



Contents

Scholarship winners attend PHAA's Justice Health Conference	1
Office Bearers	3
Access to affordable medicines in Australia	3
Photos from the Justice Health Conference	6
Advocacy in Action Toolkit	8
Health status and work ability	9
Stay On Your Feet WA® Falls Prevention Resource and Information Centre	10
Counting the cost of depression in the accounting industry	11
International Mens Health Week 2009	13
New Members	14

Scholarship winners attend PHAA's Justice Health Conference

By Melanie Walker, PHAA Health Policy Officer

The *PHAA Justice Health in Australia: Beyond the Convict Era* Conference was held in Melbourne on 6 - 7 April 2009.

The Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCAH) generously made some funds available to cover conference registration for Aboriginal and Torres Strait Islander representatives to attend the conference. Both CRCAH and PHAA were overwhelmed by the response to the scholarships from a wide range of individuals and organisations across Australia.

Both organisations wish to acknowledge the very high standard and number of scholarship applications received and extend a very special congratulations to the limited number of successful applicants who attended the conference.



Aimee Capper and John Van Den Dungen at the poster presentation and refreshments session.

continued on page 2



Scholarship winners attend PHAA's Justice Health Conference

continued from page 1

Successful applicants included:

- Aimee Capper, Indigenous Peer Support Worker with The Connection in the ACT;
- Michael Doyle, Aboriginal Research Associate with the National Drug Research Institute in WA;
- Irene Fisher, CEO of Sunrise Health Service Aboriginal Corporation in NT;
- Jill Guthrie from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) in the ACT;
- Richelle Jackson, Aboriginal Community Development Worker with Dental Health Services Victoria;
- Josephine Maxstead, Alcohol, Tobacco and other Drugs Training Officer with the Aboriginal Health Council of WA;
- Jasmine Sarin, Clean Air Dreaming Project Research Coordinator with the Illawarra Aboriginal Medical Service in NSW;
- Rebekah Stennett, Koori Kids Mental Health Worker and Project Officer with the Victorian Aboriginal Health Service;
- John Van Den Dungen, Indigenous Project Officer with the Australian Injecting and Illicit Drug Users' League (AIVL) in the ACT; and
- Rick Welsh, Aboriginal Male Health Project Manager with the Men's Health and Information Resource Centre in NSW.

PHAA was very pleased to be able to provide a conference program boasting a diverse range of speakers covering a wide variety of topics of interest to those working in the justice health and related service delivery, research, policy development and program delivery sectors.

Thanks goes to the CRAH for providing funding for the scholarships, which enabled both the participation of the delegates and their representation of a broad variety of organisations from around the country. It is also appropriate to extend a special thanks to the scholarship winners for providing their perspectives as an integral part of the conference program.

Conference resolutions developed by delegates at the conference will form the basis for future PHAA advocacy activities on justice health and related issues. The full list of conference resolutions and the subsequently developed draft advocacy summary document are now available on the PHAA website.



PHAA 39th Annual Conference
MAKING A DIFFERENCE
Intervening to improve health outcomes

28-30 September 2009
Hotel Realm
Canberra, ACT

for more information visit
our website at:
www.phaa.net.au



Office Bearers

The Board

President

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

Vice President - (Policy)

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

Vice President - (Development)

Chris Morris: christine2.morris@health.sa.gov.au

Vice President - (Finance)

Gordon Lee Koo: leekoo@internode.on.net

SIG Convenors' representatives

Tony Butler: tbutler@curtin.edu.au

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

Branch Presidents' representatives

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

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

ANZJPH Editors

Managing editor - Jeanne Daly: j.daly@bigpond.net.au

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

Editor - Priscilla Robinson: 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 John Coveney: john.coveney@flinders.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: lizhanna@netc.net.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.vanderwal@jta.org.au &

Miyuki Harui: miyuki@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@students.latrobe.edu.au

