

Immunisation Conference a Success



The Public Health Association of Australia's Seventh National Immunisation Conference was held at the Gold Coast International Hotel on the 2nd and 3rd of August 2000. This conference continued the PHAA

tradition of excellence in highlighting immunisation as a key public health issue, bringing together policy makers, researchers and service providers to examine current issues and make recommendations about the way forward.

There was a strong sense of unity and purpose at this year's conference. In his opening address, the Federal Minister for Health and Aged Care, Dr Michael Wooldridge, outlined the achievements of the Immunise Australia program and launched the document "Vaccine Preventable Diseases and Vaccination Coverage in Australia, 1993-1998". This report, written by the National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases (NCIRS), brought together national data on notifications, hospitalisations and deaths into a comprehensive report.

The first session was one of scene-setting, in which the basic science of immunisation and the future of vaccine development were made relevant to the policy and program issues which have traditionally occupied the public health community. A series of plenary sessions outlined the current Australian contribution to the development of innovative vaccines for tuberculosis, rheumatic fever and HIV/AIDS,

and gave a broad picture of the impact which the human genome project, and better understanding of microbe genome, was likely to have on vaccine development.

The global importance of immunisation as a public health measure, and the re-invigoration of the global effort through the Global Alliance for Vaccines and Immunisation (GAVI), were highlighted by Professor Graham Brown. These include the world eradication of poliomyelitis by 2005, and more effective delivery of Haemophilus influenzae type b (Hib) and hepatitis B vaccines. We were privileged to hear of the Malaria Vaccine Initiative from Dr Regina Rabinovich from the Program for Appropriate Technology in Health in the USA. Dr Elizabeth Miller, Head of the Immunisation Division of the Communicable Diseases Surveillance Centre in the UK, gave a comprehensive overview of the introduction of a meningococcal C conjugate vaccine program, a world first, into the UK. Significant disease reduction has resulted in less than 9 months from the implementation of this program. Data was presented from Victoria and South Australia (Dr Robert Hall) which suggested that disease burden in Australia, though lower than in the UK, could potentially be sufficient to make immunisation cost effective. More detailed Australian incidence data will be required to more fully inform an economic analysis.

Dr Miller was this year's Feery orator. The Feery Oration is delivered each conference in

honour of Dr Brian Feery, a distinguished scientist who made a major contribution to immunisation in Australia. Dr Miller chose as her subject for the oration "Progress towards Elimination of Measles, Mumps and Rubella in the UK". She described the interruption of indigenous transmission of measles following a highly successful campaign in 1994. Unfortunately, the prospect for elimination of these diseases has now been threatened by unsubstantiated

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claims about the safety of the MMR vaccine, in particular its alleged association with autism and bowel disease.

Our third overseas guest was Dr Jane Seward, the Chief of Varicella Activity in the United States National Immunisation Program. The varicella vaccine that has recently been licensed in Australia, has been available in the United States for more than 3 years. National coverage is now over 60%. There have been substantial decreases in disease burden in the targeted age group (1-4 years), but also among infants aged less than one year and adults.

Prominent local immunisation experts such as Professor Margaret Burgess, Professor Terry Nolan, Professor Graham Barnes and Professor David Isaacs discussed issues including the success of the Enhanced Measles Control Campaign, the impending introduction of conjugate pneumococcal vaccines, the recent setback with rotavirus vaccines and the debate over the use of live oral polio vaccine versus inactivated polio vaccine as we move closer to world eradication of polio. Dr Stephen

Lambert gave an excellent presentation of enhanced measles surveillance in an era of controlled disease. This session showed that Australia is at the forefront of expertise in these and other immunisation areas.

The Australian Childhood Immunisation Register (ACIR) now approaching maturity was a focus. Increases in reported coverage are probably reflective of both improved reporting by providers and increases in immunisation activity. The ACIR is now the common thread in consistent reporting of immunisation coverage in terms of the national goals and targets, and provider (General Practice Immunisation Incentives (GPPI)) and parent (Maternity Allowance, Child care benefit) incentives. Full immunisation coverage at 12 months of age is now 88.4%, and at 2 years of age 81.7% nationally. Immunisation coverage among recipients of Child Care Assistance has reached 94% less than 6 months after full immunisation (as recorded by the ACIR) was required for payment. There were many examples in proffered paper sessions of successful collaborations between public and private sector providers in data

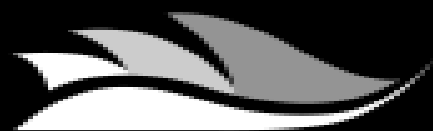
cleaning activities to improve the utility of the ACIR. The disparity that remains between incentives in the public sector and the private sector was again an issue, and was highlighted in the agenda for action.

