

Welcome...



**Peter Sainsbury,
 PHAA National
 President**

“This is not the way we would prefer migrants to arrive in Australia. And certainly we deplore, do not want to encourage in any way, and will do all we can to catch and punish the heartless, murderous people-smugglers.

“But the main issue at the moment, and what we must remember at all times, is that the people who are now sitting on the deck of the Tampa are human beings like you and me. They come from other countries. They dress differently, have different traditions and hold different beliefs to many Australians but they are not less human; they are not alien; they are not evil; they are not a threat to Australia or the Australian way of life.

“The people on the Tampa, and other boat-people, are fleeing from civil war and chaos. Many of them are fleeing from personal persecution, torture and murder. Often, the reason they have been persecuted is that they have spoken out for the very things that you and I take for granted in Australia – freedom of speech; the right to

worship whatever god, or no god, they choose; access to education and health care; a fair go.

“They are fleeing from homelands that they hold as dear as we hold Australia. It is a measure of their desperation that they are prepared, not only to leave their homelands, but also to trust their lives to total strangers who offer most unusual deals, and to board obviously unseaworthy vessels and cross dangerous waters. This is how desperate they are to find safety for themselves and their families.

“These desperate people have heard about Australia; they have heard about life here; they have heard that we are a tolerant people with a long history of accepting migrants. These desperate people are throwing themselves on our mercy. They have chosen Australia. In many ways we should be flattered. They have decided that we are a people whom they can trust; that Australia is the place where their physical and psychological wounds will be allowed to heal.

“What we must do now is show our compassion; show that, although small, Australia is keen to play its part on the world stage. We must accept these desperate, homeless people into our country. We must provide

them with shelter, food, health care and security.

“And if, as seems likely, most or even all of them apply to stay here, as is their right.

We must fulfill our moral and legal obligations to process their applications speedily. Then we must help those who meet the internationally agreed criteria for refugee status to establish their homes with us, and, as they settle, to enrich our cultural life and contribute to our economy. “This is the compassionate, the reasonable, the humane, the Australian thing to do.”

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Welcome...

If John Howard had acted like a statesman and uttered these words last August we would have a very different moral climate in Australia now; we might also have a different Prime Minister, of course, and therein lies the reason he didn't. If only Kim Beasley had taken the high moral ground and made a statement like this, he might be PM today. Alas, both knew what the opinion polls were saying and neither was prepared to take the risk; the result we all know.

A result, I suspect, most PHAA members feel deeply unhappy about. An unhappiness made worse by the more recent events concerning the treatment of the fortunate (???) ones who reach the Australian mainland and are put in detention centres. Most PHAA

members may be in the 20% who did not approve of the government's (and the Labor party's) handling of the Tampa affair. Also, many of you, like me, may have spoken to only one or two people who are in the 80% and may have reflected on how separate the two tribes keep themselves and how restricted one's own network of colleagues and friends is. Liberal (adjective not noun), yes, but very restricted in breadth ... most other viewpoints don't seem to be represented at all in my own network!

Australian, as opposed to international, voices are increasingly being raised about our treatment of refugees and the PHAA has been and will continue to be one of these. Public health, personal health and human rights are strongly linked and we must do all we can to make our national leaders aware of these links. Public health also has a long and

honourable tradition of protecting and working with the most vulnerable in society. Who are more vulnerable than the world's refugees?

If you want to contribute ideas, time (for instance, to write to ministers, shadow ministers and your local MP) or money (for instance, to help to fund large advertisements in national newspapers), please contact the secretariat in Canberra. Surely, reason and reasonableness will return at some point but we must be active to ensure that it is as soon as possible and that as few people as possible suffer in the meantime.

For further information about refugees visit:
www.immi.gov.au
www.refugeecouncil.org.au
www.australiansagainstracism.org
www.unhcr.ch

2001 Health Promotion Special Interest Group: Pre-Conference Workshop Report

by **Sandra Jones,**
Curtin University

The workshop was held at the Hilton Hotel, Sydney on Sunday 23 September. It was attended by with 35 participants from a range of organisations, particularly pleasing given the Ansett debacle which unfortunately resulted in the withdrawal of two of our speakers.

The purpose of the workshop was twofold: to review current research on the health promotion workforce in

Australia; and to enhance the knowledge and skills of participants by reviewing recent research findings in other disciplines that have important implications for health promotion research and practice. The first part was abbreviated by the (Ansett-related) absence of Karen Roger and Cheryl Hutchins, leaving Sandra Jones (Curtin University) and Bernie Marshall (Deakin University) to discuss research on the current health promotion workforce. In the second part of the workshop we were fortunate to be addressed by three experts in

their respective fields: Dr Joseph Ciarrochi (Department of Psychology, University of Wollongong), Professor John Rossiter (Department of Marketing, University of Wollongong), and Mr John Bevins (Executive Chairman and Creative Director of John Bevins Pty Ltd).

“Does research inform practice in health promotion in Australia?” Sandra Jones, who organized and chaired the workshop, reported on a

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Australian Poverty 1990-2000

The National Centre for Social and Economic Modelling (NATSEM) and The Smith Family have recently released *“Financial Disadvantage in Australia, 1990 to 2000 - the persistence of poverty in a decade of growth”*. This wonderfully concise, clear, informative publication can be accessed at <http://203.147.193.197/News/disadvantage2000.pdf>. A slightly abbreviated version of the Executive Summary is reproduced below:

“In this report we have used a common measure of relative poverty, setting the poverty line at half the average family income of all Australians. In 2000, this poverty line for a single income couple with two children was \$416 a week. This is after the payment of income tax and before the payment of housing costs.