Primary Health Care

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

Prisoners' Health

Tony Butler: tbutler@optusnet.com.au

Women's Health Convenor

Jenny Ejlak: jenny_ejlak@yahoo.com.au

Access to affordable medicines in Australia

Mary Osborn

In Australia there are many check points to ensure medications are affordable, accessible and prescribed according to the principles of Quality Use of Medicine. These include the Pharmaceutical Benefits Scheme who negotiate with the industry for reference prices for drugs that are to be reimbursed; other groups such as Medicines Australia who are the umbrella organisation for the prescription medicines industry and who monitor the industry and have developed a Code of Conduct where breaches of the code are reported every six months; and, finally, most Medical Colleges in Australia have guidelines or standards for their members to refer to in cases where they may be unsure as to what constitutes a breach of medical ethics when dealing with the pharmaceutical industry.

Despite these check points to ensure affordability, accessibility and quality best practice, there are no specific measures designed to ensure access for disadvantaged communities such as people of low socio-economic status with chronic conditions. In other words, even with these systems in place in Australia and New Zealand, can we assume that there is equity in prescribed medicines and that everyone has the right to the highest attainable standard of health?

Access to affordable medicines can be framed within the context of a human right with breaches to this right constituting to a failure to the right to health and the right to the highest standard of health care. The pharmaceutical industry demands high prices for medicines and often uses aggressive marketing techniques to market their drugs with the rationale that they have to cover the costs of research and development. For countries where there is no stringent research and development institutions available to conduct close surveillance of the drugs being marketed, to monitor costs and to ensure equity in availability, people who have the greatest need for medications, such as those with chronic conditions, will pay the cost.

continued on page 4

Access to affordable medicines in Australia - continued from page 3

At the United Nations Millennium Summit in September 2000, Australia was a signatory to the Millennium Development Goals (MDGs) - a set of measurable goals and targets. In relation to access to affordable medications, the MDG target aim is to work in collaboration with the pharmaceutical companies. Whilst most of the emphasis was on HIV/AIDS, malaria and tuberculosis, this target also relates to non-communicable diseases (NCDs). Globally the burden of NCDs accounts for nearly half of the burden of disease (all ages), with cardiovascular diseases being the leading cause of death. NCDs are estimated to increase over the next 25 years and are projected to account for more than three quarters of all deaths by 2030.

In 2000 the United Nations Committee on Economic, Social and Cultural Rights (UNESCR) adopted "comment 14" which stated that in addition to access to health care, the right to health also included the underlying social, economic and cultural determinants of health. A key strategy of "comment 14" was to reach the goal of the right to the highest attainable standard of health through a "process of progressive realisation". Progressive realisation includes ongoing commitment with built in aspects of accountability, accessibility and affordability depending on available resources.

Accountability

In 1948 Australia was one of the countries that played a leading role in the construction and implementation of the United Nations Declaration of Human Rights. This stated that "... every person has a right to a standard of living adequate for the health and wellbeing of his family includingmedical care." Sixty years on the medical population faces a dilemma where on the one hand they work within a profession that is designed to protect and respect certain fundamental rights of their patients and on the other hand they as a profession are caught up with commercial life which has a different set of rights. Commercial corporation, that is the pharmaceutical industry, primarily has its interests with its shareholders whereby the interests of the medical profession are located with individual patients and the community.

Accountability is a key principle of human rights. As with any policy document if the recommendations are not implemented it becomes useless. Accountability requires accessible, transparent and effective mechanisms with evaluation and monitoring processes to measure progress. Transparent accountability to the principles of human rights allows individuals, communities or governments to gauge whether they have paid due attention to these responsibilities, it gives people a sense of where the gaps are, where there is room for improvement and, most importantly, it allows people to develop an understanding of what works well. In 2008 a report stated that access to affordable medications had failed and that one of the main contributors was the pharmaceutical companies.

Accessibility

Access to affordable medications is best achieved by populations living in industrialised countries. However, even within the industrialised countries, the distribution of affordable medications is unequal. Quantifiable information in relation to this gap in Australia is not known. However, there is information to suggest that the gap is wide, with people living in lower socioeconomic communities unable to afford some basic medications for NCDs. There are programs to improve availability and lower prices to quality medicines through partnerships with government, pharmaceutical companies and consumers.