Workshops on the development of skills in handling parents' concerns about the safety of vaccines were once again very popular. The importance of responding appropriately and sympathetically to parents' concerns, and having reliable methods of reporting and analysing data on immunisation adverse events were emphasised.

The final session saw a stimulating debate to finalise the agenda for action. It was very pleasing to see the strong commitment to collaboration and evaluation through the ACIR, and to build on the excellent work of the past two years. We look forward to the Eighth Immunisation Conference with confidence that immunisation in Australia is well placed, and that further advances will rapidly follow in this age of the human genome.

*Rosemary Lester
Conference Co-Convenor*

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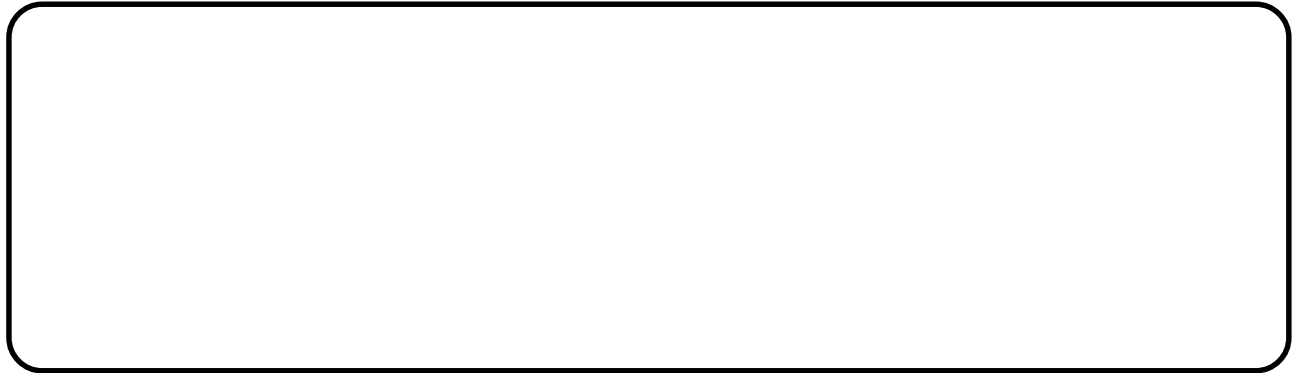
NSW HEALTH

Incorporating

Australian Transcultural
Mental Health Network
2nd National Conference

3rd Australian Multicultural
Health Conference

NSW Transcultural
Mental Health Centre
6th Conference



The Public Health Association of Australia:

- commends the introduction of universal infant Hep B immunisation;
- commends the continuing increases in national commitment to improving the Australian Childhood Immunisation Register;
- notes the policy commitment to measles elimination in Australia and commends the excellent result achieved in the Enhanced Measles Control Campaign;
- commends the funding of the older persons influenza program;
- commends the independent evaluation of the cost effectiveness of financial incentives for providers.

The Public Health Association of Australia recommends:

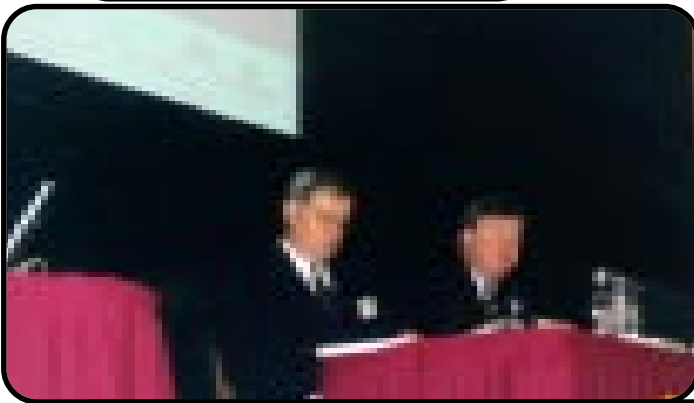
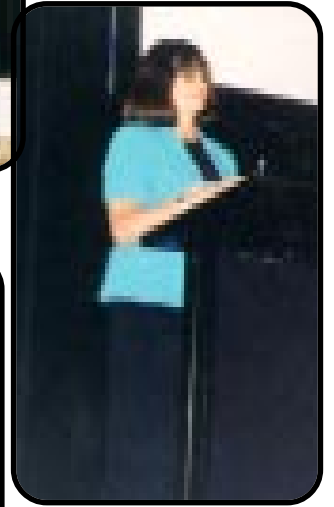
1. ongoing action plans are developed to continue progress towards a national measles elimination strategy;
2. all vaccines on the ASVS be funded and distributed to immunisation providers in a consistent manner;
3. implementation of recommendations in the recent ACIR evaluation be given priority by all parties including:
 - the reducing notification and processing times;
 - the allocation of specific funding for collaborative data cleaning activities;
 - the placement of HIC officers in states and territories to assist with local data issues;
 - the development of self auditing mechanisms so that access to vaccines is limited to vaccine providers whose data is available to the ACIR;
 - the encouragement of a working group of vaccine manufacturers, software suppliers and ACIR to progress integrated electronic recording;
4. the capacity of the ACIR be extended to develop a “whole of life” register;
5. public sector provider incentives should be developed to complement those developed for the private sector as previously recommended in 1998 ;
6. all immunisation providers should have aligned incentives to collaborate effectively to achieve a high quality national immunisation program, including appropriate targeting of children overdue for immunisation;
7. further development of the surveillance of vaccine safety in Australia is required;
8. a national evaluation of the delivery of the adolescent hepatitis B program is undertaken to obtain evidence of compliance with, and effectiveness of the NHMRC recommendations;
9. continuing emphasis is placed on the certification of immunisation status at entry to child care and school;
10. that a working party of the Communicable Diseases Network Australia & New Zealand examines outstanding issues for Q fever diagnosis and control and makes recommendations to ensure a uniform, effective, countrywide approach;
11. that a national network of appropriately skilled personnel be established throughout Australia to respond to local media on vaccination issues. This should include responding to the claims of the Anti Vaccination Lobby;
12. the urgent need for re-invigoration of global efforts towards immunisation of the world’s people, supports the goals of the Global Alliance for Vaccines and Immunisation (GAVI), and recommends to the Australian Government that high priority be given to immunisation programs in our overseas aid budget.



PUBLIC HEALTH ASSOCIATION
of Australia Inc

Conference Snaps...





An introduction from our new Executive Director

Well, where do I start? After only three weeks, there isn't a great deal I can say, so I thought that I might introduce myself.

Over the past 22 years I have experienced an enormously diverse range of work environments and challenges. I started my career in local government, first in Canberra and then in New South Wales, where I worked as an urban and regional planner. Since then I have worked on environmental issues for the Department of Defence and the Resource Assessment Commission, regional development for several departments and public health and aged care for the Department of Health and Aged Care.

Joining the PHAA as Executive Director is the culmination of what

I think has been an interesting career, working for and with communities in and across Australia. For me much of the attraction of coming to the PHAA is the opportunity it provides for me to contribute to:

- the development of knowledge and understanding of public health issues in communities across Australia;
- community discourse on a wide variety of issues at both professional and lay levels; and,
- the development of a robust association which has the prestige and strength to take community perceptions and concerns forth and have them acknowledged and resolved in the community's good.

Over the three weeks that I have been here I have learnt that the 'sky is the limit' for the Association. We have great opportunities to continue the exceptionally good work that we do via the ANZJPH and our conferences, as shown by the recent success of the Immunisation Conference. We also have a talented and capable team within the Secretariat. I am hoping that over coming issues we will be able to highlight some of their accomplishments and personalities of the Secretariat staff so that they all seem a little closer to you.

For my part, it is early days and I am concentrating on learning the 'ins and outs' of the Association and on planning our work program and finances for the coming years.

Pieta Laut
Executive Director




Policy Reminder

A reminder to members who wish to revise current or propose new policies. These policies will need to be forwarded to the Policy Convenor Helen Keleher email: H.Keleher@bendigo.latrobe.edu.au. The final date for accepting policy changes is 29 September 2000.



PHAA Membership Renewal NOW DUE

If you have not renewed your membership for this financial year you only have till September 30, 2000. Please contact Vicki Thompson on email: membership@phaa.net.au for further details



32nd PHAA Annual Conference
26-29 November 2000, Canberra
Keynote Speaker: Professor Peter Newman

Peter Newman is Professor of City Policy and Director of the Institute for Science and Technology Policy at Murdoch University, Perth. Peter will speak on Human Settlements: Health and the Physical Environment. Peter has worked for over 20 years on how cities can intergrate environmental concerns into their urban fabric.