In 2000, about one in every eight Australians lived in income poverty – 13 per cent of all Australians. The risk of being in poverty was higher for children than adults, with 14.9 per cent of children and 12.3 per cent of adults being in poverty. While progress was made in the first half of the 1990s in the fight against child poverty, these gains were fully eroded during the second half of the 1990s. Poverty among adults increased steadily during the decade. These changes led to a gradual increase in poverty among all Australians during the 1990s.

Sole parents remain the group at most risk of being in poverty, although there has been a pronounced fall in their risk of being in poverty since the beginning of the decade. Single people, particularly young singles, have fared worst in the past decade – with almost one in every five single people now being in poverty. There has been a slight increase in the poverty rate among couples with children, and it is this increase that underlies the minor rise in child poverty during the 1990s.

Government cash benefits are now the main family income source for almost six out of ten people in poverty. The poverty rate among those relying on government benefits has increased sharply, from 24 per cent at the start of the decade to 31 per cent by the end of the decade. More than half of all Australians who are unemployed live in a family that is poor.

While the growth of part-time, low paid and casual work has prompted concerns about the possible rise of working poverty, there has been little change in the poverty risk faced by families whose main income source is wages and salaries during the past decade. About 15 per cent of all Australians in poverty in 2000 lived in families whose main income source is wages and salaries, much the same as in 1990. While full-time employment generally protects a family from being in poverty, part-time employment is less likely to do so. With the growth of part-time employment, part-

time workers make up a growing share of the poor.

Perhaps defying conventional wisdom, the poverty rate among women is now lower than for men. While the poverty risk for both men and women aged 15 years and over was exactly the same at the beginning of the 1990s, by 2000 men faced a slightly higher risk of being in poverty. This appears to be due to the sharp falls in poverty rates among female sole parents and the rising poverty rates among single males. Single males have fared much worse than single females as changes to industry structure and labour market conditions have impacted more harshly upon them during the past decade.

Poverty rates generally decrease with age, although for a large part of the decade poverty among those in the 50 to 64 age bracket was higher than for people aged 25 to 49 and over 65. The key change during the past decade has been the steady increase in poverty rates among the aged. While the risk of being in poverty used to be much lower for the aged than for those of workforce age, now the risk is relatively similar.

The depth of poverty does not appear to have changed greatly during the 1990s, with the average gap between a poor family’s income and the poverty line increasing from \$112 in 1990 to \$118 in 2000 (after taking out the impact of inflation). However, it appears that the severity of poverty increased in the second half of the 1990s.”

Valé Kim Conway 1956 - 2001

Kim Conway passed away on 14 September last year. As a member of PHAA, Kim played an active role in contributing to PHAA policy formulation, attending NSW Branch functions in Sydney, giving conference papers, asking tricky questions of speakers and getting dressed up to attend the PHAA conference dinner.

I will always remember Kim as a very intelligent, caring and insightful person. She studied for a Bachelor of Arts (with a major in Psychology), a Graduate Diploma in Social Psychology from the London School of Economics (Political Science) and a Master of Arts (Psychology) from Macquarie University.

I first met Kim in the early 1990s when I was the go-between for her to be associated with the School of Health at the University of New England. It is much easier to carry out research and publish if one is associated with a tertiary institution. I was also fortunate to get to know Kim's parents, Enid and Hilton during their frequent visits to Armidale.



Much closer to home, Kim became an Honorary Research Associate at Macquarie University in the Department of Psychology. I was proud to read some of her papers at conferences and they were always very well received. Her research methodology was thorough, her insights were significant and the timing for the delivery was impeccable.

With her family, Kim travelled to many places in the world to study, research, give international conference papers

and be a tourist. She particularly liked to be in London at Christmas time.

She was my equal, my colleague and, most importantly, my friend. When my work contract finished at the end of 2000, most of my friends and colleagues were panicking by saying "What are you going to do?". Kim was the only person who said, "What *do you want to do next?*".

When Kim was diagnosed with breast cancer, she manoeuvred her way around the illness care system and chose conservative treatment after much thought and consideration. Kim also had to cope with her mother, Enid, passing away in 1998. Through all this adversity, she managed to see the funny side of life and loved a good laugh.

She will be sadly missed by members of PHAA who were fortunate to know her and by the public health research community in general.

Leonie Short
January 2002

NEW CONSTITUTION

At its AGM in September, the members of the PHAA voted in a new Constitution that is to take effect immediately after the AGM in 2002.

Some minor changes were made to the document that was posted to all members in response to issues raised by some members. The Constitution adopted at the AGM is on the PHAA's web-site under 'About PHAA' and can be printed from this site.

The Executive wishes to thank all those who were involved in the development of the new Constitution."

Sidney Sax Public Health Medal

In honour of the late Dr Sidney Sax, the Public Health Association recently renamed the Public Health Association's Medal the Sidney Sax Public Health Medal.

The Public Health Association bestows this competitive award on a person who has provided a notable contribution to the protection and promotion of public health, solving public health problems, advancing community awareness of public health measures and advancing the ideals and practice of equity in the provision of health care. The two winners to date have been Dr Neale Blewitt and Professor Mary Sheehan.

Dr Sidney Sax's contribution to public health in Australia began when he came to Australia in 1960. He became the first Director of the Division of Research and Planning in the Health Commission of NSW in 1972 which had brought together the separate government departments that had previously dealt with health matters in that State. Here Dr Sax created data sets, that for the first time allowed basic health services planning to be undertaken. This included the beginnings of the hospital morbidity data collection.

In the early 1970's Dr Sax published an analysis of the ills of Australia's health system entitled "Medical Care in the Melting Pot" and was the first person to head the National

Hospitals and Health Services Commission. During the Commission's life a revolution occurred in all aspects of health care delivery and financing benefiting Australian cities poorly served for in-patient care. Medibank was introduced and the distribution of primary care medical practitioners in deprived places improved overnight.

