



# Public Health Alert - Risk of GATS Infection

By Paul Laris

GATS is the General Agreement on Trade in Services, an international agreement enforced by the World Trade Organisation to which Australia and 138 other nations are signatories. The services that GATS cover can include anything from tourism, to transport, prisons, water delivery and health care. The aim of GATS is to remove any restrictions and internal government regulations in the area of service delivery that are considered 'barriers to trade'. GATS commits its members to increasing liberalisation of their services over time.

On ABC Radio National's *Health Report* (March 26) Professor Alison Pollack from the Health Policy and Health Services Research Unit, University College, London, warned that Australia could be forced to wind up Medicare and the Pharmaceutical Benefits Scheme under GATS. She argues that major global corporations are desperate to find new markets given the threat to further growth from over production and slackening demand. Their focus for expansion is the billions of dollars currently spent on public services and utilities by national governments.

Member nations of GATS are required to demonstrate that they are operating the least restrictive regulation of service competition. GATS works with member nations to open up what were traditionally public services, such as health and education, to global corporate providers. While national governments can specifically exclude some services, the 'ratchet' nature of the

GATS process puts increasing pressure on governments to reduce the range and extent of exclusions. Pollack claims in a recent *Lancet* article that a special GATS committee is now targeting domestic regulations to outlaw the mechanisms governments traditionally use to protect public services. She reports that proposed changes to GATS specific definitions of pro-competitive policies include the outlawing of cross-subsidisation of public services such as occurs under Medicare.

Public health is subsumed to trade under GATS. Pollack cites the example of a WTO finding, which supported trade in asbestos despite acknowledged illness consequences. The WTO found that the necessity test was that trade should not be constrained by public health considerations.

In developing countries there is considerable concern that debt burdens and a lack of political power will mean there can be little effective resistance to GATS. Rich countries such as the UK and USA who are major exporters of services have much to gain from access to previously protected markets. Poorer people living in poorer markets (countries) may find they have less access and or will have to pay more for services such as water, postage, health care, education and so on. Medicare, the PBS and many other government services such as the ABC, that use public funds to promote health and equity are not compatible with the position argued by the GATS zealots. NGOs and social activists are mobilising in response to the GATS and hope that by a strong and sustained campaign, it may be turned

around, as was its predecessor, the MAI. PHAA members may wish to ask their local MPs and candidates their position on the GATS in the lead up to the federal election.

The transcript of Pollack's Health Report interview and a reference to the *Lancet* article are on the web at [www.abc.net.au/rn/talks/8.30/helthrpt/stories/s267197.htm](http://www.abc.net.au/rn/talks/8.30/helthrpt/stories/s267197.htm) The World Trade Organisation presents the pro GATS view at [www.wto.org/](http://www.wto.org/) and more critical perspectives are available at <http://www.oneworld.org/wdm/cambriefs/WTO/GATSforMPs.htm> and <http://www.afd-online.org/campaigns/2000/Globalization/handbook.htm>

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# Special Interest Group news

## Oral health special interest group

■ By Kaye Roberts-Thomson *Oral Health SIG Convenor*

Over the past 12 months there has been a great deal of activity and interest in oral health. A report titled "National Planning for Oral Health" was considered by the Australian Health Ministers Advisory Committee and adopted by the States and Territories. A task group developed a paper on oral health promotion for the National Public Health Partnerships Group which is under consideration by that body. In March a workshop was held in Sydney over three days on Oral Health Promotion. Early in April a workshop of the Strategic Research Development Committee was held by the National Health and Medical Research Council in Adelaide to begin to develop a strategic research agenda for oral health. Oral health has been identified by the NHMRC as one of five strategic research development areas.

Many of these papers and meetings have emphasised the importance of changing the view of oral health and disease which involved the separation of the mouth from the rest of the body and consequently a separation in the organisation of oral health services, to a more integrated approach in which oral health is seen as a component of general health. A number of factors support a more integrated approach: people do not view their mouth as separate from their body, systemic diseases may manifest initially in the mouth (e.g. HIV) and oral diseases contribute to the burden of disease of the community. There is a growing body of scientific literature on the relationship of oral health and a number of systemic diseases such as diabetes, pre-term low birth-weight infants and athero-sclerotic diseases. This work has highlighted the appropriateness of a more integrated

direction to oral health and raised the possibility and appropriateness of a common risk factor approach to health promotion.

