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## *PHAA member recognised in Queen's Birthday Honours List*



Last month, PHAA member and Chief Executive Officer of BreastScreen Victoria= Onella Stagoll was awarded the prestigious Medal of the Order of Australia for services to community health. The award recognises Onella's commitment to community health and, in particular, through BreastScreen Victoria's focus on education and awareness of services available to women in rural areas and those from culturally diverse backgrounds.

Onella has been the CEO of BreastScreen Victoria since its establishment in 1992. BreastScreen Victoria is part of the national BreastScreen Australia screening program and offers the highest quality in breast cancer screening. Now in its second decade of operation, the program screens two hundred thousand Victorian women for breast cancer each year and contributes to the decreasing number of deaths through early detection of the disease.

BreastScreen has had to overcome a lot of opposition from within the public health community but has, over time, shown to be highly valued by women. Onella believes this is because BreastScreen has linked the principles of women's health – access, participation, representation, information and education – with advanced technologies and treatments.

“At BreastScreen we have woven together vital knowledge, people and resources. I am pleased that this has, at last, been recognised not only by women and clinicians but by the community at large.”

Onella was humble in receiving the award, characteristically recognising the contribution of the BreastScreen Victoria staff.

“You just do your job, so to be honoured and recognised for it is amazing,” she said. “This isn't a one person show, it is hard work and I've been lucky to have good people alongside me all the way. I've had the privilege of working with many different people and I especially want to thank the many courageous women who have worked with me to make BreastScreen what it is today.”

Onella's commitment to community health has been longstanding. Starting her career in health as a social worker with the Brotherhood of St Lawrence and the Melbourne Jewish Welfare Society, she later gained her Masters of Science at Columbia University

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## *PHAA member recognised in Queen's Birthday Honours List -continued from previous page*

and went on to be instrumental in formulating health policy at both a state and federal level in Australia. Onella's special interest in women's health dates back to the eighties when, as Manager of Women's Health in the then Victorian Department of Health, she established the first women's health services and women's health program. In the early nineties her career included stints advising the Deputy Prime Minister and Minister for Health as well as formulating a number of significant publications which continue to be influential in planning and developing public health policy today.

The award holds special significance for Onella as it coincides with the 50<sup>th</sup> anniversary of her naturalisation as an Australian Citizen. Born in the Ukraine, Onella and her family came to Australia over 55 years ago as refugees from war-torn Europe. She says she considers herself very fortunate to have come to Australia and feels that her perspective on leadership has been influenced by her upbringing.

"My life experience showed me that patience and a longer term perspective are needed to see changes. I believe it is important to think positively and when things don't work as expected, not to give up but to see such occasions as an opportunity for learning."

Not one to rest on her laurels, Onella is inspired by what BreastScreen Victoria has been able to achieve.

"I hope that what we have learned from BreastScreen Victoria will be incorporated into the future design of all services for cancer care and prevention."

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# Oral Health & Aboriginal & Torres Strait Islander Peoples

Christine Morris

Convenor Oral Health SIG

Traditionally, Aboriginal and Torres Strait Islander People had good oral health. However, oral diseases are now common in most Aboriginal and Torres Strait Islander communities, adding another aspect to the many serious health issues faced by Indigenous people.

Although oral health has improved in mainstream populations in recent years, the majority of gains have been in children's oral health. The significant improvements in oral health of the majority of children in the last 20 years are not reflected in the oral health of adults. There are persistently high levels of oral disease and disability among Australian adults, and poor oral health in this country is most evident in Aboriginal and Torres Strait Islander people, people on low incomes, rural and remote populations and some immigrant groups.

Nationally the levels of dental caries for Aboriginal and Torres Strait Islander children are much higher than other Australian children, many of whom experience the best oral health in the OECD. Aboriginal children experience about twice the level of dental caries compared with non-Aboriginal children in both the deciduous and permanent teeth. In addition the prevalence of early childhood caries is particularly high in Aboriginal children and increasing. Dental caries are less common in adults; however periodontal disease and tooth loss are substantial problems.