Dr Sax and his team also gave Health Services Research and Public Health a great boost through the establishment of RADAC (Research and Development Advisory Committee) which funded innovative research for many years. Dr Sax later became the first chair of the Public Health Research and Development Committee.

Dr Sax retired in 1982 but continued to write about and have a strong interest in Australia's health services and was the chair of the Australian Institute of Health and Welfare up until a few weeks before he died in 2001.

Dr Sax was a great supporter of PHAA and was made a life member in recognition of all the assistance he gave the organisation. The naming of the Public Health Association's Medal as the Sidney Sax Public Health Medal is a fitting reminder of all Dr Sax achieved and will be a reminder to future generations of our membership of the contributions that have come before them.



**STREE:
GLOBAL
INVESTMENTS
IN
WOMEN**

Stree: Global Investments in Women is a non-profit organisation focused on changing the way women living in rural and remote Queensland view health and their role in society. **Stree** is a Sanskrit word signifying women, dignity, empowerment and strength. **Stree** is an International organisation with strategic partnerships. *For instance, First Ladies Network, Chaired by Queen Noor.* **Stree** has a dynamic team of talented professionals who are visionary and specialists in the field of health and human services, business partnerships, and strategic planning. **Stree** will take strategies from local to global, from policy to grassroots.

Stree GIW is proud to partner with organisations that share our vision for changing the role of women around the globe. If you wish to partner with Stree through this journey of change please contact the Program Manager, Malathi Nadalin 0414 300 316.

Please visit our website at www.streegiw.com or email me on malathi@streegiw.com for further information on Stree.

Launch of the National Nutrition Strategy – Eat Well Australia National Public Health



L to R- Dr John Scott, Dr Shirley Hendy, Prof John Catford, Ms Carolyn Briggs, and Mr Gabriel Gate

Professor John Catford, Chief Health Officer, Victorian Department of Human Services, and Chair of the Strategic Intergovernmental Nutrition Alliance, the sub-group of the National Public Health Partnership responsible for the Eat Well Australia national nutrition strategy, launched the strategy in Melbourne on 31 October 2001. The launch was attended by over 50 people representing State, Territory and Commonwealth governments, non-government organisations, educational institutions and industry groups with an interest in food, nutrition and health.

Mr Gabrielle Gate, one of Australia's best know chefs, and a long time supporter and promoter of the benefits of healthy eating also spoke at the launch. Mr Gate supports the Strategy, as he has been promoting healthy eating as a way to reduce the risk of cancer and other illnesses for many years through his publications and work with the Anti-Cancer Council.

A Welcome to Country was performed by Ms Carolyn Briggs, a Boonerwung Elder. The

Boonerwung is one of 5 language groups of the greater Kulin Nation. The Boonerwung traditional boundary extends from the Werribee River to Wilson's Promontory, including Melbourne CBD.

Introductions to the launch were provided by Dr Shirley Hendy, member of the National

Public Health Partnership Group, Chair of the National Strategies Coordination Working Group, and Assistant Secretary Public Health, Family and Children's Services and Chief Health Officer of the Territory Health Services. Dr John Scott, Chair of the National Public Health Partnership Group, and State Manager, Public Health Services, Queensland Department of Health closed the launch.

Eat Well Australia is a vital national resource that provides broad directions for the improvement of public health nutrition in Australia.

Professor Catford pointed out that, "The evidence is unequivocal that poor nutrition is a major contributor to illness and death in Australia. Poor nutrition impacts on the normal development of infants and children; it causes ill health in adults; and it contributes to the development of chronic and life-threatening diseases such as heart disease, diabetes and a number of cancers."

The national nutrition strategy and action plans focus on the

needs of all Australians and especially Aboriginal and Torres Strait Islander peoples:

- **Eat Well Australia: an agenda for action for public health nutrition, 2000-2010**
- **National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, 2000-2010 and first phase activities 2000-2003**

The Strategy has been developed through a comprehensive consultative and participatory process with hundreds of key stakeholders right across the food and nutrition field.

There is considerable scope for the health portfolio to take a lead role in creative partnerships with other government departments and the food industry. The national strategy will aid in the facilitation of strategic linkages with other groups working in chronic disease prevention.

Health Ministers have agreed that jurisdictions should continue to work cooperatively through the National Public Health Partnership and over the next five years invest in priority areas for action. The Strategy has recently been endorsed by Australian Health Ministers.

For more information contact: Leticia White at the SIGNAL secretariat – leticia.white@health.gov.au

"People and Place"

Public Health Association of New Zealand 2002 Conference
DUNEDIN, NEW ZEALAND
JUNE 26-28 2002



"Call for Papers"

The main theme will be addressed under the following supporting sub-themes.

Human Health and the Environment

The definition of the environment is broad. This conference would like to find ways of addressing health issues by acknowledging the changing environment.

Rural Health

Rural health workforce issues continue to be a major concern with DHBS, health providers and communities having to grapple with them.

Social Capital

The PHA conference hopes to examine the different ways social capital might be used in Public Health.

Social Change

This sub theme will focus on the way that new social changes are bringing with them new health problems.

Injury Prevention

One focus will be community based and national approaches to injury prevention.

