sad: it's a condition which affects a person's concentration, memory, activity level, appetite, behaviour and feelings. When people experience depression, it's with them all the time and can impact on their ability to cope both at home and at work.

Depression accounts for three to four days off work per month for each person with the illness – that's over six million working days lost each year in Australia.

Untreated depression can result in a significant reduction in performance and have serious implications for workplace safety.

Economic studies indicate that on average, each employee with untreated depression and related conditions will cost her or his organisation nearly \$10,000 per year. Overall, it's estimated that depression costs the Australian economy \$3.3 billion in lost productivity every year.

To address the issue of depression and related disorders, including anxiety and substance use, in the workplace, *beyondblue: the national depression initiative* has developed, delivered and evaluated a national awareness program.

Manager of *beyondblue's* National Workplace Program Clare Shann said: "Generally, people with depression, anxiety and drug and alcohol problems, are not managed well by organisations. In fact, many current management practices, such as recommending time off work or a holiday may isolate the person, compound the problem and make the whole situation worse."

"Organisations need to raise awareness of these issues and decrease the associated stigma so that people seek help early. By adopting a proactive approach, you can minimise the impact of the illness on the individual, the work team and the organisation."

"Telling people with depression "to snap out of it" or "pull their socks up" is not helpful. You wouldn't expect people with a physical illness like asthma or diabetes to get better by simply changing their attitude. It's the same with mental illness. People need to get the appropriate treatment to help them recover," Ms Shann added.



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The *beyondblue* National Workplace Program helps managers and employees to recognise common signs of depression in the workplace and equips them with the skills to intervene early to assist a colleague to get help.

An extensive evaluation has shown the program significantly:

- increases knowledge about depression and related disorders
- decreases the associated stigma
- improves attitudes towards a person experiencing depression or a related mental health problem
- increases confidence to assist a person with depression or a related mental health problem.

beyondblue offers several workplace presentations varying from one to four hours and designed to meet the specific requirements of a range of organisations in a variety of industries across private and public sectors. There are specific programs tailored to meet the needs of executives, senior managers and staff at all levels within the organisation. All programs are delivered by trained mental health professionals.

Participants learn how to recognise depression and related disorders in work colleagues. Through the use of case studies on DVD, participants become more confident in the strategies required to approach a colleague about whom they may be concerned.

These sessions highlight the impact of depression and anxiety on individuals, the workplace environment and the organisation. They provide an opportunity for managers to explore strategies to address the complexities involved in managing staff members with a known case of depression or a related disorder.

An extensive evaluation of *beyondblue's* National Workplace Program has shown that implementation of *beyondblue* workshops results in the following outcomes for participants (Based on a sample of 1,213 participants from public and private sector organisations):

- increased awareness and understanding about the most common mental health problems in the workplace
- a greater understanding of the impact of these problems on the lives of people affected, including their work performance
- improved attitudes towards a colleague with depression or a related disorder and decreased stigma
- increased willingness and confidence to assist and/or manage a person who may be experiencing depression or a related disorder
- a greater understanding of their responsibilities to staff and the organisation as they relate to these issues.

Clare Shann said: "*beyondblue's* workshops have been consistently rated highly by participants. For example 98 per cent of participants said they would recommend *beyondblue* training to others and 95 per cent of participants rated the relevance of the content to their job as good or excellent."



Here are some comments from people who have participated in the workshops:

"I've learnt how to have a comfortable and meaningful conversation with staff members who I'm concerned about. An employee with depression should be treated no differently to someone who's had a shoulder injury."

"I thought the beyondblue presentation to our staff was excellent. Having a clinician deliver the program is critical to its credibility and impact for participants. I know of several participants who approached the trainer after the session to talk about their own experiences."