President's Pen



September marks the one-year anniversary of the Friends of Medicare campaign that PHAA launched in conjunction with the Doctors' Reform Society, ACOSS, the Australian Nursing Federation, the Australian Women's Health Network and the Health Issues Centre. Unfortunately the past year has not been a good one for Medicare and it has sure needed friends. Most significantly the lifetime health cover concept has frightened many Australians in to taking out private cover for hospital care. The Government's campaign was shamelessly based on scare tactics. Its own leaflet about the concept of lifetime health cover informed Australian citizens that if they wanted "peace of mind" they should take out private cover. So where was the commitment to a universal publicly funded health insurance scheme that would provide security for all of us? This combined with the 30% on private health insurance premiums is public policy madness. The estimated cost of the rebate is now somewhere in the region of \$3 billion dollars. Imagine the impact of investing these funds where they belong in the public health system. The money could provide for re-vitalised public hospitals and a community health scheme to

provide community health centres across Australia to bring back a commitment to multi-disciplinary primary health care. No harm in dreaming.....

Another insight to the economic irrationality was provided by Professor Stephen Duckett at the recent Social Origins of Health Conference. He pointed out the effective subsidy to private dental care provided through the 30% rebate on extras private health insurance was worth more than the cuts made to the Commonwealth Dental Health Scheme. The abolition of the Commonwealth Dental Health Program in 1996, 'saving' \$100m p.a., ended the only systematic national program in this area, leaving provision for low-income people to the vagaries of differential state policies. In 1998/99 \$603m, of dental benefits were paid by health insurance organisations under ancillary insurance tables. The existence of the 30% Commonwealth Private Health Insurance Rebate means that the Commonwealth now effectively spends over \$180m p.a. supporting dental services, almost twice the cost of the Commonwealth Dental Health Program. So a scheme providing dental care to the poorest Australian has been replaced with one that subsidises dental care for the better off.

Another big disappointment in the past year was the ALP's announce-

ment that they would retain the 30% subsidy if they form Government. This is a very disappointing stand from a party purportedly committed to social justice. It is sad that Kim Beazley can acknowledge that this is bad policy but say that the polls mean they have to stick with it. I'm not sure I agree with the analysis. I think Australians might welcome the chance to vote for a party that basis its policies in social justice principles and fiscal responsibility. It isn't always that these two coincide but in the case of the private health insurance they do.

So all in all it has been a bleak year for Medicare and it has certainly needed all the friends it can get. PHAA will continue its commitment to Friends of Medicare and it would be great if a broad spectrum of the membership could become involved. The Northern Territory Branch provided a fine example through their placing of the advertisement (below) in the local paper.

More branches could take this kind of action. Friends of Medicare stickers, badges and kits are available from the Secretariat and you can always post material on the list server. So please try to take one action for Friends of Medicare in the coming months

Fran Baum
PHAA President

SOME MYTHS ABOUT MEDICARE AND HEALTH INSURANCE

With changes to the Medicare levy, especially for high-income earners, people are concerned about whether they should take out Private Health Insurance. Will it be the money well spent for all Australians ?

<p>Myth #1: "PUBLIC HOSPITALS ARE COLLAPSING." ...but ·Public Hospitals are getting busier and provide services often not supplied by private hospitals, (care of the critically and long term ill) ·Governments have put funds into private health insurance instead of increasing funding to public hospitals</p>	<p>Myth #2: "WAITING LISTS ARE LONG." ...but ·Australia has similar waiting times for elective procedures as Canada and NZ ·We have shorter waiting times than the UK ·A recent survey found that the time to clear waiting lists is falling</p>	<p>Myth #3: "MEDICARE SHOULD BE A SAFETY NET." ...but ·Medicare is health insurance for all of us! ·Australians pay a share according to their income ·More use of the private health system means less for Medicare; Australia will lose our fair public health system - this means the poor and sick may be worse, not better off</p>	<p>Myth #4: "MORE PRIVATE INSURANCE WILL HELP PUBLIC HOSPITALS." ...but ·Private health insurance contributes a very small amount to the entire health care system ·Medicare dollars "buy" more health services (86.5% (less profits) for the private health system vs 96.5% in Medicare)</p>	<p>Myth #5: "OUR HEALTH SYSTEM IS WORSE THAN OTHER PLACES." ...but ·Australians are healthy; life expectancy in 1996 was 78.2 years, vs 76.1 in the USA. The US spends more on health (14% of GDP vs Australia's 8.4% , 53% private vs Australia's 32%) but has 40 million people without any insurance and worse health outcomes</p>	<p>Myth #6: "YOU DON'T GET A CHOICE IN THE PUBLIC SYSTEM." ...but ·Under Medicare, all people have access to medical and hospital care when they need it, unlike the US, where uninsured people's only choice may be going without care. ·Medicare is fair</p>
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IT WORKS. IT'S FAIR. IT'S MEDICARE