For further details on the above themes look up the website www.pha.org.nz or contact Noeline Holt: pha@actrix.gen.nz

Papers will be 15 minute presentations with 5 minutes for questions. All papers will be expected to address the conference theme 'People and Place'. innovative means of presentation welcomed. Proposals should include the **title, list of authors, name of presenter identified, full contact details, preferred stream, presentation needs (OHP, slide projector, power-point, video) an abstract summary** of not more than 250 words. Please send your proposal by **mail on disk or as an email with a word attachment by Wednesday 20th March 2002** to:-

Send your proposal to

Conference Secretariat
Dunedin Conference Management Service
PO Box 1029
Dunedin, New Zealand
Email: pat@dcms.co.nz
Website: www.pha.org.nz

The Programme Committee reserves the right to accept or reject proposals or recommend alternative format.

To find out about Dunedin go to www.cityofdunedin.com
Other keywords otago/southland

Effects of the Commonwealth Privacy Act on retrospective studies



Peter Trebilco,
NSW Branch
President

The recent articles in the ANZJPH underline the confusion and anxieties that researchers and epidemiologists are voicing about retrospective studies. From 21 December 2001, the amendments to the Commonwealth Privacy Act 1988 will come in to force. The Guidelines are exhaustive, but should provide sufficient answers to most queries.

There are two definitions which set the boundaries: *confidentiality* which relates to disclosure of certain information to third parties, and which is the duty owed by the person to whom information has been disclosed; and *privacy*, which is a right or set of rights of the person to whom the information relates, and which also relates to the disclosure of information and extends to the use of the information by the person to whom it was disclosed.

In the field of public health, we are also concerned with the concepts of personal information. This is 'information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion'. It is one of a number of other definitions in the Act, which include 'sensitive information', 'health information' and 'health service'.

It is probably fair to state that any information collected by any public

health practitioner or service is 'health information'. It is very broadly defined, and includes any personal information collected to provide, or in providing a health service, which is 'to improve an individual's health'.

Each State and Territory also has its privacy legislation, and most health departments have information codes of practice and privacy instructions. It is the Commonwealth legislation that is now common to all public sector agencies, all personal information and the private health sector.

The Guidelines (www.privacy.gov.au) stress the significance of collecting information, and the guidelines include that the information must be necessary and that there must be consent for its collection. No consent is required if it will be subject to professional rules of confidentiality, there are legislative requirements, there is serious and imminent threat to life or death, the information is required for management, research or statistical purposes (but note there are some conditions to this provision), that the individual is advised that the information has been collected, and that the information only came from the individual and is not second-hand.

Use and disclosure in the Guidelines cover the use the information is to be put to. Put simply, if the information was not collected for a secondary purpose, it is probable that it should not be used for this secondary purpose unless the individual gave consent, or could reasonably expect that it

would be used for this purpose. Of course such disclosure must not be contrary to the individual's express wishes.

Data security is heavily underlined: computer systems must be in place; lockable security for paper records; the secure transfer of information; and monitoring the information system to test and evaluate data security.

Health service providers must have a privacy policy in place by 22 December 2001, and must include, at least: whether the health service provider is covered by the Privacy Act; if an exemption applies; and that an individual can get information, upon request, about the way the provider manages personal information.

All information collected is subject to being challenged as to its accuracy, currency and completeness. There is a fairly detailed process that must be handled differently to other requests for information, and must be done sensitively.

For information collected prior to 21 December 2001, see the Privacy Commissioner's Website.

That the individual could not have anticipated that the information would be used for a secondary purpose, many years after it was collected, cannot be located, and cannot give retrospective consent may not be sufficient to use archived data, unless it is thoroughly de-identified, or consolidated in such a way that individual data is impossible to extract.

Foundation to Fight Alcohol Misuse with Excess Beer Excise



Pieta Laut,
PHAA Executive
Director

The Alcohol Education and Rehabilitation Foundation, established by the Commonwealth Government in April 2000 has commenced its important work in seeking to fund grants to organisations which deliver evidence-based treatment, rehabilitation, research and prevention programs and community education encouraging responsible consumption of alcohol and highlighting the dangers of licit substance abuse. The Foundation has funding of \$115 million over 4 years funded from excess beer excise.

The Foundation Chairman, Professor Ian Webster has said that the early focus of the Foundation will be on vulnerable population groups such as Indigenous Australians and Youth. The Foundation will be providing funding for the following types of programs:

- **Seed funding** - for up to 2 years with a maximum cap;
- **Community Partnership Grants** – grants for up to 4 years with a maximum cap, focussed on communities where a high need exists and where it is difficult to establish appropriate projects and would involve funding of specialist support in developing, implementing and evaluating approaches;
- **Demonstration Project Grants** – grants for up to 4 years with a maximum cap, requiring solid evidence of need, likely benefits and a rigorous evaluation strategy and

involving a peer review process;

- **Research Grants** – for up to 4 years with a maximum cap, and involving a peer review process;
- **Sponsorship Grants** – for up to 2 years, targeting the promotion of the Foundation's objectives through sporting, art, and cultural activities with a range of communities;
- **Scholarships** – Foundation scholarships, fellowships and workforce development grants for up

to 3 years with a maximum cap and open to individuals and organisations;

- **Policy Partners** – grants for up to 3 years with a maximum cap, focussed on developing partnership projects with State and Territory governments, key national and regional policy groups and corporations.