It is well recognised that Aboriginal Australians have poorer health than non-Aboriginal Australians. The increasingly poorer oral health outcomes only add to their disadvantage. In recent years there has been a greater focus on the importance of oral health to general health and well-being. This will be especially important for Aboriginal Australians as improvements in oral health will be a necessary component of the improvement in their health and well being.

In addition, workforce issues such as shortages of dental professionals in rural and remote areas impact on Indigenous oral health.

The poor levels of oral health in Aboriginal and Torres Strait Islander people are recognised in *healthy mouths healthy lives: Australia's National Oral Health Plan 2004-2013*. In this document they are identified as a population at risk, and Action Area Seven has been developed to address issues specific to this group. In addition Action Area One, promoting oral health across the population, sets the context for many of the outcomes and actions for Aboriginal and Torres Strait Islanders.

The National Oral Health Plan proposes the following outcomes. *Good oral health for Aboriginal and Torres Strait Islander people, commensurate with that of the overall Australian population, which supports good health and quality of life; achieved in culturally supportive ways through:*

- *Enhanced understanding of Indigenous health issues in the community*
- *Collaborative approaches to oral health planning and delivery*
- *Improved public health measures that address oral health*
- *Local and timely access, according to need, to affordable, culturally appropriate dental care*
- *Improved collection, quality and dissemination of oral health information about Aboriginal and Torres Strait Islander people.*

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## *Oral Health & Aboriginal & Torres Strait Islander Peoples- continued from previous page*

National Action could begin with the implementation of the National Aboriginal and Torres Strait Islander Oral Health Action Plan (Commonwealth Department of Health and Ageing 2003). There are many actions recommended in the National Oral Health Plan. They include extending fluoridation of water supplies, providing culturally appropriate services through partnerships between Indigenous and mainstream health services, and inclusion of oral health into general health checks.

However, commitment is needed to resource the public health actions set out in the plan. In addition we need some innovative approaches to address the workforce issues faced by the oral health profession. A forum is being held in Sydney on Friday 1 July 2005 to canvass a range of responses to the National Oral Health Plan. Let's hope that this will enable participants to share national strategies to reduce the substantial inequities in oral health experienced by Aboriginal and Torres Strait Islander people.

## *Climate Action Report July 05*

*Peter Tait, EHSIG,*  
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The climate is warming and action is hotting up. More stories in the media are driving home the need for us to be 'doing something' although what is to be done is cause for controversy.

The nuclear industry is uncoiling after a decade under its rock and aggressively advertising itself as the saviour for a warming globe. However significant problems with the nuclear industry, including incapacity to deliver, it not really being greenhouse gas free, links to weapons proliferation and unsolved waste disposal make it less than a front runner. (see Why Nuclear is not the Answer to Global Warming at <http://www.phaa.net.au/policy/climatechange.htm>)

The House of Representatives is inquiring into expanding Australia's nuclear industry in response to this public debate. PHAA has put in a submission arguing strongly against it. [http://www.phaa.net.au/Advocacy\\_Issues/fossil.htm](http://www.phaa.net.au/Advocacy_Issues/fossil.htm)

On a local Northern Territory front the NT Branch, together with the Alice Springs based Arid Lands Environment Centre, ran a campaign to get climate change onto the political agenda. They tele-surveyed residents of Alice Springs and found significant levels of awareness of and concern about climate change. All major party, NT Greens and some high profile Independent candidates were sent a survey to assess their stand on climate change and ESD.

Disappointingly only one Independent and six of the nine NT Greens candidates availed themselves of the opportunity to show off their environment credentials. Both major parties, ALP and CLP (Coalition) had no statement until the second day pre-voting when their environment policy announcements were made.