One of the issues arising out of this plethora of activity is the need and the desire to bring together in an organisation those people who have been energised by all this activity and others who are committed to dental public health so that a base for advocacy and action in oral health is built. The Oral Health Special Interest group has an important role to play in the development of this coalition of interests and will be working towards becoming this base. It is important that the networks and interests that have developed in the process of these activities be maintained and nurtured for the interests of oral health.

An additional area of importance to which very little attention has been paid is oral health in Indigenous communities. A national workshop is planned for later in the year co-sponsored by the Oral Health SIG and the AIHW Dental Statistics and Research Unit. This workshop will aim to bring together interested leaders of Indigenous Communities, service providers, primary health care workers and researchers to build networks and to discuss acceptable and appropriate ways of improving oral health in Indigenous people. The planning is in very early stages and further information will be available in the next few months.

Finally, the Oral Health SIG would like to congratulate its previous convenor Leonie Short on her recent election to Federal Parliament.

••••• 3rd National PHAA Food & Nutrition Conference

••••• Eating Well into the Future

••••• Call for Papers •••••  
••••• Due: 27 April 2001 •••••



PUBLIC HEALTH  
ASSOCIATION OF  
AUSTRALIA

# President's Report

By Peter Sainsbury, PHAA National President



I begin this report with an immensely pleasurable task: congratulating two of our members on the achievement of high office. Professor Marie

Bashir was appointed Governor of NSW on March 1<sup>st</sup>. Marie is well known to many of you as a highly respected child psychiatrist who has over many years been an indefatigable and innovative champion of disadvantaged people, particularly indigenous and migrant groups. And secondly, Leonie Short was elected Federal member for Ryan in Queensland in mid-March. Leonie has been an extremely active and enthusiastic member of the PHAA for many years, particularly in the promotion of oral health. I am confident that both Marie and Leonie will take every opportunity to advance the health of the public, particularly the health of the less advantaged members of society, in their new positions. I am sure that I speak for all PHAA members when I offer them our warmest congratulations and best wishes, and of course our assistance if they should need it.

The plight of the Pharmaceutical Benefits Advisory Committee (PBAC) has featured prominently in the media in recent months. It is rare for a backroom advisory committee, consisting of (to the general public) unknown hard-working experts, to generate such attention. It is even more surprising when the issue at stake is simply the membership of the committee. Just to remind you:

- the PBAC makes recommendations about which drugs should be available on the Federally subsidised Pharmaceutical Benefits Schedule (PBS) and what price the manufacturers should receive;
- the price Australia pays for its drugs has been very well controlled and we

have been able to ensure that essential drugs are available to all who need them at an affordable price;

- the Australian system for making decisions about such matters is considered by many overseas governments and experts to be the best in the world;
- the Minister for Health has replaced several long standing PBAC members at the same time;
- some of the new members are experts in the technical matters considered by the committee;
- a consumer representative and a person with long standing associations with the pharmaceutical industry have also been appointed to the PBAC.

While the expertise and independence of most of the new PBAC members are not questioned, serious concerns have been expressed by some of the displaced committee members and others including the PHAA. These concerns include that the PBAC has lost too much experience at the same time, that the committee no longer consists entirely of independent experts, and that the commercial concerns of the pharmaceutical industry will begin to influence the PBAC's decisions. It is feared that in the longer term the cost of the PBS to the Federal government will increase dramatically and that the system may be dismantled. The results will be that the cost of each drug will be determined entirely by the manufacturer, that individuals will be responsible for paying the full price for the drugs they need, and consequently that many poorer Australians will have to go without essential drugs because they cannot afford them.

Clearly this is a matter of great concern to the PHAA. We will be monitoring developments closely to ensure that one more element of our universal health insurance system is not removed and we will be including information about the issue on our Friends of Medicare website.