For further information about the Foundation and the grant application process see www.aerf.com.au or call (02) 6122 8600

PHAA Profit & Loss Statement

1/07/2001 through 31/12/2001

Income

Branch Income	\$31,637.14
SIGS Income	\$16,688.13
Interest Received	\$12,251.02
In Touch Advertising	\$5,338.62
Membership	\$341,123.96
Secretariat Income	\$40,093.76
Journal (ANZJPH)	\$57,372.63
SIG Carried Forward Income	\$72,667.60
Branch - Total Carried Forward	\$92,653.91
Total Income	<u>\$669,826.77</u>

Expenses

Branch Expenditure	\$23,654.84
SIGS Expenditure	\$24,539.39
Communication	\$12,217.36
Operating Costs	\$114,660.23
Journal Expenditure	\$92,226.30
In Touch Expenditure	\$31,401.55
Salaries & oncosts	\$71,483.84
FOM - Expenditure	\$9,388.42
Total Expenses	<u>\$379,571.93</u>

Operating Profit **\$290,254.84**

Conference Income	
Conference Income	\$299,012.76
Total Conference Income	<u>\$299,012.76</u>

Conference Expense	
Conference Expenses	\$334,488.06
Total Conference Expense	<u>\$334,488.06</u>

Net Profit/(Loss) **\$254,779.54**



SUPPORTED BY



The Conference Theme

'Made in the Future' is all about planning and forward thinking. This kind of advance planning embodies the concept of **leadership**. Health promotion interventions need to engage with partners, stakeholders and the people directly affected by an initiative to promote health. The results need to be sustainable over time, hence the importance of **capacity building** and its link with leadership.

For health promotion to improve its practice and to build and maintain a leadership role, **evidence** and evaluation are essential. To succeed we need to be public **advocates** for these interventions, to influence political support for health promoting policies and programs in the community. A **leadership role for health promoters**.

We encourage abstracts that combine the perspectives of, or promote the interaction between, different levels of interventions from the local and community levels, to regional networks, structures, policies, and to levels that are beyond geography and include special populations or issues.

14th Annual Conference

MADE IN THE FUTURE

A conference on leadership, capacity building, evidence and advocacy

16 – 19 June 2002
Sydney Convention Centre
Darling Harbour

**Challenge your thinking
Improve your practice**

visit: www.healthpromotion.org.au

Call for Participation

We encourage you to present/discuss/share your work practice consistent with the 'Made in the Future' concept. Contact the Conference Secretariat for details on how to submit abstracts for oral presentations, posters, workshops and think tanks.

Abstracts Deadline: Monday 11 March 2002

Notification of accepted abstracts: Monday 8 April 2002*

* Final acceptance of papers is dependent on receipt of registration fees

Contact Details

For more information on the Registration Brochure and Call for Abstracts please contact:

Conference Secretariat

c/- Pharma Events PO Box 265 Annandale NSW 2038 Australia

Phone: (02) 9280 0577

Fax: (02) 9280 0533

Email: healthpromotion2002@pharmaevents.com.au

Web: www.healthpromotion.org.au

Australian Health Promotion Association

Membership information

Contact the secretariat on (07) 5430-2873 or email:

ahpa@usc.edu.au

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***2001 Health Promotion
Special Interest Group:
Pre-Conference Workshop
Report***

comprehensive survey of Australian health promotion practitioners, undertaken to determine to what extent they are aware of and utilise the various health promotion theories and models. The results of this survey suggest that, while the majority of practitioners have been exposed to the textbook theories and models in their tertiary education (98% of the practitioners held at least one post-secondary qualification), ongoing reinforcement may be missing of the practical application of this theoretical knowledge to health promotion practice.

“The “what” and “how” of HP workforce development”: Bernie Marshall presented an overview of the core health promotion skills training program developed by the Victorian Department of Human Services. This program, which took nine months to develop, is being rolled out statewide and has been extremely well received. The five-day program, aimed at the community health and primary health care sector, is designed to equip participants with a set of key competencies in health promotion. The course will also provide managers with training needs assessment tools for all staff, from new recruits to managers and CEOs.

“Recent findings in marketing which can inform health promotion”: John

Rossiter focused on marketing studies of ‘fear appeals’. His review addressed two important questions. Firstly, do fear appeals actually work via fear? Detailed analysis of several studies suggests that fear appeals produce general arousal, as well as arousal of the negative emotion of fear, and that the general arousal may be a double-edged sword which energises the habitual “negative” behaviour. Secondly, what is the role of the “doability,” or perceived efficacy, of the recommended good behaviour that accompanies fear appeals? Again, detailed analysis indicates that those members of the audience who, given their history of habitual bad behaviour, do not believe the good behaviour is easy to adopt, may leave the message situation worse than they were before.

“Recent findings in psychology which can inform health promotion”: Joseph Ciarrochi reported on recent research in the area of emotional intelligence, which suggests that poor emotional intelligence may be at the core of many health problems. Deficits in identifying and describing emotions are associated with greater likelihood of drug addiction, eating disorders and experiencing physical symptoms. Both too much or too little emotion regulation can be bad for you. Rumination (too little regulation) is associated with increased depression and with reduced recovery from stress, and too much regulation is associated with reduced immune function, increased visits to medical practitioners and greater susceptibility to and progression of cancer. These research findings have implications for

smoking, overeating and substance abuse.

“Putting it into practice – successful social marketing advertising campaigns”: As well as being the Executive Chairman and Creative Director of John Bevin Pty. Ltd., John Bevin is a very successful advertising writer. John presented the background to some of his award-winning campaigns, including the MBF “Bathsheba” breast screening campaign, featuring a famous painting by Rembrandt in which the model had visible (but at the time unrecognised) signs of breast cancer. He also discussed the many successful anti-smoking ads he has developed, including the human-lung-is-like-a-sponge TV commercial, and convincingly demonstrated the significant contribution that advertising has made to public health.

“Continuing professional development in Australia – looking at some options”: Sandra Jones led a workshop focussing on one of the most interesting findings of the survey of Australian health promotion practitioners she had discussed earlier; the diversity of academic backgrounds through which people enter the field of health promotion. This bringing together of knowledge from many disciplines is one of the strengths of health promotion in Australia. The workshop also briefly reviewed the wide range of opportunities for continuing professional development, from the many different courses available, to the scholarships and other funding that can assist health promotion practitioners to enhance their skills.

