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Reflections on the 2020 Summit

Helen Keleher, Victorian Branch President of the Public Health Association, was one of a number of PHAA Association Members who participated in the 2020 Summit. Here are her reflections.



For me, being a participant in Australia's 2020 Summit was an inspiring experience – to work alongside people filled with optimism and focused on the future, is a rare opportunity. Logistically, the whole event was extremely well organised, with a good balance between formal sessions and networking breaks that enabled conversations between people from other streams. The atmosphere was uplifting and often moving. I will always remember the comments from Indigenous friends and colleagues who said that they felt able to sing the National Anthem during the Summit opening ceremony with pride and a sense of belonging for the first time.

Public health was front and centre of the health stream discussions in terms of prevention, health promotion and health inequalities. Public health research was also prominent in the research sub-group which considered health research, research translation and research training.

I was in the stream, 'Towards a long-term health strategy' and nominated to join a sub-group to consider 'health inequalities'. It was significant that the Co-Chairs of the health stream, Professor Michael Good and Minister Nicola Roxon, recognised health inequalities as a key issue for Australia. It was wonderful to work alongside committed people, dedicated to increasing health equity. As with all streams and sub-groups, our discussions became more intense as we strove towards agreement on our big idea and policy recommendations that had the potential to be taken forward. This had to be achieved by midday on Day two when each sub-group was required to have prepared a communiqué that contributed to the interim report from each stream.

The health inequalities sub-group recommended the establishment of a Health Equalities Commission to monitor progress on the growing gap between the 'haves' and 'have-nots' in Australia. The first priority of the Commission is to be on closing the gap on Indigenous health outcomes with a simultaneous body of work on poverty, and inequalities emerging particularly among refugee and migrant groups. We discussed the paucity of data about health inequalities and the lack of sophistication of existing databases about the nature of health inequalities and their connections with social inequity.

On the morning of Day One, I raised health literacy as an issue, citing the ABS data that shakes any beliefs we might hold about Australia being a widely literate nation. It was very pleasing therefore, to see the health stream put forward a recommendation for a

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The Public Health Association of Australia is the major organisation for public health practitioners in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any persons who support the objectives of the Association is invited to join.



Reflections on the 2020 Summit

Continued from page 1

national health literacy program. Health literacy is of course, integral to the success of the proposed national preventative health agency and strategy. The focus in the report on universal first aid training is an idea likely to appeal to governments but there is a much broader approach needed to overcome the difficulties experienced by far too many Australians in understanding and using health information.

Two 'elephants in the room' issues were Federalism in relation to funding of health and the private health insurance subsidy. Federalism did bubble up to become a core theme of the Summit, not just for health where there seemed to be strong support for a single funder of all health services. The private health insurance subsidy did not bubble up – not because participants were particularly in support of it but because it was not an idea that government would be likely to act on in response to a Summit recommendation. PHAA has a position on this and we should, I believe, continue to gather evidence about the effectiveness of the rebate and act accordingly.

Obviously the ideas and proposals from the Summit will take time to gain traction, but I see PHAA and other NGOs as having a key role in evidence-based advocacy to encourage action by governments. The Summit was just a beginning.



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Health Promoting Communities: Being Active and Eating Well Community Demonstration Projects

Nicky McKeown

In Victoria, the Department of Human Services (DHS) and Department of Planning and Community Development (DPCD) are jointly funding six communities to implement 'Go for your life' Health Promoting Communities: Being Active and Eating Well community demonstration projects to address healthy eating and physical activity in areas of disadvantage.

The funded projects will build on the partnerships, priorities, policies and plans that have already been developed by Primary Care Partnerships (PCPs) and partner agencies. The environmental determinants that underpin the reasons for insufficient physical activity and unhealthy eating in local communities are the main focus for change. The projects will be funded for four years, 2006 – 2010. The long-term aim is to decrease the prevalence of overweight and obesity levels across the Victorian population.