Members who are particularly interested in this matter may also wish to visit the following website: [www-sph.health.latrobe.edu.au/PABC/](http://www-sph.health.latrobe.edu.au/PABC/)

Talking of Friends of Medicare, all members will be aware that a Federal election will be held later this year. The PHAA has started to develop an election manifesto, which we will present to all the major parties to promote inclusion of public health matters in their election policies. You will be receiving an invitation very soon to participate in the selection of the ten most important public health concerns that we will include in our manifesto. I strongly encourage you to participate in this process and in the subsequent promotion of our manifesto to the parties and individual candidates. From discussions with members, I feel confident that the protection of Medicare and the principles that underpin it will be one of our priorities.

Finally, I am delighted to inform members that our Public Health Research Advisory Group (PHRAG) has been revitalised with Fran Baum, immediate past president, in the chair. Fran has lured a great collection of public health researchers to join her on PHRAG and she will be presenting a brief report of the Group and its activities in a future *intouch*. In the last edition of *intouch* we published a summary of the response received from the NHMRC to our letter of concern about the low success rate for public health applicants in last year's round of grant applications. As a result of the concern expressed by us and other public health research organisations the NHMRC convened a workshop, chaired by Professor Warwick Anderson, Chair of the NHMRC Research Committee, to discuss the issues in mid-March. Fran Baum and I attended this and it does appear that the NHMRC is determined to promote and commit more resources to public health research opportunities. We will keep members informed of actual developments.

## Branch news

### An introduction from SA's new Branch President

By Caroline Miller, South Australian Branch President

I am delighted to have taken up the position as the new Branch President in South Australia and would like to introduce our local executive: Peter Baghurst (Vice President), Judy Carman, Ellen Kerrins (secretary), Malinda Steenkamp, Ellie Rosenfeld, Lora Dal Grande (treasurer), Kelly McGorm, Paul Hakendorf and Carmel McNamara. With a strong membership in South Australia, we hope to contribute actively to the advancement of public health locally and to work productively with other sections of the PHAA, nationally.

In February, the Branch Executive met to plan the Public and Scientific meetings for 2001. In March, we held a meeting on the topic of the growing problem of falls, and their impact on injury related morbidity in older Australians. Information was presented on the extent of fall-related injuries in the elderly, associated hospital admissions and health care costs. Together with predictions of growth of this problem, these issues have led to prevention of falls in the elderly as a priority in the National Injury Prevention Action Plan. The session also demonstrated hip protection devices which, if implemented widely, have substantial potential to reduce the burden of falls in older Australians.

Upcoming meeting topics include: Attention Deficit Hyperactivity Disorder (ADHD) and *The Promise of*

*Biotechnology: will it deliver?* The branch also plans to hold a meeting to follow on from the highly successful session, held jointly with the South Australian Community Health Association (SACHA), helping to enhance participants' understanding about the relationship between Aboriginal health and land. Local members will be kept up to date through the SA Branch newsletter.

In April, the SA Branch of the PHAA and SACHA will hold a meeting on the People's Health Assembly-Global Network for Health, with reports from Prof. Fran Baum and Frank Tesoriero. Fran and Frank will speak about their experiences at the People's Health Assembly held in December 2000 at Savar, Bangladesh. At the final session, the People's Health Charter was adopted with a vision of equity, ecologically sustainable development and peace. Fran and Frank will lead a discussion on Australia's role in working towards this vision, and invite participants to discuss the implications of the Charter for their own work. Copies of the People's Charter for Health can be accessed at [www.pha2000.org](http://www.pha2000.org).

As well as providing information and stimulating debate, the SA Branch Executive is committed to developing their role in policy issues related to public health in SA and looks forward to holding a PHAA advocacy workshop and contributing to the PHAA plans for raising public health on the agenda of all parties in the lead up to Federal and local elections.