Was it worthwhile? In an election campaign dominated by 'law and order', economy and presidential style electioneering there was not much media uptake. It is impossible to assess what effects the candidate survey had within the major party ranks. Now the Branch moves on to making the re-elected ALP government fulfill its policy commitments.

Finally the Climate Change Workshop at the Perth Conference is bedding down. Speakers include Ian Lowe, Tony McMichael, and John Kruger on the medical effects of climate change and more. Be there to hear what's new and to join in planning what next to do about our warming planet.

# Northern Territory Branch Report

*Clive Rosewarne*

*PHAA NT Branch President*

The NT Elections, the environmental impact of climate change, re-cycling of computer hardware and the People's Health Assembly have kept the NT Branch busy over the last six months. Many of these issues are reported upon elsewhere in this edition of *intouch*, so here I will focus on the NT Election.

To say public health issues were not a focus of the recent NT election would be an understatement. Both parties preferred to run presidential style campaigns, with policy dominated by major projects; for the ALP it was the Darwin Harbour redevelopment and for the CLP it was connecting the Top End of the NT with the national electricity grid. And, of course, to capture conservative votes the ever-popular law and order issue- this time raised by the ALP- was used to appeal to middle class fears and white prejudice.

There were a few defining moments such as the CLP's proposal to open a private wing in the Alice Springs Hospital and there were the usual one-off funding offers to various communities, but otherwise public health issues were by and large ignored.

PHAA (NT) attempted to gain some focus on health policy through the print media by raising five public health issues: alcohol availability; climate change; disability support in schools; the privatisation of hospital facilities, and Indigenous & remote area health. Unfortunately neither of the main NT newspapers ran these letters, despite both the bi-weekly *Alice Springs Centralian Advocate* and the daily *NT News* assuring us that the letters would be in their respective publications prior to the election.

We highlighted alcohol availability, not only because excessive consumption and alcohol related harms are widely recognised problems in the NT, but also because after extensive research a Territory-wide framework was developed in 2004 for dealing with the excessive levels of alcohol harm. This Alcohol Framework has languished for months in the NT Cabinet. The support of alcohol supply reduction measures has been a long-standing policy of the PHAA (NT) and this report contained some very strong recommendations in this area. It is of concern that the Government has been unable to progress the recommendations of this report.

There is clear evidence for the positive effects of including students with disabilities in mainstream schools. However, current NT Department of Education practice means that students are unable to obtain the level of carer support required to fully take part in their schools. Delays in notifying schools of funding means that, often, talented carers are forced to take other work early in the school year, thus eroding the quality of the services available. Whilst recognising that there have been increases under the ALP government, this funding still falls well short of that needed to meet our students' needs and none of the parties were prepared to commit to a policy to effectively resource and administer this program to support the NT's disabled students.

The NT has led the nation in developing a comprehensive Aboriginal health-planning framework, with pooled Commonwealth and Territory health funding, to make sure all Aboriginal communities in the NT can access quality primary health care. To date such arrangements have led to improved services in many remote areas for both Aboriginal and non-Aboriginal Territorians. In the changed Aboriginal affairs climate, neither party made any public commitment to continuing the rollout of this program.

All Territorians, whether they belong to a Private Health Scheme or not, are forced to pay a subsidy to this industry via the Commonwealth's Private Health insurance subsidy scheme. Rising hospital costs are being passed on to us

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through private health care subsidies being ripped from our tax base and directly handed over to private health insurance companies. These subsidies have not stopped the cost blowout in private insurance levies. Unfortunately, the CLP proposal to open a private wing in the Alice Springs Hospital showed their commitment to public funding of private industry at the cost of directly improving essential hospital services for everyone. On this issue there was a clearly defined difference in policy between the major parties.

Global climate change will have extensive impacts upon both tropical and desert-dwelling Territorians, with the potential to affect water supply, communicable diseases and a number of environmental health factors. Weak environmental policy, (announced just two days prior to the election in the CLP's case) showed that neither of the main parties had a grasp of this issue in a health context. Not surprisingly, the Greens polled very strongly and some independents also had constructive attitudes on the issue.