This article will discuss five of the community demonstration projects. The sixth community project will develop culturally relevant programs for healthy eating and physical activity in the Indigenous community and is outside the scope of this article.

The projects are currently refining their implementation and evaluation plans. Each project is tailored to suit the needs of its chosen target groups and wider community.

The projects will use a mix of strategies that promote, support and enable healthy eating and being active. By providing an opportunity to improve the health and wellbeing of individuals the projects aim to strengthen and support families and the

community. Key priority areas for action include:

Healthy eating:

- Increase fruit and vegetable consumption
- Decrease consumption of energy dense food and drinks
- Increase breastfeeding.

Physical activity:

- Increase physical activity levels
- Reduce sedentary behaviour
- Increase in active transport.

Structural changes that support healthy eating and physical activity:

- Improve food access and supply for all groups in the community
- Develop the built and natural environment to support physical activity
- Address the underlying health inequalities that impact on healthy eating and physical activity.

One of the strategies currently underway at the state-wide level is a social marketing strategy which will see the development of key health messages to encourage behaviour change. The projects will use the key messages to support the implementation of the mix of strategies selected for each community. The messages are being developed and tested with focus groups made up of representatives from the projects' key target groups within the communities.

Evaluation of the projects is being coordinated by an external evaluator with a suite of indicators to be used consistently across all projects. The selected indicators will, where possible, be validated, to enable comparison with other communities. As each of the projects is different, each will also have their own indicators that will be measured by the local projects. It is intended that the results from the evaluation, and lessons learnt throughout the project implementation, will contribute to both the local and the global evidence base for obesity prevention. The state-wide communication plan, which is currently being developed, will outline the strategies for dissemination of this information.

For more information contact: Kristina Basile, Obesity & Diabetes Prevention Chronic Disease Prevention Unit, Public Health Branch (RRHACS) Department of Human Services, Ph: 03 9096 0400 or email: Kristina.Basile@dhs.vic.gov.au

The Public Health Association has revamped its logo

The Board decided that it's the appropriate time to emphasise a fresh start for our Association with people central to our goals. Consequently a decision was taken to modify our logo 'to put people back in public health'.

The idea was to retain a recognisable logo - originally representing the blue of the sky and the ochre of our landscape - so that there is an evolutionary process to the new one.

From the old



To the new



Three design companies were asked to provide a new design for the logo that would indicate a revitalisation of the organisation.

The original intention was to consult all members. However, when the range of concepts was presented first to the staff and then to the Board there was unanimous agreement. When the Board saw that the logo was to be upgraded rather than replaced – and with such strong support – it decided to proceed with the transition rather than taking up members' time.

Although only slightly changed, the new logo, symbolically represents people being put back into public health, whilst enabling brand recognition for those familiar with the old logo. The logo type uses modern and effective fonts which help enforce a modern and sophisticated brand development for the PHAA.

We hope that our members will see the revamp as a minimal physical change but a significant symbolic transition that represents the PHAA as an evolving, modern association focused on improving health for everyone.

A Healthy Idea Taken to the Summit

Introduction of government funded, school-based, breakfast programs

*Tracy Spark, Children's Nutrition Officer
Healthy Cities Illawarra*

Healthy Cities Illawarra (HCI) recently presented a submission to the Illawarra regional 2020 Ideas Summit, convened by local MPs Sharon Bird and Jennie George. In it, HCI proposed that the federal government consider the introduction of children's breakfast programs as a national public health initiative to address childhood obesity.

The increasing rate of childhood obesity is considered one of the country's most important public health issues. Obese children experience immediate physical and psychological health consequences, and frequently grow into obese adults.

Obesity and poor nutrition is strongly linked to preventable diet related conditions including diabetes, cardiovascular disease, and some cancers, to name just a few.