The PHAA, NT Branch, Contact: Dr Rowena Ivers, PO Box 532, Nightcliff 0814 for more information or look at our website www.phaa.net.au/friends_of_medicare

Tasmanian Branch News

This is the first report for Tasmania for 2000. Things have been happening though, after a quiet 1999 in the wake of the PHAA 1998 Annual Conference in Hobart (a heap of work for a small branch).

The year really started in February in Tasmania, with the election of a new executive of seven, at the deferred AGM. The new executive is:

Dave Abbott	President
Stan Bordeaux	Secretary
Mary Polack	Treasurer
Leigh Blizzard	Ordinary member
Mark Jacobs	Ordinary member
Val Gardner	Ordinary member
Sue Moir	Ordinary member

One of the Tasmanian Executive's first decisions was to rent a PO Box at Hobart's central Post Office, to rationalise our mailing system. Our new address therefore is: PO Box 511, Hobart Tas 7001.

PHAA Tasmania also nominated two members for the position of PHAA representative on the Public Health Advisory Committee established as part of the state's Public Health Act 1997. Leigh Blizzard, of the Menzies Centre for Population Health Research, was the successful nominee. We also wrote to the state Minister for Health to let her know our new postal address, and offer dialogue on health issues and a strategic partnership on Genetically Modified (GM) Foods and Environmental Tobacco Smoke (ETS) in particular.

PHAA Tasmania is currently involved in two Health issues: GE Foods and ETS (Passive Smoking).

Genetically Modified Foods

Dave Abbott (Branch President) was invited to speak at a lunchtime public forum organised by GM Tasmania, a coalition of environmentalists and organic producers campaigning for a state's right to choose GE status, which (significantly) has been removed from the latest version of the Gene Technology Bill recently introduced, and presently the subject of a Senate inquiry. This followed a letter to the Hobart Mercury on the wisdom of the Precautionary Principle in the introduction of GM technology, and PHAA policy on the matter. The forum was well attended, and Dave's speech about PHAA policy on GM Foods and possible health risks was well received. Media interest included a 5-minute spot on radio and a brief TV clip.

PHAA has also contributed a submission to the state government consultation exercise *Tasmania Together*, on the value of a Public Health approach and our policy on GM Foods in particular. The issue of GM Foods has emerged as a major topic at every *Tasmania Together* gathering, given the interest in organics in the state. The Doctors Reform Society has also taken a piece on issues related to GM Food production, for next issue of *New Doctor*.

ETS

Leigh Blizzard and Mary Polack have been PHAA Tasmania reps on a team coordinating the printing and distribution, mainly through

pharmacies, of 'business' cards for customers to use to thank restaurants and similar businesses for having a smoke-free area, or to express disappointment at the absence of such an area. The cards have been very well received, and 30,000 distributed so far. Leigh organised a media release for Quit Week, and was interviewed on radio.

PHAA Tasmania has also revived its previously active role in Smokefree Tasmania, a coalition of health-related organisations campaigning to reinforce the need for legislation banning smoking in enclosed public spaces and workplaces, which the state government will soon introduce. A variety of campaign activities are planned, partly in response to a pre-emptive strike by the Australian Hotels Association predicting 'devastation' (yeah, sure...) for the hospitality industry.

Lastly, PHAA Tasmania will soon undertake a profile-raising and recruitment push, involving a letter and leaflet to all relevant groups and organisations, advising the change of address and briefly introducing the branch and explaining the Public Health approach. Hopefully that will bring in a few members. Tasmania suffers of course by the absence of a tertiary Public Health course. Nobody's holding their breath though, given the slash and burn approach to strategic planning of the present University of Tasmania leadership. One day maybe.

Dave Abbott
Tasmanian Branch President



Bad Bugs PEOPLE AND INFECTIOUS DISEASES

Edited by Bryan Furnass and Stephanie Haygarth

This 68 page booklet provides a bird's eye view of infectious diseases, including the evolution of microbes and natural immunity. It also tells the story of how society has risen to the challenge of bad bugs, through the development of public health measures, vaccines and antibiotics. We are now faced with new emerging diseases and resistance of microbes to antibiotics. This booklet should appeal to interested members of the community, especially parents, but contains sufficient detailed information to be useful to students and health professionals.