## RACP launches illicit drugs document

In December 2000 the Royal Australasian College of Physicians launched its illicit drugs document 'From Hope to Science: Illicit Drugs Policy in Australia.' The focus of the policy is on illicit drug use as a health and social problem rather than as

primarily a moral and law enforcement problem. To obtain a copy of the policy you can contact the Continuing Education Communications Department (02) 9256 5439 or download it as a pdf file from <http://www.racp.edu.au/hpu/policy.htm>

## New National Executive Biographies Judith Lumley: Co-Editor ANZJPH



Judith Lumley is Professor/Director at the Centre for the Study of Mothers' and Children's Health within the School of Public Health at

La Trobe University, Melbourne. Her academic background is in medicine and clinical physiology followed by a move into epidemiology and public health, retaining a particular focus on the health of mothers and children. Her research interests include maternity services, clinical and community trials, and maximizing the use and interpretation of routinely collected data. She has been a journal editor, is an active member of several Editorial Boards and co-author of three books.



## National Drugs Campaign

The Commonwealth Government has just released its National Illicit Drugs Campaign which is a two-part community education and information campaign. The overall aim of the campaign is stated to be: "to prevent young people experimenting with illicit drugs in the first place by teaching young people about the dangers of drugs and by promoting healthy family life". For more information the campaign website is [www.drugs.health.gov.au](http://www.drugs.health.gov.au).



# Government and community sector relations

## Non-government Sector/Government Relations

At the end of last month ACOSS brought together its member organisations in the ACT to talk over the issue of non-government sector/government relations. The discussion was guided by the following questions:

- Is the issue of sector/government relations still an important issue?
- If so, what are the current dimensions of the issue?
- What are the major problems in the relationship?
- Where is the relationship working well?
- Assuming the government proves open to working with the sector,

what processes would you support to carry the work forward and what products and outcomes would you like to see emerge from the process?

- Assuming the government is not interested in working to resolve issues with the sector, what can the sector do internally and collectively to address some of the issues or position itself to capitalise on future opportunities to engage with government.
- The ensuing discussion was emphatic about the need for the sector to continue addressing the issue of sector/government relations. There was some discussion about the British model, which had described the sector and had then developed a series of

compacts or protocols. These can be found at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk) and [www.ncvo\\_vol.org.uk](http://www.ncvo_vol.org.uk).

The need to develop similar arrangements was canvassed amongst the groups at the meeting. Generally there was a feeling that the State and Territory Governments were well in advance of the Commonwealth in the generation of real partnerships and in the development of appropriate protocols with sector organisations. Several organisations mentioned that there seemed to be a push from the Commonwealth to push sector organisations into service provider roles, with little credence being given to the role that peak organisations play as an 'alternate voice'.

It was concluded that it is important to continue to engage the Commonwealth in discussions on the development of partnership roles, the value of sector organisations and appropriate contracts for sector organisations.