Affordability

In 2008 the World Health Organization (WHO) measured the impact of the MDG target which states that in cooperation with the pharmaceutical industry access to affordable essential medicines will be achieved in developing countries. The report found that in the public sector, generic medicines were only available in 34.9% of facilities, and on average cost 250% more than the international reference price (IRP). In the private sector, those same medicines were available in 63.2% of facilities, but cost on average about 650% more than the IRP. In Australia the Generic Medicines Industry Association (GMIA) compared to Medicines Australia is allowed to go unchecked when it comes to breaching any codes of conduct.

Affordability not only means negotiating with the pharmaceutical industry for a fair price for medicines but is also about whether people can afford to buy them regardless of how cheap or expensive they are. In Australia, the Federal Government introduced a number of measures to ensure that the costs of medicines are affordable. These measures included cost-effectiveness assessments, generic substitution and patient co-payments. Patient co-payments are where patients contribute towards the cost of a prescription. People on social security benefits, aged and disability pensions, unemployment or on low incomes pay less for their prescriptions.

Continued on page 5

Access to affordable medicines in Australia - continued from page 4

In 2002 the Australian Government introduced a “safety net” system whereby subsequent prescriptions for a calendar year are dispensed for a reduced co-payment. In January 2005 these co-payments increased by 24 per cent and changes were made to the safety net thresholds. These changes have resulted in large increases which impact on patients’ ability to afford essential medicines.

In 2008 the UN published the *“Human Rights Guidelines for Pharmaceutical Companies in relation to Access to Medicines”* which were based on human rights principles enshrined in the Universal Declaration of Human Rights, including non-discrimination, equality, transparency, monitoring and accountability. The Human Rights Guidelines of Pharmaceutical Companies in relation to Access to Medicines can ensure accountability of the pharmaceutical industry.

In response to monitoring and accountability, the UN Special Rapporteurs reported on 194 countries, including Australia and New Zealand, against 72 indicators of a right-to-health of respective health systems and identified obstacles to the implementation of the right to the highest attainable standard of health. In developing these results the UN Special Rapporteur discussed access to medicines with pharmaceutical industry as well as governments with the long term goal to develop internationally recognised human rights guidelines for both Governments and pharmaceutical companies in relation to access to medicines.

Only 56 countries had ratified three international human rights treaties that included the right to health and then recognised this in their national constitution. These did not include Australia or New Zealand. Information from countries concerning their adoption of a national health plan or a prior health impact assessment was not available. A national health plan in terms of affordable medicines would provide information on who has access to health-related facilities and services. The definition of a comprehensive national health plan is intended to extend to the whole population, including Indigenous people, and incorporates public and private health sectors, including traditional and Indigenous health practices and medicines.

In conclusion, strategies have been identified to improve access to affordable medications at a local level and these include:

- Eliminating taxes and duties on essential medicines;
- Updating national policy on medicines;
- Adopting generic substitution policies for essential medicines;
- Seeking ways to reduce trade and distribution markups on prices of essential medicines;
- Ensuring adequate availability of essential medicines in public health care facilities; and
- Regularly monitoring medicine process and availability.

Other strategies that have been suggested for advocacy at a global level include:

- Encouraging pharmaceutical companies to apply differential pricing practices to reduce prices of essential medicines in developing countries where generic equivalents are not available;
- Enhancing the promotion of the production of generic medicines and removing barriers to uptake; and
- Increasing funding for research and development in areas of medicines relevant to developing countries, including children’s dosage forms and most neglected diseases.

Good health care is something that policy makers can advocate for. The challenge for policy is that good health depends on the equal distribution of the social determinants of health, in particular the delivery of a quality health system. A human rights framework is one way to assist in advocacy for the fulfillment of the right to health and to ensure the need for a strong social commitment to good health. This is particularly important in the current economic climate when the delivery of health care to those that need it most is likely to suffer the most from economic restrictions.

Australia is a world leader in cardiovascular disease care and in NCD in general. Researchers are increasingly becoming engaged in projects in India, China and Southeast Asia as well as the Pacific and are developing successful treatment and prevention programs.