Cost : **Single copy** \$12 each + P&H: \$2 (Aust) / \$5 (O/S) **Bulk order** (10+) \$8 each P&H \$8 (Aust)/ \$15 (O/S)
Contact the Nature and Society Forum, on natsoc@natsoc.aust.com or PO Box 11, ACT 2601.

People in Public Health

Public Health Association of New Zealand's Annual Conference



The Public Health Association of New Zealand, Annual Conference was held in Palmeston North in July. Attended by over 250 people, the conference was essentially about "people". The conference showcased the experiences of people in the distant past, the last century and in particular the last decade in the hope that this knowledge would provide the blueprint and indeed shape the future of the people of Aotearoa/New Zealand.

The current thrust of the New Zealand government is to 'close the gaps'. These gaps that exist in society, between those who have and those who have not, and those who enjoy a good standard of living and health and those who do not provided the underlying theme for the presentations throughout the conference. The conference sessions, both plenary and parallel discussed these inequalities as they applied predominantly in New Zealand and Australia. There were minimal references to such issues in other international communities that had been subjected historically to colonisation by other nations.

Also emphasised throughout the conference were the issues seen as fundamental to achieving improvements in the health of Maori and Pacific people. Central to the notion of Maori health development is Maori control. Essential to Maori health development is the ability of Maori to define their own priorities for health and to develop their own policies, strategies and infrastructure in order to realize their collective aspirations.

A series of presentations highlighted these issues. The presentation by Professor Mason Durie - "Mental health, the new public health challenge for Maori" - perhaps best expressed the importance of self-determination. Professor Durie used the six points of the Southern Cross as a

framework to consider a response to mental health. This framework incorporated the foundations of Maori control and authority as well as factors relevant to Maori realisation of self-determination. As in other Indigenous communities, mental health issues are disproportionately represented in the Maori and Pacific peoples communities.

Dr. Papaarangi Reid - "Lessons from the Titanic" - highlighted the disparities in health outcomes between Maori and Pacific peoples and Pakeha - non-Maoris. The ratio 61:20 was used to demonstrate these disparities. That is 61% of Maori and Pacific people die before they reach 65 years compared with 20% of Pakeha. Dr Reid also used the experiences of the Titanic as an analogy to the response to the health inequalities in New Zealand. She considered that the system had failed to adequately perceive the risks to health, and had failed to provide equal and adequate access to services to respond to these risks.

Lisa Jackson, a Wiradjuri woman from New South Wales, continued the theme of health inequalities through her presentation *Australia a nation in pain*. In a rich narrative, Lisa identified the historical injustices that have played such a significant role in laying the foundations of health status inequalities that Indigenous Australians are experiencing today. Lisa also provided one of the highlights of the conference through her presentation to PHA New Zealand of a painting by her Uncle, Eugene Bullgarnie Biles called the Dreaming of the Ngemba Tribe. Lisa's uncle created this painting in honour of her trip to New Zealand. The traditional response by the conference participants in recognition of the gift and the spirit within which the gift was given, was stirring and beautiful.

Lisa's action also served to exemplify one of the other major

themes of the conference, that shared growth and development and strengthening of friendships and partnerships would ensure that improvements in health would become a reality.

Professor Richard Wilkinson continued the theme of health inequalities, insisting that we must focus on developing and sustaining a more egalitarian society. He provided evidence to support his theory that egalitarian societies were healthier than those societies with a hierarchical structure. Professor Wilkinson suggested that dealing with inequalities was not just a matter of laying on extra services, rather inequalities must be addressed at a far more fundamental level.

These presentations were only a few of the many topics, but for me they provided the highlights of the conference.

There was much discussion about the proposed New Zealand Health Strategy, both in session and out of session. The local Member of Parliament, the Hon. Stephen Maharey and the Minister for Health, the Hon. Annette King addressed the conference on the proposed strategy. Ms King identified her commitment to putting the Treaty of Waitangi back into the Health Act.

The strategy identified seven fundamental principles that were to be reflected across the health sector. Certainly five out of the seven health principles are sound, strong public health principles. These include:

- Very good health and wellbeing for New Zealanders throughout their lives
- An improvement in the health status of those currently disadvantaged
- Collaborative health promotion and disease and injury prevention by all sectors
- Acknowledging the special relationship between tangata

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whenua (people of the land) and the crown under the Treaty of Waitangi
Active involvement of consumers and communities at all levels.