Government have introduced initiatives to address childhood obesity but few, if any, directly address a known basic requirement for a child's good health –breakfast. Breakfast is universally recognised as important to the health and wellbeing of children. Eating breakfast provides essential nutrients for growth and development, increases metabolism, is beneficial to learning and concentration, and establishes lasting healthy eating habits.

Children who eat breakfast consume more vitamins, minerals and dietary fibre, and less cholesterol and fat, than those who miss the morning meal. Breakfast optimises a child's nutritional intake, and those who miss breakfast are often unable to catch up on missed nutrients during the day. Moreover, in response to hunger, they are more likely to consume high fat, snack foods later in the day.

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A Healthy Idea Taken to the Summit

Introduction of government funded, school-based, breakfast programs

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Breakfast eaters consume more daily calories, yet are less likely to be overweight.

In addition to these more obvious health ramifications, research repeatedly finds that hungry school children have higher levels of aggression and hyperactivity, and diminished capacity to concentrate and learn. Eating breakfast has an immediate effect on improved alertness and educational outcomes of children.

Studies show however, that, increasingly, Australian children are going to school without having had breakfast. Reasons include: working parents not having the time to ensure their children have breakfast before they go to school, children being too sleepy or having no appetite early in the morning; and misguided 'weight control' efforts and peer pressure.

Moreover, children often miss breakfast because the family cannot afford appropriate food; a direct correlation exists between dietary deficiency and socio-economic status. The Parliament of Australia Senate Enquiry into Poverty and Financial Hardship 2002-2004 recommended "...the Commonwealth provide funding to establish school breakfast programs in disadvantaged areas."

The recommendation has yet to be implemented. The Sydney Morning Herald recently reported Northern Territory Aboriginal leader, Galarrwuy Yunupingu, protesting that "There are thousands of kids waking up to no breakfast in these communities...you can't turn a blind eye to it".

Children attending school without breakfast remains a national health and social issue. Single working parents, and both parent working families are common, media and resulting peer pressure to look a certain way is increasing. Add in economic hardship, and we find 1 in 4 children attend school without eating breakfast first.

Fortunately, an increasing number of schools have recognised the far reaching effects of 'skipping' breakfast and offer before school breakfast programs. Twenty Illawarra and Shoalhaven schools (or community centres within close walking distance of schools) in

areas of disadvantage have established, or are in the process of establishing, breakfast programs.

Children usually arrive at school 30 minutes before classes commence, and are offered a drink with cereal and/or toast, free of charge. Some are fortunate enough to be able to regularly provide fruit and dairy. Breakfast is offered to the whole school population to avoid 'targeting' and potentially stigmatising individual students who are known to not be eating breakfast due to socio-economic disadvantage. The programs are warmly received by children and teaching staff alike, and are considered a resounding success by the schools that run them.

However, implementation of breakfast programs currently relies entirely on 'self-driven' funding efforts and donations, and the enthusiasm and commitment of a voluntary workforce. As any parent of a school aged child will tell you, finding time to volunteer at school, at any time let alone at 7.30/8.00 am, is difficult. Those same volunteers are then expected to spend time seeking financial and in kind support from a business community that is increasingly inundated with requests for support. Competition for the community dollar is tough.

Not surprisingly quantity, nutritional content, and variety of foods offered is dependent on funding available, and in practice is often less than optimal. Program sustainability is a common issue.

The introduction of a national public health initiative enabling schools to establish breakfast programs through access to federal funds, would go some way to addressing this basic health inequity.

Implementation of the initiative could be like the National School Chaplaincy Program offered last year, in which public schools were offered the opportunity to apply for funds to run a program if the need was identified, and they had the support of the school community. Government supported school breakfast programs have been implemented successfully overseas for some time - so models for program implementation exist, and could be adapted to the Australian situation without too much difficulty.

The introduction of government funded, school based, breakfast programs would ensure that *all* children have the opportunity to start the school day with a nutritious meal providing positive educational, behavioural, mental and physical health outcomes.