References are available and can be obtained from the author at: osborn88@optusnet.com.au

PHOTOS from the Justice Health Conference April 6-7



Below: invited speakers - Gino Vumbaca & Brett Collins



Above: Marissa
Gillies & Michael
Doyle

Left: Jill Guthrie &
Rachel Wargent



Michael Doyle &
Richelle Jackson

continued on page 5

PHOTOS from the Justice Health Conference April 6-7



Invited speakers - Michelle Gardner & Karen Batt



Michael Moore, CEO, PHAA



Rebekah Stennett & invited speaker - Ted Wilkes



Tony Butler, Alan Richards & Peter Scholfield



Peter Waples-Crowe & Michael Moore

Advocacy in Action Toolkit

Julia Stafford and Helen Mitchell,
Public Health Advocacy Institute of WA, Curtin University of Technology

The Public Health Advocacy Institute of Western Australia (PHAIWA) works to promote, support and develop public health advocacy in WA. The PHAIWA is an independent institute funded by Healthway and major WA based non-government agencies. Key objectives of the PHAIWA include developing strategies to promote public health and providing a mentoring role within public health.

The PHAIWA team are committed to building the capacity of both health professionals and the community to engage in effective public health advocacy. To increase and develop the advocacy skills of public health professionals, *Advocacy in Action: a toolkit for Public Health Professionals* has been developed.

The toolkit is a practical, user-friendly resource loaded with examples and public health case studies which illustrate advocacy in action! It covers:

- What is advocacy?
- Why and when would you choose advocacy?
- Advocacy challenges;
- Advocacy myths;
- Ways to be prepared for advocacy;
- Advocacy strategies; and
- Advocacy tools providing guidance and examples of:
 - Preparing media releases.
 - Sending out action alerts.
 - Writing letters to Politicians.
 - Meeting with Politicians.
 - Doing radio and television interviews.

To launch the toolkit in March 2009, the PHAIWA facilitated an advocacy workshop at the Weighing Up Our Future Congress organised by the Heart Foundation, Cancer Council WA and Diabetes WA held in Fremantle, WA. Twenty workshop participants had the opportunity to use the tools and practice advocacy techniques, using the topic of recent smoking in cars legislation. In small groups the participants worked together to:

- Conduct and record a radio interview.
- Conduct and video a television interview.
- Plan and role play a meeting with the Health Minister.
- Write a media release.

The workshop was well received and participants commented on how useful the resource will be in their positions. The PHAIWA look forward to other opportunities to conduct similar workshops in metropolitan and regional areas of WA later in 2009.

While both the PHAIWA and the *Advocacy in Action* toolkit focus primarily on WA, public health professionals from other Australian States or Territories are expected to find the toolkit valuable and applicable to their work.

To receive the *Advocacy in Action* toolkit free of charge please send an email to phaiwa@curtin.edu.au with 'Please send me the *Advocacy in Action* toolkit' in the subject line. To find out more about the PHAIWA and the professional development opportunities they offer please visit the PHAIWA website at www.phaiwa.org.au

Health status and work ability

Su Gruszin, Fearnley Szuster and John Glover

Public Health Information Development Unit, The University of Adelaide

In 2006, the Council of Australian Governments (COAG) identified the need for a national reform agenda policy framework for a healthy, skilled and motivated population to boost both labour force productivity and participation. Many CEOs agree that employees are their greatest asset and see workforce creativity and productivity as key drivers of corporate success. Chronic health conditions, common among all job types, can potentially impact company financial performance. Past management attention focussed on direct costs and absenteeism, but higher indirect costs and productivity loss from 'presenteeism' (employees attending work but performing below par due to illness) identify a new opportunity for management and an important focus for healthcare providers and policymakers.