## Elected Office Bearers

### National Executive

#### President

Peter Sainsbury: Ph (02) 9515 3270  
sainsburyp@phu.rpa.cs.nsw.gov.au

#### Vice President - (Policy)

Helen Keleher: Ph (03) 5444 7569  
H.Keleher@bendigo.latrobe.edu.au

#### Vice President - (Development)

Terry Slevin: Ph (08) 9212 4345  
terry@cancerwa.can.au

#### Secretary

Victoria Touldkidis: Ph (02) 9290 6503  
victoria.touldkidis@racp.edu.au

#### Treasurer

Judith Dwyer: Ph (03) 9479 2799  
judith.dwyer@latrobe.edu.au

#### Editors, ANZJPH

Judith Lumley: Ph (03) 8341 8500

J.Lumley@latrobe.edu.au AND

Jeanne Daly: Ph (03) 9285 5273

j.daly@latrobe.edu.au

#### SIG Convenors' representative

Angela Taft: Ph (03) 8341 8571

a.taft@latrobe.edu.au

#### Branch Presidents' representative

Anthony Smith: Ph (03) 9285 5304

anthony.smith@latrobe.edu.au

### Branch Presidents

ACT Indra Gajanayake: Ph (02) 6289 5154  
ingaj@apex.net.au

NSW Peter Trebilco: Ph (02) 9319 1993  
p.trebilco@unsw.edu.au

NT John Boffa: Ph (08) 8951 4448  
moriboff@dove.net.au

QLD Margaret Shapiro: Ph (07) 3365 2121  
shapirom@social1.socialnet.uq.edu.au

SA Caroline Miller: Ph (08) 8291 4172  
Cmiller@cancersa.org.au

TAS Dave Abbott: PO Box 511  
Hobart, Tasmania 7001

VIC Anthony Smith: Ph (03) 9285 5304  
anthony.smith@latrobe.edu.au

WA Ilse O'Ferrall: Ph (08) 9884 1620  
Ilse.O'Ferrall@health.wa.gov.au

### SIG Convenors

#### Aboriginal & Torres Strait Islander Health

Pat Anderson: Ph (08) 8936 1755  
info@daniladilba@org.au

#### Child Health

Peter Baghurst: Ph (08) 8339 4192  
baghurstp@wch.sa.gov.au

#### Environmental Health

Anne Neller: Ph (07) 5430 2839  
aneller@usc.edu.au

#### Food & Nutrition

Roger Hughes: Ph (07) 5594 8530  
R.Hughes@mailbox.gu.edu.au

### Health Promotion

Fran McFadzen: Ph (07) 4920 6980  
fran\_mcfadzen@health.qld.gov.au

### Health of People with Disabilities

Seeta Durvasula: Ph (02) 9807 7062  
seetad@med.usyd.edu.au

### Injury Prevention

Beth Fuller: Ph (02) 6551 0870  
bethfuller@doh.health.nsw.gov.au

### International Health

Anna Whelan: Ph (02) 9385 3593  
a.whelan@unsw.edu.au

### Mental Health

Janis Shaw: Ph (08) 8943 2153  
janis.shaw@abs.gov.au

### Oral Health

Kaye Roberts-Thomson: Ph (08) 8303  
4454

kaye.robertsthomson@adelaide.edu.au

### Political Economy of Health

Ben Bartlett: Ph (02) 4268 3357  
ben.bartlett@peg.apc.org

### Rural Health

Jan Cregan: Ph (03) 5033 0282  
cregan@murraytel.com.au

### Women's Health

Angela Taft: Ph (03) 8341 8571  
a.taft@latrobe.edu.au

### Executive Director

Pieta Laut: plaut@phaa.net.au

# “Evidence from systematic reviews of research relevant to implementing the ‘wider public health’ agenda”

By Peter Sainsbury, PHAA  
National President

If you are involved in preparing a policy or a plan that concerns public health, in its broadest possible meaning, and you do not consult this report you will now be negligent.

Prepared by contributors to the Cochrane and Campbell Collaborations and published by the NHS Centre for Reviews and Dissemination, University of York, UK, in August 2000, this mighty book is an absolutely essential resource for all public health workers and health service planners.

The first four sections of the report present the evidence from systematic reviews of specific interventions concerning cancer, coronary heart disease and stroke, accidents, and mental health. Each section has four subsections covering social and economic, environmental, personal behaviour, and services interventions. So, for instance, concerning providing ‘incentives to employees to cycle or walk to work, or leave their cars at home’ to reduce heart disease or stroke, the only review found concluded that ‘public health exercise promotion strategies aimed at modifying the environment, to encourage walking and cycling, are likely to reach a greater proportion of the inactive population than efforts that aim to increase the use of exercise facilities’. Readers are also informed where there is no evidence from reviews to support an intervention, where no reviews have been performed and where a review is in progress.

The final three sections of the report, organised differently, present the review evidence for interventions

involving education, social care and social welfare, and crime, drugs and alcohol.

The authors emphasise that the report does not tell you what to do but they hope that it will help readers to answer the following questions:

- 1 Which policies might be prioritised because research evidence suggests that they are likely to succeed in achieving specific public health goals?
- 2 Having prioritised policy areas for public health investment, how might your goals best be achieved?
- 3 What additional research might help to identify further strategies for improving the public health?