References are available and can be obtained from the author at tracys@healthyillawarra.org.au

Dr Martin Caraher was 2008 Healthways Fellowship to Perth

Dr Martin Caraher was 2008 Healthways Fellowship to Perth. He was chosen to be this year's Healthway visiting fellow due to his work in nutrition and social determinants of health, which are priority areas in the Healthway strategic plan. Dr Martin Caraher is an internationally renowned advocate for social justice in relation to food security, food access and promotion of a healthy, sustainable food supply and good nutrition. He is Reader in food and health policy at the Department of Health management and Food Policy at City University London.

Martin's expertise on social justice in relation to food access and promotion of a healthy, sustainable food supply and good nutrition was thought provoking and highly relevant for WA. He spoke at a number of seminars and attended meetings with a variety of health professionals and decision makers including politicians throughout WA. During his stay in Perth, Martin also featured in an article in the West Australian Weekend Magazine and was interviewed for the ABC program Stateline.

Martin ran advocacy workshops which culminated in the agencies drafting advocacy plans using the information and framework provided by Martin. Dr Martin Caraher has kindly offered to review agency advocacy plans

at regular intervals, with a view to increasing the number and amount of advocacy papers being submitted in WA.

As well as presenting at numerous seminars and meetings, Martin travelled to regional Foodbank warehouses in both Bunbury and Geraldton, where he had the opportunity to present and interact with several Foodbank WA Agencies and over 50 Bunbury Rotarians; he also found the time to be guest speaker on ABC Southwest radio.

Martin readily extended his visit by a week to attend the launch of the Public Health Advocacy Institute at Curtin University of Technology.

Thank you to Martin for his passion and willingness to share his work with us, and to the many people who helped make Martin's visit a success.



L to R Back – Ray James Mentally Healthy WA (CBRCC), Linda Burke Foodbank (WA), Dr Martin Caraher, Leza Duplock Foodbank(WA)

L to R Front- Jo Clarkson(Healthway), Jude Comfort(Curtin University)

School of Population Health SINGAPORE'S SCHOOL

July 7th to 18th 2008

The School of Population Health offers postgraduate units via an intensive study mode in July in Singapore. Postgraduate students from UWA and other institutions can enrol in these units and obtain credit towards their degree.

These units offer convenient and flexible education opportunities for a broad audience and can provide an opportunity for professional development for workers in the Health Services area. Professional development colleagues may choose to participate with or without assessment and, if the assessment is successfully completed, may have their units credited towards any School of Population Health courses undertaken within five years.

Week 1 - 7th to 11th July 2008:

Introductory Analysis of Linked Health Data	Professor D'Arcy Holman
New Directions in Environmental Health and Ecology	Professor Philip Weinstein

Week 2 - 14th to 18th July 2008:

Advanced Analysis of Linked Health Data	Professor D'Arcy Holman
Economic Evaluation of Health Care	Dr Elizabeth Geelhoed

Visit our website:
<http://www.sph.uwa.edu.au/go/sph/singaporeschool>
 for full unit descriptions, payment details and other information.

You too Can Make a World of Difference to Public Health

Melanie Walker, PHAA Policy Officer and Jess Lyford, PHAA Intern

The 2008 winners of the Vodafone Australia Foundation's "World of Difference" competition have recently been announced. The PHAA would like to especially congratulate Anne Johnson and Liz Muir, who will be undertaking health-related projects.

Every year the World of Difference competition provides four Australians with the chance to devote a year of their time to a charity or not-for-profit organisation. Winners are provided with a salary of up to \$50,000 (plus \$25,000 in related expenses) to fund their activities for a year.

Two out of four of this year's winners will be undertaking projects of direct relevance to the public health field. The PHAA would like to congratulate this year's winners and encourage members to consider possible projects for next year's application process.