Topics of Interest...

Declaration of the Framework Convention on Tobacco Control.

The PHAA, in collaboration with the Cancer Council Australia, the National Heart Foundation, Action on Smoking and Health, the VicHealth Centre for Tobacco Control, the Australian Council on Smoking and Health, the Pharmacy Guild of Australia, the Thoracic Society of Australia and New Zealand, the Australian Medical Association, the Pharmaceutical Society of Australia and the Alcohol and other Drugs Council of Australia signed a joint declaration on the Framework Convention on Tobacco Control (FCTC) in November 2001.

The joint declaration addressed the procedures, the principles, the substance and the obligations of the FCTC. It also noted that the signatories pledged to work constructively with the Australian governments, Members States of the World Health Assembly, and the international public health community to ensure that a strong and effective FCTC is developed that protects public health and reduces the death and disease caused by tobacco.

The full text of the Declaration can be found on the PHAA web-site under latest news or under Health Promotion Special Interest Group.
http://www.phaa.net.au/sig/frame_sig.htm

Government Action Plan

The NSW Health Department has announced the Government Action Plan in response to the Partners in Health Report. The Government has accepted the recommendations of the Report and has announced the establishment of a Health Participation Council to provide consumer and community input to decisions made at state level about the health system, a new Consumer and Community Unit in NSW Health,

structures for participation and dedicated staff to support participation in all Area Health Services, training for consumers and a number of strategies to provide better information to consumers. If you have any queries about the report or the Government's response, contact Diane Beard on (02) 9391 9815.

Primary Health Care Research, Evaluation and Development Priorities

Stage one of the Department of Health and Aged Care's Primary Health Care Research, Evaluation and Development (PHC RED) priority setting process, in which the PHAA was involved, was completed in May 2001. Seven inter-related PHC RED priorities are identified: evidence based practice; quality of care; models of organisation and delivery; integration; economic issues; health inequalities and determinants of health; and illness prevention and health promotion. The final report is available on <http://som.flinders.edu.au/FUSA/GPNIS/research/priorities.htm>. Further information about the research program is available on <http://www.health.gov.au/hsdd/gp/index.htm>.

Protection of Human Genetic Information

The Australian Law Reform Commission (ALRC) and the Australian Health Ethics Committee (AHEC) launched a community consultation issues paper entitled Protection of Human Genetic Information in November 2001. The paper highlights potential concerns about the use of human genetic information in medical research and practice, tissue banks and genetic databases, health administration, employment, insurance and superannuation, access to services and entitlements etc.

The ALRC and AHEC have been asked by the Federal Government to consider what sort of regulation may be needed, in relation to human genetic samples and information to protect privacy, provide protection from unfair discrimination and ensure high ethical standards of conduct. The issues paper does not reach conclusions or make recommendations but raises topics for consultation and debate. The release of the paper will be followed by extensive national consultation including public meetings. It is available from the ALRC at their website www.alrc.gov.au

Sex Fact Sheets

Family Planning Australia Health has a set of over 50 fact sheets on sex matters on its web-site www.fpahealth.org.au/sexmatters/factsheets. These cover abortion, contraception, HIV/AIDS, men and boys, periods, pregnancy, puberty, sexual health, sexually transmitted infections, and women's health.

Quality Use of Medicines in Aboriginal Communities

This report was recently released by the Pharmacy Guild of Australia. Copies can be obtained from Lance Emerson at the Guild on 02 6270 1888 or lance.emerson@guild.org.au

Australian Alcohol Guidelines

The NHMRC has released its *Australian Alcohol Guidelines – Health Risks and Benefits*. The guidelines contain information on the effects of alcohol, patterns of drinking in Australia, levels of risk and benefit – evidence from the literature, and research questions. For more information on this publication visit www.dofa.gov.au/infoaccess/general/purchase_info_products.htm or call 132 447.

Topics of Interest...

C-Change – Report of the Inquiry into Hepatitis C Related Discrimination

The Anti-Discrimination Board of the NSW (ADB) has released the report from its state-wide inquiry to investigate the extent and nature of discrimination against people who have, or are thought to have hepatitis C.

The report *C-Change*, calls for a major transformation in public policy; one which refuses to accept that discrimination is the inevitable companion to hepatitis C infection and one which asserts that the current level of discrimination can no longer be tolerated. The report makes a number of recommendations and suggestions for change. Copies of the report can be obtained from Milly or Lian at the ADB on 02 9268 5500 or at www.lawlink.nsw.gov.au/adb.

Chief Medical Officer's Report

The Chief Medical Officer of the Department of Health and Aging, Professor Richard Smallwood has released his report for 2000-01. The report covers a wide range of issues including safety and quality, communicable and non-communicable diseases, antibiotic resistance, drinking water guidelines, immunisation, etc. This Report also includes a new chapter on advances and challenges in addressing Indigenous health issues. The report is available at www.health.gov.au.

Priorities for Primary Health Care Research, Evaluation and Development

The Primary Health Care Research and Information Service (PHCRIS) at Flinders University, conducted the (Commonwealth) Primary Health Care Research, Evaluation and Development (PHC RED) priority setting. Stage one of this process was completed in June 2001 and the Service has released full and summary reports.

The consultation process confirmed the need for a continued emphasis for PHC

RED research to be on the seven interrelated areas identified as priorities under the strategy. These are:

- evidence based practice;
- quality of care;
- models of organisation and delivery of primary health care;
- integration;
- economic issues relating to optimal use of resources;
- health inequalities and the determinants of health; and,
- illness prevention and health promotion.