Many acknowledged that the current climate was difficult due to the amount of change and uncertainty that has resulted from the continuing re-structuring of health services since the change in Government. However, many at the conference saw these times as a climate of opportunity. Public health is a political enterprise. The obligation to positively influence such documents as the Health Strategy was seen as an integral part of the public health movement. There was commitment expressed by speakers to ensure that the proposed New Zealand Health Strategy becomes a document and a strategy that will do what it says it will do.

This was a conference about health for the people by the people. The need for strong leadership in the public health movement was seen

as crucial to achieving a supportive environment wherein the public health workforce was able to flourish. The importance of working together at all levels of society, bureaucracy and Government was strongly advocated.

There is no doubt that the public health movement is an international force, and the forging of links between different nations and Peoples are extraordinarily important. These links are not only in terms of work but also in the bonds of affection that emerge and grow from participation in conferences such as this one. Certainly the hospitality and friendship, and the generosity in sharing of knowledge and expertise that I experienced at this conference bore testimony to the benefits of achieving these links. I certainly look forward to being able to return such hospitality and strengthening the links established in November at the PHAA Annual Conference, and in the coming years.

Jane Freemantle
National Secretary (Hon.)

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DO YOU WORK IN CANCER PREVENTION? OR CANCER PATIENT CARE?



Queensland Cancer Fund
Professional Education Program

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Education Grant
2000

Allied Health Professionals currently working in Queensland in oncology patient care or cancer related public health are invited to apply for one of two Queensland Cancer Fund Continuing Education Grants to the value of \$5,000 each. These Grants are available to meet the costs of further study in the area of oncology, including the attendance at a conference, workshops or seminars, or an educational study tour. The Grant is to be utilised between January and December 2001. Applications close Friday 4 November 2000. **To apply for a grant, you must be a financial member of the Queensland Cancer Fund Allied Health Professionals Oncology Group (AHPOG).** For membership information, or to request a grant application package, contact your nearest Queensland Cancer Fund office, or telephone the **AHPOG Memberships Officer, Rebecca Brazier on (07) 3258 2253.**

SIG News

Women's Health SIG



WHSIG can report some exciting developments in SIG policy implementation. Following the passing of our priority Emergency Contraception policy last year, we wrote to several key national bodies asking for their endorsement of the policy as first steps in coalition building. So far, the College of Sexual Health Physicians and the College of Midwives have endorsed the policy and the Obstetricians and Gynaecologists and Family Planning Association are considering it. The RACGP have asked for a joint working party with us to develop joint policy, which could be more GP specific and we are doing so.

Victorian WHSIG members are being supported by the state branch to hold a professional education seminar for GPs and

other health service providers in October this year on new directions in contraception which will include the progesterone only pill and IUD. This is a joint initiative with the Victorian Family Planning Association and the Victorian Branch of the RACGP.

Other WHSIG members are actively revising some of our existing policies to bring them up to date. Rosemary Warren and Liz Waters (Child health SIG) are reviewing the most recent evidence relating to periconceptional foliate policy. This amended draft should be in a pre-conference edition of *intouch*, so watch out if you are interested.

Prior to the last conference, members expressed concern that public health policy in some states appeared to consider that measures of sex distinctions in morbidity and mortality were equivalent to a comprehensive perspective on gender and health. Consequently, a small group of members are developing a paper on gender and health to

inform both the association and any other interested organisations how this important perspective can be conceptualised.

In relation to national women's health policy, SIG national committee members Helen Keleher and Gai Wilson have been active in the organisation of the upcoming Fourth National Women's Health Conference in Adelaide in February next year. This important conference will allow an opportunity to reflect where we are and consider how we can further build on the sound framework provided by our National Women's Health Policy.

The SIG remains in touch with members through editions of its newsletter and have published two so far this year. The national committee conducts several tele-conferences throughout the year to respond to urgent appeals or association business. We invite you to join us.

Angela Taft
National Convenor WHSIG

Monday November 13th to
Wednesday November 15th, 2000

Creating Health Promoting Workplaces: Short Course



FLINDERS
UNIVERSITY
ADELAIDE

This three-day short course is co-ordinated by **Dr Janice Duffy** from the Department of Public Health, Flinders University. The teaching team is lead by **David Harris**, recent Director of the National Workplace Health Project at the University of Sydney. Collectively, they have expertise in public and workplace health and health promotion.