"The feedback from the beyondblue presentation was great with a number of people approaching me afterwards and acknowledging that some of their 'problem staff' may actually be suffering from some form of depression and that it has opened their eyes so they can look at taking a different course of action"

For more information on *beyondblue's* National Workplace program call 03 9810 6100 or email workplace@beyondblue.org.au

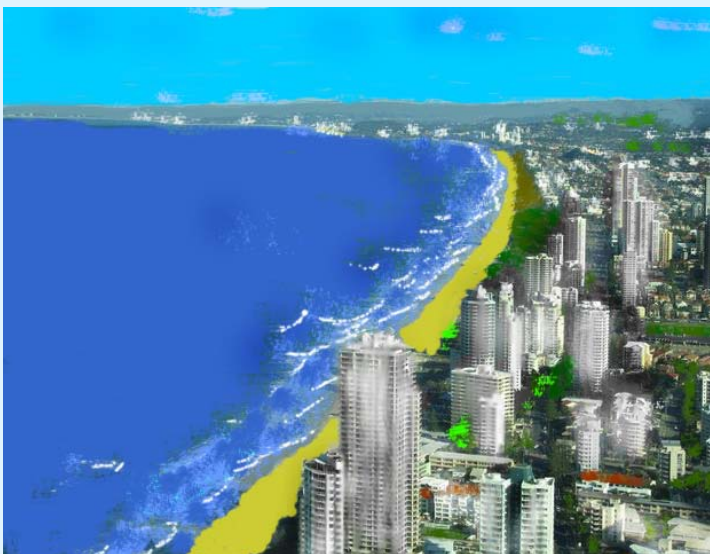


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**11th National
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*16–18 September 2008
Surfers Paradise
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Major international award for Australian Health leader

The Public Health Association of Australia is delighted to announce that PHAA life member Dr Basil Hetzel AC has been awarded the 2007 Prince Mahidol Prize for his contribution to International Public Health.

The Prince Mahidol Prize, an important international health award, will be presented to Dr. Hetzel in Bangkok by the King of Thailand at a ceremony on January 30th 2008.

Dr. Hetzel is one of Australia's most distinguished scientists and a former Lieutenant Governor of South Australia, Chancellor of the University of South Australia and Chief of the CSIRO Division of Human Nutrition. He has led international activity to reduce and eliminate iodine deficiency as a cause of brain damage for more than forty years.

His research in Papua New Guinea and at CSIRO on iodine deficiency and brain development led to recognition by WHO that iodine deficiency is the most common preventable cause of brain damage in the world today with an at risk population of 2 billion people in 130 countries.

In 1985 he played the key role in establishing and then leading the International Council for Control of Iodine Deficiency Disorders (ICCIDD), which is now a multidisciplinary global network of 700 professionals from more than 100 countries working with WHO and UNICEF. The ICCIDD, with WHO and UNICEF, has played a leading role in a global program of prevention dating from the World Summit for Children in 1990.

In 1999 an assessment by an ICCIDD/WHO/UNICEF team found that 68% of households worldwide were consuming iodized salt, compared with only 20% before 1990.

Dr Hetzel said, "We have seen enormous progress in the thirty years since we identified the importance of iodine deficiency to brain development. This Award is wonderful recognition of the benefits our work has brought to the health of communities throughout the world. There is now a further challenge to sustain and increase the coverage with iodized salt in countries including Australia where significant iodine deficiency has been identified in school children and in pregnancy".

For further information contact:

Dr. Basil Hetzel AC

Phone: 61 8 8161 7021 (Office)

Phone: 61 8 8267 3768 (Home)

Email: iccidd@a011.aone.net.au



Dr Basil Hetzel

NEW MEMBERS

NEW SOUTH WALES

Nandini Ray
Trish Guy
Liza Doyle
Joseph Khouri
Elizabeth Anne Couch
Vera Wigg

VICTORIA

Nicole Petrass
Sandra Downing
Karen Roger
Sandra Falconer
Tanya Sofra

QUEENSLAND

Anastase Kayumba Ndahayo
Christina Claire Russel
Claire Brown
Stacey Wrench

Torukiri Ibiebele
Gabrielle Dwyer
Alison Williams

AUSTRALIAN CAPITAL TERRITORY

Cecily Maller

NORTHERN TERRITORY

David Adams

SOUTH AUSTRALIA

Belinda Kate Lunnay
Angeline Lovett (nee Yeong)
Tess Hillgrove

WESTERN AUSTRALIA

Linda Slack-Smith
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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

How to join PHAA

Membership enquiries to:
Membership Coordinator, PHAA
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
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