Other recommendations include placing an emphasis on rural and remote populations, Aboriginal and Torres Strait Islander communities and on other people who are disadvantaged due to health or other social, economic or environmental factors.

Further information about these priority areas and ongoing information about the Strategy in general, including funding for research programs is available at www.health.gov.au/hsdd/ap/index.htm. Copies of the reports can be obtained by contacting the PHCRIS on 08 8204

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Topics of Interest...

5399 or from their web-site
www.flinders.edu.au/phcris/

WHO Report on Mental Health

The WHO's World Health Report 2001 which " *aims to raise public and professional awareness of the real burden of mental disorders and their costs in human, social and economic terms. At the same time it intends to help dismantle many of those barriers particularly of stigma, discrimination and inadequate services which prevent many millions of people worldwide from receiving the treatment they need and deserve*" was released late last year. It can be down-loaded from www.who.int/whr/

Mental Health e-Journal

The Australian E-journal for the Advancement of Mental Health has gone on-line. It is part of Auseinet, a web-site set up in 1997 as a clearing house for mental health practice information. It will appear three or four times a year, with the first scheduled for February. (auseinet.flinders.edu.au)

BETTER HEALTH CARE: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians.

The Commonwealth Department of Health and Aged Care have released "*Better Health Care: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians*". This document draws together information on programs which have been successful in improving the health of Aboriginal and Torres Strait Islander people. The report examines the concept of comprehensive primary health care in the Australian context, provides national and international evidence of the effectiveness of this approach in improving health outcomes of Indigenous people, and illustrates the success of this approach through a series of case studies on successful health service interventions. The report also

provides a description of the sorts of approaches that are likely to be effective in the primary health care for Aboriginal and Torres Strait Islander people. Copies of the report are available from the Office of Aboriginal and Torres Strait Islander Health. You can download the publication from www.health.gov.au/oatsih/pubs/index.htm, you can email your request and postal address to oatsih.enquiries@health.gov.au, or you can write to: Program development and Evaluation Section, MDP17, OATSIH, Department of Health and Aged Care, GPO Box 9848, Canberra, ACT, 2601. It is planned that future initiatives will develop and expand on the work done in the report and the OATSIH would be pleased to hear from people and organisations who have information which they would like to contribute. A brief description of the information and

contact details can be sent to the email or postal addresses listed above. If you require additional information on this further work please contact Program Development and Evaluation Section staff on (02) 62895259.

Safeguarding the use of human genetic information

The Australian Law Reform Commission and the Australian Health Ethics Committee have released (November 2001) a community consultation paper titled 'Protection of Human Genetic Information'. The two organisations have been asked by the Federal Government to consider the sort of regulation that may be needed in relation to human genetic samples and information to protect privacy, provide protection from

2002 General Practice & Primary Health Care Research Conference

Research - Making a difference to health & health care

Carlton Crest Hotel, Melbourne
30 & 31 May, 2002

CALL FOR ABSTRACTS

This year's GP & PHC Research Conference will focus on research that can make a difference to health and health care. This means rigorous research that is relevant to the issues facing consumers, practitioners, service providers & policy makers. Such research typically involves partnerships between interested parties and contributes to building the capacity of the primary health care community to conduct and use research.

The conference is an important annual forum where investigators can present research funded through a variety of primary health care funding sources. It also provides a unique opportunity for delegates to meet, share ideas and explore general practice & primary health care issues.

Abstracts for paper & poster presentations that address the conference theme are invited from investigators working in the field of general practice/primary health care. Closing date for receipt of abstracts is **11 March, 2002**.

Abstracts, registration and enquiries

should be directed to:

Conference Logistics

PO Box 201

Deakin West ACT 2600

Tel: (02) 6281 6624

Fax: (02) 6285 1336

Email: conference@conlog.com.au

Website: www.phcris.org

Topics of Interest...

unfair discrimination and ensure high ethical standards of conduct. Responses are sought to the issues raised in the paper which is available at www.alrc.gov.au. The final report will be completed in 2002.

Global Fund for AIDS, TB and Malaria (GFATM)

Twenty eight countries and several government and private sector international agencies and NGOs have recently established a Global Fund for AIDS, TB and Malaria which will 'tackle HIV/AIDS, tuberculosis and malaria in the wider context of comprehensive health policies and systems'. Further details, including discussion of some concerns about the Fund (e.g. its scope and source of funds, the extent to which civil organisations and NGOs will be involved, and its governance structures), can be found in the newsletter of the International Poverty and Health Network (www.iphn.org/bulletin8.htm).