In 2008, the Public Health Information Development Unit reviewed the literature to identify potential ways of addressing the COAG objectives. The review searched international peer-refereed articles on health status and labour force productivity and participation with regard to chronic disease. Seventy out of 360 reviewed studies were examined in detail. Most studies had been published within the last five years. The complete literature review can be viewed at www.publichealth.gov.au

Studies confirm the protective effect of employment on health, but also show that not all jobs are equal – there are good jobs (health-protective) and bad jobs (e.g. shift work). Work organisation and methods, work loads and pace, are changing faster than humans can easily adapt. There is evidence that in the modern, developed, 24-hour economy, work is losing its protective effect as the hazards of work-related stress, overwork, burnout and job strain (high job demands with low control over workload) are demonstrated. Long working hours and sudden death have been labelled the 'kar•shi' syndrome in Japan (literally: death from overwork).

Work ability

The concept of work ability, developed by the Finnish Institute for Occupational Health, describes the match between an individual's functional capacity and competencies and the demands of their work and work environment, and has influenced the management of ageing workforces across Europe.

'Work ability' is a dynamic process that for many reasons – including ageing – changes substantially throughout work life. Individual health and functional capacities are seen as key components of human resources and work ability. The dynamics needed to 'fit' human resources to newer work demands are not well developed, causing displacement of many older workers from the labour market on grounds of insufficient competency and no-longer valid experience.

Older people and those with chronic health conditions need assistance to remain in the labour force and work more productively; and to (re-)enter the labour force after condition or treatment needs have led to premature departure. This entails identifying actions that will impact on all components of work ability. Positive actions and interventions that could be taken by employers and health care professionals include:

Employers -

- providing workplace health promotion and wellness programs;
- prevention and treatment strategies to keep workers healthier (e.g. flu vaccines);
- clear, supportive policies on illness disclosure to reduce health-related distress of workers with chronic illness;
- line manager training in appropriate work adjustments for those managing chronic illness;
- awareness of the affect of mental health conditions on employees, and effective work place interventions;
- development of workplace policies for the retention of employed carers; and
- strategies to enable older workers to continue working in a healthy and productive manner.

Continued on page 11

Health status and work ability

continued from page 10

Health care professionals -

- greater awareness of the employment issues and concerns of people coping with chronic illness;
- targeted treatments and illness self-management skills appropriate to workplace settings; and
- development and application of tools for recognising employees at risk for chronic depression.

Improvements specific to health care professionals' working conditions -

- reductions in the administrative and bureaucratic workload across the health sector;
- programs to reduce the rate of psychological morbidity and burnout; and
- attention to workplace safety in health care establishments.

Victoria's response to the COAG reform agenda identified the need for a research agenda on the determinants of health, the effect of interventions on health, downstream cost impacts and labour force participation and productivity. There is indeed much to be done in this area in Australia.

Stay On Your Feet WA[®] Falls Prevention Resource and Information Centre

Stay On Your Feet WA[®] is a state wide, falls prevention program aimed at reducing the incidence and severity of fall related injury among seniors. Falls are the leading cause of injury for people over 65 years of age in Western Australia. One in three people over 65 fall each year and many of those will require medical attention. Falls can have a serious impact on confidence, mobility and independence.

In partnership with the Department of Health WA, the Injury Control Council of Western Australia (ICCWA) has been coordinating the development of the Stay On Your Feet WA[®] Resource and Information Centre. The purpose of the Resource and Information Centre is to coordinate and promote a consistent evidence based message for Stay On Your Feet[®] initiatives across Western Australia, becoming a single point of access for consumers, health professionals and those sectors which interact with the aged population for information and tools on falls prevention.

ICCWA will be responsible for the development of evidence based tools and education information for falls prevention across the continuum of care inclusive of primary, secondary and tertiary sectors of the health system. Stay On Your Feet[®] resources have been available for some time for the community-dwelling 'well population' over 60 years of age and six new resources have recently been developed for those at risk of falls in the acute setting. These resources will be used by allied health professionals, all hospital staff, carers, as well as patients and their families.

A number of gaps have been identified in the provision of falls prevention resources in Western Australia and ICCWA is currently in the process of developing resources to fill these gaps and further raise awareness of falls and the importance of falls prevention. Resources being developed include those for the 'at risk' population; people who are at a high risk of falling and are still residing in the community. This population may also be receiving services such as Home and Community Care and current community resources are not suitable for this population.