References are of course provided for all the reviews used and it is intended that the report will be regularly updated.

If you want a hard copy, and bearing in mind that it contains about 350 densely typed, landscape pages I think that it is probably worthwhile to have at least one hard copy available, it will cost you twenty UK pounds from the NHS Centre for Reviews and Dissemination. You can, however, access it on the web at [www.york.ac.uk/inst/crd/wph.htm](http://www.york.ac.uk/inst/crd/wph.htm).

## Senate Inquiry into the Australian New Zealand Food Authority Amendment Bill 2001

The PHAA was represented at the Senate Community Affairs Committee Inquiry into the ANZFA Amendment Bill, along with the Australian Consumers Association and the Dieticians Association Australia. The major points presented by all three Associations were:

- while ANZFA has consulted widely on the Blair Report, there had been inadequate consultation on the amendment Bill itself;
- the inclusion of Ministers other than Health Ministers in the Council was likely to lead to some diminution of the primacy of public health considerations;
- the need to incorporate the precautionary principle in the legislation.

The Committee’s report was tabled in the Senate on 3 April 2001. You can access the transcript via the internet on [http://www.aph.gov.au/senate\\_ca](http://www.aph.gov.au/senate_ca)

### Community Environmental Health Action

The Department of Health and Aged Care has released Grass Roots and Common Ground – Guidelines for Community-based Environmental Health Action.

Copies can be obtained by contacting Population Health

Publications, Population Health Division of the Commonwealth Department of Health and Aged Care, by telephone 1800 020 103, or email at [phd.publications@health.gov.au](mailto:phd.publications@health.gov.au)

# Rewarding excellent journalism on Public Health & challenging the not so good...

By Terry Slevin, Chair PHAA  
Media Awards



It is that time of year when PHAA members have the chance to nominate examples of excellence in journalism on Public health issues.

Whether we like it or not, a large proportion of the health information people receive comes through the mass media. That's why it is in all our interests to reward and reinforce the best examples of journalism relating to public health, and that is what the media awards are all about.

We also have the chance for a "brickbat" in the form of the Big Bandid award. This is where we point to the most glaring example of inappropriate, inaccurate or just down right irresponsible reporting of a public health issue.

The awards can only work if you, as members play your part. Keep an eye out for the best (and the worst). The award categories are television, radio, print and online, with the Big Bandid able to apply to any medium. A special award for longstanding achievement to public health reporting may even be introduced.

| Profit and Loss Statement<br>July 2000 through to March 2001 |                     |
|--|---------------------|
| <b>Income</b>  |                     |
| Branch Income  | \$44,150.26         |
| Interest Received  | \$24,825.02         |
| In Touch Advertising   | \$11,871.07         |
| Membership   | \$366,265.72        |
| Secretariat Income   | \$108,411.70        |
| Journal (ANZJPH)   | \$110,310.22        |
| Project Grants   | \$19,612.96         |
| Workshop Income  | \$2,763.64          |
| Donation   | \$5,000.00          |
| SIG Carried Forward Income                                   | \$66,953.41         |
| Branch - Total Carried Forward                               | \$82,215.29         |
| <b>Total Income</b>  | <b>\$842,379.29</b> |
| <b>Expenses</b>  |                     |
| Branch Expenditure   | \$73,317.26         |
| Communication  | \$26,703.69         |
| Operating Costs  | \$104,332.67        |
| Journal Expenditure  | \$127,075.83        |
| InTouch Expenditure  | \$21,085.15         |
| Salaries & oncosts   | \$156,634.90        |
| Office Equipment   | \$2,087.62          |
| Projects   | \$19,354.06         |
| <b>Total Expenses</b>  | <b>\$530,591.18</b> |
| <b>Operating Profit</b>                                      | <b>\$311,788.11</b> |
| <b>Conference Income</b>                                     |                     |
| Conference Income  | \$434,995.13        |
| <b>Total Conference Income</b>                               | <b>\$434,995.13</b> |
| <b>Conference Expense</b>                                    |                     |
| Conference Expenses  | \$385,349.95        |
| <b>Total Conference Expense</b>                              | <b>\$385,349.95</b> |
| <b>Net Profit/(Loss)</b>                                     | <b>\$361,433.29</b> |

Nominations will be called for from May, closing in August, and presented at the dinner of the Annual conference in Sydney in September.