The course provides:

- ? up-to-date, industry specific approaches to promoting health in the workplace
- ? needs assessment, planning, development, and implementation and evaluation
- ? site visit
- ? effective strategies for health
- ? case examples, eg health promoting schools, health promoting hospitals
- ? models of "best practice" in promoting health in the workplace

Topics covered include:

- ? Creating healthy work environments
- ? Programs to lift the health literacy of the workforce
- ? Planning to succeed: Getting the critical early stages right
- ? Measures of success: How to demonstrate program effectiveness
- ? Continual improvement and integration with OHS and injury management
- ? How to win and maintain executive approval and funding for workplace health programs
- ? Promoting health in physically demanding occupations: Models and case studies
- ? Promoting health in hospitals: Models and case studies
- ? The role of IT in workplace health promotion

Venue: Banksia Room, Flinders University ADELAIDE **Cost:** \$495 GST inclusive

Further Information please contact:

Helen Scherer
Department of Public Health, Flinders University
E-mail: public.health@flinders.edu.au

Phone: (08) 8204 4698
Fax: (08) 8204 5693

Web Address: <http://som.flinders.edu.au/FUSA/PublicHealth/index.html>

What's On

23-25 October 2000

Deakin University is hosting a seminar series on *Social Inequalities in Health*. This will be lead over three half-days by Prof. Richard Wilkinson from the Trafford Centre at the University of Sussex. For further details contact Sharon Melder at Deakin on 03 9244 6091 or email: sharonm@deakin.edu.au

26-29 November 2000

32nd PHAA Annual Conference *Public Health Futures*, National Convention Centre, ACT. For further information contact email: conference@phaa.net.au

November 2000

SPHERE, Uni of Sydney is running a series of short courses in health economics in Nov 2000. Details on these courses or the new Graduate Diploma in Health Economics by distance learning, visit the SPHERE website: www.health.usyd.edu.au/sphere/ or contact Maggie Atherton via Maggiea@health.usyd.edu.au Ph: 02 9351 7419 Fax 02 9351 7420

Various Dates

National Short Courses in Environmental Health, Adelaide. Course 1 *Risk Communication in Practice* 27-29 Nov; Course 2 *Principles of Risk Assessment & Management* 30 Nov-6 Dec; Course 3 *Risk Assessment & Management for Water* 6-8 Dec; Course 3A *Politics, ethics, economics & law in relation to Environmental Health* 6-8 Dec 2000. Further details contact nancy.cromar@flinders.edu.au or http://som.flinders.edu.au/FUSA/EnvHealth/EH_Home.html

28-30 May 2001 - Call for Abstracts

Diversity in Health Conference, Sydney. A landmark conference in multicultural health and wellbeing. The closing date for abstracts in 31 October 2000. For further details contact Hamish Robertson on (02) 9382 3355 or <http://tmhc.nse.gov.au/diversity.htm> for conference package

New Members

PHAA welcomes the following new members:

New South Wales

Ms Cheryl Colley
Ms Elizabeth Tunbridge
Dr Catherine Spooner
Ms Leonie Neville
Dr Helen Gotsopoulos
Dr Andrew Eakin
Ms Ann-Louise Crotty
Ms Cassandra Creighton
Dr Russell Schedlich
Miss Anna Doab
Prof David Isaacs
Mrs Joanne Farcz

Victoria

World Vision Australia
Karen Anderson
Ms Sharon Parkinson
Mr Andre Renzaho
National Cancer Control Initiative
Mrs Nicole Campaign
Mr Michael Otim
Dr Stephen Brown
Dr Graham Barrington
Mrs Barbara Hopkins
Ms Susannah King
Bendigo Health Care Group
Mr Richard De Visser

Queensland

Ms Cate Duggan
Miss Amanda Goff
Ms Helen Clifford
Miss Tracy Pizey

Western Australia

Ms Angela Durey
City of Perth

Australian Capital Territory

Joan Bartlett
Ms Rosemary Korda
Ms Vicki Shaw
Mr Michael Sparks


South Australia

Ms Sharon Lawn
Ms Jan Bowman

Northern Territory

Dr Peter D'Abbs
Ms Valmai McDonald
Central Australian Remote Health Training Unit

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1/4 page

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Non-members	\$302

1/2 page

Members	\$338
Non-members	\$473

Full page

Members	\$607
Non-Members	\$836

camera-ready copy preferred but PHAA staff can prepare your advertisement (rate of \$20 p/h)

Conference listing (5cm column)

up to 5 lines	\$33
up to 10 lines	\$55

***Inserts (2000 x single A4 page)**

Members	\$440
Non-members	\$550

*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:
publications@phaa.net.au
or phone **02 6285 2373**