Associate Professor Anne Johnson from Flinders University in South Australia will be working with KidSafe to reduce child injury and deaths, with a particular emphasis on working with rural and remote communities. Associate Professor Johnson has been volunteering with

KidSafe since 1993, and has a background in paediatric intensive care nursing, having previously worked at Adelaide's Women's and Children's Hospital. She will be developing a South Australian child safety promotion strategy and action plan during the course of the year.

Ms Liz Muir has a marketing background and will be working with SecondBite, an organisation that recycles good quality food that would otherwise be wasted, providing fresh nutritious meals for Victoria's homeless and underprivileged. The organisation's goal is to provide food for 1 million meals by 2010. Ms Muir will be working to raise awareness and identify fundraising opportunities and long term revenue sources for the organisation.

Both of these projects have direct relevance to public health policy outcomes advocated by the PHAA, in terms of impacting on nutritional outcomes and broader issues relating to child morbidity and mortality.

The other two winners are pursuing projects in the community arts and conservation arenas. Mr Peter Cossey will be working with an organisation called CuriousWorks to develop an interactive community based arts project. Ms Blanche Danastas will be working with the North Queensland Conservation Council and the Australian Marine Wildlife Guardians Group to avert the extinction of Australia's only native dolphin, the "Australian Snubfin".

In congratulating the winners of the 2008 "World of Difference" competition the PHAA would like to acknowledge the contribution of the Vodafone Australia Foundation in funding these worthwhile projects.

PHAA members wishing to find out more about the competition; past and present winners; and types of eligible projects can go to: www.vodafone-myway.com.au/wod/

Gender and Health New Draft PHAA Policy



PHAA Members please be advised that this new policy is on the Draft Policy Forum on the PHAA website. You can access the Forum by logging in and clicking on Forums.

This draft policy was put to the PHAA Board on 24 April 2008. It was agreed that the process would be for it to be put on the Policy Forum for membership comment and go back to the Board at the 29th May meeting for comment with a recommendation that we accept the policy as an interim policy which then goes to the PHAA AGM in September for ratification by the members.

Please note that due to the PHAA Annual Conference not being held this year the process for policy revision will be via the Draft Policy Forum on the website.

Food and Nutrition Special Interest Group News

Dr Cate Burns, Co-Convenor FANSIG

As the old adage says "an apple a day keeps the doctor away". The health recommendation is to eat two pieces of fruit and five serves of vegetables a day. So in practical terms what you need to keep the doctor at bay is an apple and a banana, a tomato, a potato, a carrot, one cup of salad and two tablespoons of peas. But are fruit, vegetables and other core foods affordable in Australia today?

The best data on the cost of a healthy diet comes from the Healthy Access Basket Survey which was carried out in Queensland from 1998 to 2006. These data indicate that the price of a healthy diet has risen by 42.7 percent from 2000 to 2006 compared with a rise in CPI for food of 32.5 percent. These increases occurred after the introduction of the Goods and Services Tax (GST), from which most basic foods for human consumption including fruit, vegetables, meat, eggs, bread, cheese, soup, milk and breakfast cereals, that is, 'core' components of a healthy diet, were exempt.

In comparison, it is possible to purchase more unhealthy food for less. A study of supersizing found that an average increase in the price of fast foods by 12 percent was accompanied by a 23 percent increase in energy content, a 25 percent increase in fat content and a 38 percent increase in sugar content. Australian research also indicates that many unhealthy foods are cheaper per kcal relative to healthier foods such as fruit, vegetables, bread and meat and suggests that the cost of healthy foods is rising faster than that of many unhealthy foods.

Food prices play a major role in food selection. The influence of price is particularly important for low income groups. Evidence is emerging that the rising cost of food in Australia mirrors the increasing global price of food. The reasons for these price increases include the changing of food preferences in large

developing economies such as China and the increasing use of crops such as maize for bio-fuels. In Australia, the trend of rising food prices has recently been exacerbated by years of extended drought conditions. Local market forces may also influence the price of food.