ICCWA will also be developing falls prevention resources for the Aboriginal population in Western Australia as there are currently no resources available. Current falls prevention resources are inappropriate for use with this population due to their cultural, social and linguistic differences and health status and health service needs. Two separate resources will be developed, one targeting the Kimberley region of Western Australia and one for the Noongar people.

For more information on the Stay On Your Feet[®] program or any of these resources, please contact the Stay On Your Feet WA[®] Resource and Information Centre on (08) 9420 7212.

Counting the cost of depression in the accounting industry

beyondblue: the national depression initiative has formed an alliance with the Institute of Chartered Accountants in Australia (ICAA) to address the high rate of depression in corporate professionals in the accounting sector.



The two organisations will work to raise awareness of depression in the industry - the signs, symptoms and where to get help - and aim to break down the stigma that can prevent people from seeking help.

In 2007, *beyondblue* was invited to participate in the Beaton Consulting Annual Professions Survey as a pro-bono partner. The results revealed that accountants are the fourth professional group behind lawyers, patent attorneys and insurance underwriters with potentially high rates of depression.

One in 10 accountants surveyed had moderate to severe depressive symptoms.*

beyondblue's Manager of the National Workplace Program, Therese Fitzpatrick, said considering the survey was conducted in 2006, it was possible that the number had increased as the current financial crisis would inevitably increase stress levels for many. Stress on its own is not depression but ongoing stress can increase the risk factors for depression and anxiety.

"Given the current financial situation, many accountants will no doubt be working with clients who may be highly stressed about money. It can be really difficult for accountants not to take on some of that distress themselves," she said.

"Accountants are often under a lot of pressure and have usually worked really hard to get where they are. Many are high achievers who can be quite hard on themselves. All of these things can contribute to higher risks of depression."

"There is also likelihood that accountants may use alcohol as a way of managing the early signs of depression and low moods which can exacerbate the situation because alcohol is, obviously, a depressant."

Ms Fitzpatrick added that although negative attitudes about mental health are a problem in most Australian workplaces, stigma is usually worse in high-pressure industries.

"When you're working in organisations where performance is incredibly important, depression is unfortunately seen as a weakness even though it is no different to any other illness. Importantly, with the right treatment, most people recover," she said.

A Memorandum of Understanding was signed in March at a launch with ICAA President Richard Deutsch, Macquarie Bank Chief Financial Officer Greg Ward and *beyondblue* CEO Leonie Young.

Deputy Chief Executive of the ICAA, Elaine McFadzean, said the institute would act as a conduit to promote *beyondblue*'s services and disseminate information.

continued on page 12

Counting the cost of depression in the accounting industry

Continued from page 11

"The Institute of Chartered Accountants in Australia represents over 50,000 members and 12,000 candidates studying to become members. A critical role for the Institute is to support our members throughout their career."

"This is an important partnership, particularly in these tough economic times. We believe *beyondblue* will prove a valuable resource to our members to help them identify and support people in the accounting profession who may be struggling with depression."

ICAA board members and regional council members will participate in depression awareness workshops delivered by a *beyondblue* accredited mental health professional through *beyondblue's* National Workplace Program. The program will be available to all institute members through their employers, drawing on *beyondblue* resources including the 'looking after yourself in tough economic times' booklet.

beyondblue will also produce a DVD for accountants explaining the partnership and featuring accountants' personal experiences of depression and recovery.

For the past 18 months, *beyondblue* has formed similar partnerships with law institutes across the country to address depression in the legal industry and this has led to less stigmatising attitudes in the legal sector.

For more information on depression, anxiety and related mental health disorders visit www.beyondblue.org.au or call the information line on **1300 22 4636** (local call cost from a land line).

Copies of the *Taking Care of Yourself after Retrenchment or Financial Loss* booklet are available free from the website or info line.

* Results of the Beaton Consulting survey and details on *beyondblue's* work with the legal and accounting professions can be viewed on the *beyondblue* website by clicking '[Workplace](#)' then '[Industry Specific Programs](#)'.