Health Impact Assessment Guidelines

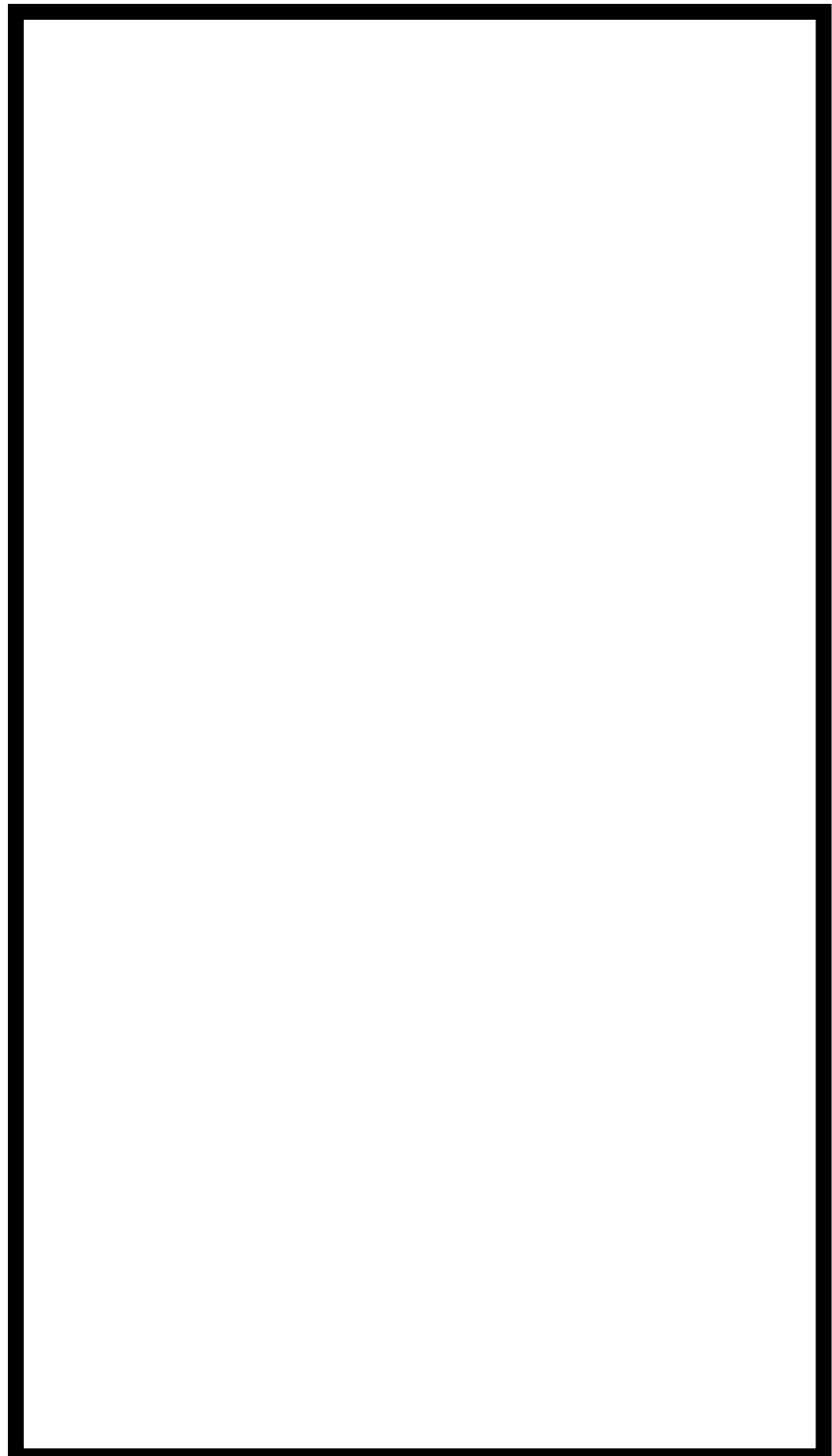
enHealth has released its Health Impact Assessment Guidelines, 2001. The Guidelines aim to promote the use of HIA in environmental and planning impact assessment generally, thereby improving the balanced consideration of health effects. The publication can be accessed on the internet at <http://enhealth.nphp.gov.au/council/pubs/ecpub/ecpub.htm>, or copies can be obtained by contacting the Publications Officer, Environmental Health Section, Department of Health and Ageing (MDP 82) GPO Box 9848 CANBERRAS ACT 2601.

Center for California Health Workforce Studies

On October 30 2001, the Assembly Health Committee held a hearing about the nursing shortage in California. Joanne Spetz was asked to discuss the findings of the CWI study,

Nursing in California: A Workforce Crisis. Dr. Spetz presented the findings and recommendations of the report in the first panel of the hearing. The committee was particularly interested in learning how many nurses would need to be educated to meet future needs, the size of the current reservoir of nurses, and the importance of working conditions. Assemblywoman Helen Thomson,

chair of the committee, said the hearing would guide the committee's efforts to develop legislation to address the nursing shortage. To read the full text of the testimony please see <http://futurehealth.ucsf.edu/cchws.html>. This report may be of particular interest given the current predictions in almost every State that we are facing shortages in nurses.



What's on

1-3 May 2002

Catching Clouds: Exploring
Diversity in Workforce
Development for the AOD Field
NCETA Symposium 2002
Adelaide Hilton

Call for Abstracts closes 18

February 2002

Further Information

Ph: +61 8 8201 7549

Email:

execsec.nceta@flinders.edu.au

Web: [www.nceta.flinders.edu.au/
symposium2002.htm](http://www.nceta.flinders.edu.au/symposium2002.htm)

4*6 May 2002

'Working together: Sharing
experiences', an international
conference focusing on remote
and Indigenous health, Alice
Springs. Further information
and a call for abstracts form can
be found on the conference
website:

<http://crh.flinders.edu.au/wonca>

Tel: 08 8951 4700;

Fax 08 8951 4777; email:

carly.dolinski@flinders.edu.au

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Phillipa Rokkas
Illawarra Area Health Service
Kirsten Howard

Victoria

Mark Power
Valerie Gerrand
Mark Stoove
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publications@phaa.net.au

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Report from the 140th Session of Council of NHMRC

The 140th session of the NHMRC met in Brisbane from 25-26 October and
covered the following issues:

- the "working arrangements" of the newly structured NHMRC - there
has been a great improvement in the efficiency and transparency of
process with the appointment of a CEO and with clear
accountabilities outside department concerns; and,
- initiatives to address issues of Indigenous health in Canada, NZ and
Australia including the preparation of a paper on its position on
Indigenous health issues that is being closely informed by
Indigenous members.

The Australian Health Ethics Committee of the NHMRC has released the
Human Research Ethics Handbook. This will be an important reference for
all health workers, researchers or managers of services where research is
conducted. This will soon be available on the NHMRC web-site.