The PHAA Food and Health Policy affirms that 'all Australians should have access to healthy, affordable and acceptable food' and calls for the Commonwealth and State governments to introduce a food surveillance system incorporating all facets of the food chain including regular national monitoring of the cost of healthy foods and foods that are less health enhancing. The Food and Nutrition SIG have made food and nutrition surveillance and monitoring a work plan priority in 2008. We therefore welcome the current Australian Competition and Consumer Commission (ACCC) enquiry into the competitiveness of retail prices for standard groceries. Matters to be taken into consideration by the inquiry will include, but are not be restricted to:

- the current structure of the grocery industry at the supply, wholesale and retail levels including mergers and acquisitions by the national retailers
- the nature of competition at the supply, wholesale, and retail levels of the grocery industry
- the competitive position of small and independent retailers
- the pricing practices of the national grocery retailers and the representation of grocery prices to consumers
- factors influencing the pricing of inputs along the supply chain for standard grocery items
- any impediments to efficient pricing of inputs along the supply chain and
- the effectiveness of the Horticulture Code of Conduct, and whether the inclusion of other major buyers such as retailers would improve the effectiveness of the code.

The ACCC will provide its report to the Assistant Treasurer and Minister for Competition Policy and Consumer Affairs by 31 July 2008. You can read the submissions to the Enquiry on the ACCC website (www.accc.gov.au).

This is a timely development in the face of rising food costs, diet-related disease and food insecurity in Australia and worldwide.

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Crocodile Smiles Part 2 – Better Oral Health in Indigenous Communities

*Julie Luhrs, Senior Oral Health Therapist,
Travelling Cape York Dental Team*

The Crocodile Smiles project is an innovative approach to improving the oral health of children and their families living in three isolated Indigenous communities located on Cape York.

An alarming disparity exists between the health of Indigenous Australians and that of their non-Indigenous counterparts. Oral disease is an important public health issue due to its high prevalence and impact on individuals and society. This is reflected in terms of pain, discomfort, social and functional limitations and effect on quality of life. It is these factors, coupled with new research into the numerous links between oral health and general health that necessitates action be taken.

Australia's National Oral Health Plan 2004-2013, and Healthy Mouths-Healthy Lives, states that good oral health for all infants, children and families, is essential to support overall health and quality of life. Furthermore, they state that good oral health throughout life will be achieved through connecting oral health into primary health and community care systems.

Over the past five years, studies have provided strong evidence linking oral diseases with cardiovascular diseases, stroke, diabetes and premature births. Scientists suspect that the bacteria involved in gum disease cause and/or contribute to a suite of medical problems, although exactly how remains unproven.

Oral health and optimal infant and child

nutrition are interlinked. Oral diseases can be described as an 'early warning system' for poor infant and child health. Inappropriate infant and child nutrition behaviours will manifest at an early age into poor oral health.

While the prevalence of dental decay in children has fallen considerably across the population as a whole since 1980, those with the disease show little improvement. The limited epidemiological data available supports the view that the oral health of Aboriginal and Torres Strait Islander people is significantly worse than that of the wider population. It appears that this gap has widened over the past 20 years and is therefore a matter of great concern.

Current models of oral health care provided to the communities are largely oriented towards repairing the damage caused by dental disease rather than its prevention. In many Indigenous communities, Queensland Health Oral Health Services are unable to provide adequate services due to remoteness, staff shortages and lack of facilities. The oral health services provided on Cape York are itinerant, with staff flying or driving in and out of communities. This model, while working to meet the pain relief requirements of the community, does not have the scope or capacity to deliver consistent and sustainable oral health promotion and prevention messages.

It has been recognised that Indigenous children are frequent recipients of general anaesthetics for the purpose of extensive dental treatment at a very young age. The financial burden that the health system must bear to provide this form of treatment is considerable. However, perhaps even this seems small in comparison to the pain and distress this disease inflicts on the children and their families.