Institute of Chartered Accountants in Australia President Richard Deutsch and *beyondblue* CEO Leonie Young sign an MOU in March to work together to tackle depression in the accounting industry.

International Men's Health Week 2009

Each year International Men's Health Week is held to raise awareness about health conditions that affect men. International Men's Health Week 15th – 21st June 2009 is an opportunity for men, their families and the community to focus on men's health issues and to address any lifestyle factors that may be putting their health at risk.

Men experience higher levels of suffering across all areas of health in comparison to women, including higher levels of obesity, drug and alcohol use, skin and lung cancer, high blood pressure and cholesterol. Australian men are becoming increasingly obese and physically inactive which puts them at risk of serious health conditions including diabetes, heart disease and depression. Living an inactive lifestyle is also linked to reproductive health problems such as erectile problems and testosterone deficiency.

Men's general health and well-being are important. It is essential that men are aware of the impacts their lifestyle and behaviours can have on all aspects of their health, including that which cannot be seen; such as their reproductive health. Take for instance a man's fertility; while men may not think it is important now, the way a man lives can impact their reproductive health both now and later in life. Reproductive health problems can also indicate more life threatening conditions such as the link between erectile dysfunction and diabetes or health disease.

As part of International Men's Health Week in 2009, Andrology Australia is again supporting organisations raising awareness of men's health, by providing posters and brochures at no cost, that contain important health messages. This year's campaign and key messages focus on the link between lifestyle and reproductive health and calls for men to 'Protect your troops!' For tips on taking care of your reproductive and general health, men and their families or loved ones can download a free booklet on 'Your Sperm – and how to look after them' from the Andrology Australia website.

Those who order men's health resources for and during International Men's Health Week are also automatically entered into a competition to WIN an Apple ipod touch. New subscribers will also receive the Andrology Australia quarterly newsletter 'The Healthy Male' to continue to keep them in touch with important men's health issues. Terms and conditions apply and are available on the website.

For more information on International Men's Health Week 2009 or for quality men's health information, visit www.andrologyaustralia.org.

WELCOME TO NEW MEMBERS

NEW SOUTH WALES

Ms Caroline Curtin
Ms Judy Murrell
Ms Alison Churchill

VICTORIA

Ms Leanne Fairbrother
Dr Chebiwot C Kipsaina
Ms Angela Jane Borella
Ms Sarah Davies
Ms Deirdre Gartland
Ms Emma Sturrock
Miss Ingrid Currington
Ms Vicky Totikidis
Dr Kathryn Hale
Miss Liz Headley
Dr Satheesh Kumar Cheella Reddy
Miss Leanne McFarlane
Dr Marian Abouzeid
Ms Valerie Watchorn
Dr Lesley Hardcastle
Ms Liz O'Loughlin

QUEENSLAND

Ms Julie Keane
Mr Adrian Carson
Miss Jebet Kipsaina
Ms Daisy Barham

SOUTH AUSTRALIA

Ms Caroline Fryer
Professor John Lynch

AUSTRALIAN CAPITAL TERRITORY

Mr John O'Keefe
Mr Kyle Benjamin Turner
Ms Louise Acret

WESTERN AUSTRALIA

Miss Navreen Kular
Dr Myat Nilar Soe Soe

Advertising Rates

1/4 page \$100

1/2 page \$150

Full page \$200

PDF format preferred but PHAA staff can prepare your advertisement (rate of \$20 p/h)

Conference listing (5cm column)

up to 5 lines \$35

up to 10 lines \$58

after booking, send to PHAA, attention:

Vicki Thompson
20 Napier Close
Deakin ACT 2605

If further information is required please contact PHAA via email:

publications@phaa.net.au

or phone **02 6285 2373**

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

Articles appearing in *intouch* do not necessarily reflect the views of the PHAA but are intended to inform and stimulate thought, discussion and comment. Contributions are welcome and should be sent to:

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
email: membership@phaa.net.au
website: www.phaa.net.au