All details for the media awards will be included in May *intouch* and any questions prior to May can be forwarded to the Executive Director, Pieta Laut at the PHAA secretariat.

**enHEALTH 'Healthy Homes' draft publication**

EnHealth has released the draft publication – Healthy Homes – a guide to indoor air quality in the home for buyers, builders and renovators, for a round of targeted consultation. If you want to make a submission or obtain a copy, the contact details are:  
The Publications Officer

Environmental Health Officer  
Department of Health & Aged Care  
MDP27 GPO Box 9848  
Canberra ACT 2601  
Fax: 02 6289 4215 or email: [environhealth@health.gov.au](mailto:environhealth@health.gov.au)  
The closing date for submissions is 2 May 2001.

# What's on

## 29 June - 3 July 2001

Centre for the Study of Mothers' and Children's Health, 251 Faraday St Carlton, VIC 3053. The course covers epidemiological principles of study design and method, evidence-based practice, sociodemographic factors in reproductive and perinatal health, and the availability and use of state and national data. For more information on the course: <http://www.latrobe.edu.au/www/csmch/>

## 4-6 July 2001

Public Health Association of New Zealand Conference: *A Fair Go - Achieving Equity in Health* Waipuna Hotel, Auckland. For more information please contact Jan Tonkin, the Conference Company, PO Box 90-040, Auckland or [emialpha@tcc.co.nz](mailto:emialpha@tcc.co.nz). The Public Health Association of New Zealand can also be contacted by (PH): +64 4 472 3060, (FAX): +64 4 472 3059 email: [pha@actrix.gen.nz](mailto:pha@actrix.gen.nz) and website: [www.pha.org.nz/conferences](http://www.pha.org.nz/conferences)

## New members

### New South Wales

Andrew Milat  
Peter Condon  
Danielle Penn  
Patricia Mannes  
Natalie Burton  
Ping Ng  
Hiedi Gilchrist  
Judith Leahy

### Victoria

Shawn Somerset  
**Western Australia**  
Coastal & Wheatbelt Public Health Unit

### South Australia

Ms Elizabeth King

### Overseas

Mr John Waldon - New Zealand

## 15-17 July 2001

3rd National PHAA Food & Nutrition Conference: *Eating Well into the Future* Carlton Crest, Melbourne. For further information please contact the PHAA secretariat email: [conference@phaa.net.au](mailto:conference@phaa.net.au) or online at [www.phaa.net.au](http://www.phaa.net.au)

## 23-26 September 2001

33rd PHAA Annual Conference 2001: *A Public Health Odyssey - Popular Culture, Science and Politics* Hilton Hotel, Sydney. For further information on the conference please contact the PHAA secretariat email: [conference@phaa.net.au](mailto:conference@phaa.net.au) or online at [www.phaa.net.au](http://www.phaa.net.au)

## The WHO needs your help



The World Health Organization is carrying out a large-scale investigation to assess the performance of health systems in all the countries of the world. The results will be published in WHO's World Health Report at <http://www.who.int/whr>.

This investigation seeks to improve data and methods for assessing the performance of health systems. You can learn more about this in <http://www.who.int/whosis> under "Statistical data from the World Health Report 2000"

A portion of the investigation involves key informants knowledgeable about the health systems in their country.

The WHO would very much appreciate your taking 20-30 minutes to complete the online questionnaire found at <http://www.who.int/evidence/ki-survey-18>

# Advertising in



### 1/4 page

Members ..... \$215  
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### \*Inserts (2000 x single A4 page)

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\*after booking, send to PHAA, attention:

**Jacinta Trentini**  
20 Napier Close  
Deakin ACT 2605

Costs for larger/thicker inserts are available on request. Copy deadline is for the 28th of the month for publication on 15th of the following month. If further information is required please contact PHAA via email:

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