Indigenous Health Workers are responsible for screening and assessment, treatment and/or referral, management and administrative duties and most importantly educator and interpreter of health information. The latter has made the greatest inroads in improving and facilitating access to health services by Indigenous people. Similarly, it is this open stream of communication, built upon mutual trust and respect between the Health Workers and the people, which allows the workers to gain a strong sense of community issues and those problems which are of great concern to the community. It is this liaison which shall be the most effective means to bridge the gap between the non-Indigenous staff of the mainstream health system and the Aboriginal people (National Health and Medical Research Council 1996).

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Crocodile Smiles Part 2 – Better Oral Health in Indigenous Communities

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Staff providing oral health services recognised the need to address the significant oral health inequality of Indigenous children. Crocodile Smiles project staff have been partnering with oral health staff, community members and other allied health workers, to develop a whole of population approach to address the poor oral health status of the children of their communities.

The project interventions stem from the following factors: the nature of service delivery; the documented evidence of the successes of Indigenous Health Workers in improving access to health service and disseminating health information for enhanced understanding and education of Indigenous people; and also the need to foster the development of community empowerment and capacity building.

The project provides support, advice and strategies to enable Indigenous Health Workers to address the significant oral health inequality. It has raised awareness relating to the oral health needs of Aboriginal and Torres Strait Islander children and their families through the development of a sustainable oral health training package for Indigenous Health Workers. This training package has clear and culturally appropriate oral health messages that can be incorporated into general health messages.

This project aims to:

- Increase awareness of the importance of oral health, good

nutrition and general well-being amongst Indigenous Health Workers and Aboriginal and Torres Strait Islander families in the communities.

- Develop a sustainable oral health training package, for use by Indigenous Health Workers that work with parents and families of young children in the respective communities.
- Provide support to Indigenous Health Workers in their development of relevant oral health promotion interventions, programs and strategies including the development and use of Crocodile Smiles Family Packs.
- Develop effective community engagement processes to ensure all aspects of the project are culturally appropriate.
- Create a sustainable and open relationship with the Indigenous Health Workers in the communities.

The long-term goal is to decrease the prevalence and severity of oral disease in Aboriginal and Torres Strait Islander children in the respective communities.

It has been a fantastic opportunity for dental staff to encourage and support the incorporation of oral health awareness and promotion into the everyday work of the Indigenous Health Workers in Cape York.

I have noticed an increase in interest and awareness of the importance of oral health as a part of general health and well-being of members of remote communities within Cape York, in particular families with young children. I believe that the introduction of Health Checks which have an oral health component in them have contributed to this.

Public Health Nutrition in South Australia: innovations in public health nutrition

New thinking about public health nutrition is gaining worldwide momentum through the development of a project called the New Nutritional Science (NNSp). Inspired by the need to better understand the relationship between food, social determinants and social consequences of diet, and the impact of food production on environmental factors, the NNSp has articulated a vision for the future. This vision seeks to encourage research and practice that complements the traditional biological basis of nutrition with evidence from the social and environmental sciences.

To progress ideas about the NNSp, the Public Health Association of Australia (SA Branch), in conjunction with SA Health and the Australian Public Health Nutrition Academic Collaboration (APHNAC), is organising the **Public Health Nutrition in Australia: Principles to Practice, Rhetoric to Reality** conference to take place in Adelaide on 11th-12th July, 2008.

The conference aims to provide the opportunity to consider and discuss ways in which new developments in public health nutrition arising from the NNSp can be moved from principles to practice. Current issues in public health nutrition - including the impact of food costs and other social issues, and environmental imperatives will be examined. Emphasis will be given to methodologies and actions required to address these issues, and the necessary evaluation needed to assess effectiveness.

The conference features Dr Adam Drewnowski, whose work has been influential in shaping public health nutrition ideas. For more

information about the conference, including a registration form, go to www.aphnac.com/news.php.

Monitoring obesity, physical activity and nutrition in South Australia

Monitoring and surveillance of chronic conditions, risk factors and behaviours is important for providing information about changes in prevalence over time among various population groups. This information is necessary for informing prevention strategies and determining the effectiveness of interventions.

The increasing prevalence of obesity in South Australia is being monitored using a range of data sources. The Health Omnibus Survey, an annual face-to-face survey of a representative sample of South Australians, provides the longest continuous collection of obesity prevalence data in the State. Respondents are asked to report their height and weight. Obesity is classified as a body mass index (BMI=weight / height²) of 30 or greater. The prevalence of obesity among South Australians aged 18 years and over increased from 11.1% in 1991 to 22.0% in 2006

Physical activity and nutrition indicators are also useful in monitoring the obesity epidemic. The South Australian Monitoring and Surveillance System (SAMSS), conducted by the South Australian Department of Health, is a continuous telephone monitoring system sampling approximately 600 South Australians of all ages every month. Trends in the proportion of people engaging in sufficient physical activity are shown in Figure 2 for those classified as underweight/acceptable BMI compared to those who are overweight/obese.

Effects of campaigns are also able to be monitored using SAMSS. For example, changes in the proportion of South Australians eating the recommended serves of vegetables following the "Go for 2 & 5" campaigns in April 2005 and 2006.

For more information, visit www.health.sa.gov.au/pros.
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Smarter Eating and Playing in Greater Southern Area Health Service

Christine May, Health Development Program Coordinator (Nutrition) Greater Southern Areas Health Service

Children attending Out Of School Hours Centres (OOSHC) in the Greater Southern Area Health Service (GSAHS) of NSW will benefit from the roll out of a nutrition and physical activity program.

The OOSHC sector is rapidly expanding and its workers have an increasingly vital role to play in positively influencing children's eating and physical activity behaviour as research indicates that school age children's nutrition and physical habits are not ideal.

NSW Health has adopted five key messages for use in promoting healthy lifestyle practices with children and their parents and carers, all of which are applicable to the OOSHC setting.



The Health Development Unit chose the National Heart Foundation's Eat Smart Play Smart Program. This is the first time the program has been implemented in NSW. The program was chosen for its strong evidence base, quality resources, integration of both physical activity and nutrition elements and successful prior implementation in Western Australia.

In December 2007 Health Development Officers and Dieticians took part in a train the trainer workshops conducted by the National Heart Foundation that enabled them to deliver professional development to OOSHC staff in centres across the Area Health service.

Initially, Health Development Officers conducted interviews with the OOSHC centres to identify priority needs for staff professional development. There was a great deal of interest from the centres and in response a number of workshops were organised.

Each centre purchased The Eat Smart Play Smart resource manual developed by the Heart Foundation to assist centre staff in programming and conducting fun food and play activities for children attending their care service.

Very positive evaluation responses were received from participants with the most useful workshop topics being: nutrition information, physical activity guidelines and ideas for games, healthy recipe ideas, developing the nutrition policy, food allergy, food safety, and newsletter ideas.

When asked what improvements they would make at their service following the workshop many said that they would: involve children more in the menu planning and food preparation, encourage children to eat a wider variety of foods, encourage children to drink more water, provide more cultural foods, encourage more outside play and less TV time, revise the nutrition and physical activity policies, display more healthy lifestyle posters and give more of these as handouts to parents.

The realisation that OOSHC staff can influence children and families in these important lifestyle areas was stated as a key learning result by some participants. The majority of participants appreciated specific nutrition information and advice about the need to eat from a wide variety of food groups, the sugar content of soft drinks, ideas for fussy eaters, cheaper food alternatives, easy ways to prepare food, and food intolerances and allergies.

The participants also commented that they appreciated the opportunity to network with other OOSHC service staff. Some would like to establish a network in their area to continue sharing ideas.

Future support for the OOSHC staff will be via: encouraging Go for 2&5 campaign activities, input into any networks formed and linking the OOSHC centres into the new Live Life Well@School program being implemented state wide in government primary schools.

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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
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