The Branch has also been working hard on recruitment and retention of members with some modest (in numbers) but gratifying (in percentage terms) success. We are currently developing a set of proposals aimed at increasing the Association's profile in the NT, including establishing some annual public health awards, co-sponsorships of events and providing members with a range of active roles such as mentoring and SIG representation. At the time of writing we are very pleased to note that two of our members are attending the People's Health Assembly meeting being held in Ecuador, through the generous support of the PHAA ATSI SIG and additional funding from our Branch and external sources. And finally of course we are starting to discuss the 2007 PHAA Annual Conference to be held in Alice Springs!

## *Journal Donations*

The Trustees of the Public Health Education and Research Trust (PHERT), PHAA's Trust, are accepting donations from individuals and corporations towards making copies of the Australian and New Zealand Journal of Public Health (the Journal) available to health and medical institutions, agencies, and centres that are doing good public health work but that cannot afford to buy the Journal. Our particular focus is on poor countries and we are encouraging people who have migrated to Australia from these countries to make donations back to their countries of birth. All donations are tax deductible.

A special rate of \$100 for each calendar year has been set for donations, with the Trust welcoming donations for up to five years. Donations can be made at any time in a calendar year, and back copies of the Journal for that year will be sent to the designated recipient.

If you wish to make a donation but are unable to designate a specific institution or centre, PHAA will find an appropriate recipient. We do ask that you designate an area (e.g. the Pacific) or a country (e.g. Chile) in order to help in that process.

This is a significant opportunity to help specific health and medical centres across developing nations. It is also an opportunity to spread outcomes from Australian and New Zealand public health research and the critical thinking of Australia and New Zealand's public health professionals.

Your help in making a donation to this cause would be gratefully welcomed by all of the Trustees, the PHAA Board and the Editors and Production House of the Australian and New Zealand Journal of Public Health.

# *The Collaborative Centre for Aboriginal Health Promotion*

## **Collaborative Centre for Aboriginal Health Promotion**

The Collaborative Centre for Aboriginal Health Promotion aims to enhance overall capacity within Aboriginal health promotion and other sectors in order to solve existing and future challenges that impact on Aboriginal Health, both in NSW and nationally.

The Centre is an initiative of the NSW Aboriginal Health partnership, auspiced by the Aboriginal Health & Medical Research Council of NSW (AH&MRC). The Centre is located within the AH&MRC building in George Street, Redfern.

## **Aboriginal Health Promotion**

Historically, it could be argued that Aboriginal health promotion within the public health system has tended to be marginalised and received minimal attention in terms of development and evaluation. Aboriginal health promotion has often relied on single strategy initiatives such as producing health promoting pamphlets, posters and resources for one-off events. Strategy initiatives such as these are rarely sustainable and unlikely to effect change at an individual or community level.

One approach that has been shown to offer a sustainable platform for health promotion is capacity building in Aboriginal communities and other relevant organisations to promote Aboriginal health. This approach provides an opportunity for the development of skills in effectively promoting Aboriginal health, improved provision and distribution of resources and a potential increase in commitment from the health system to Aboriginal health promotion.

It is anticipated that the Collaborative Centre for Aboriginal Health Promotion will use this approach to enhance organisational support, provide comprehensive workforce development and to reinforce Aboriginal Health Partnerships at all levels. Such an approach will assist in facilitating sustainable health gains for Aboriginal individuals and communities.

## **The Development of the Collaborative Centre for Aboriginal Health Promotion**

A National Consultation Workshop on Aboriginal Health Promotion was conducted in Sydney on 29 October 2002. The workshop provided an opportunity to identify current approaches and strategies being used to develop better practice in Aboriginal health promotion. It also enabled all parties to reach consensus on how this could be achieved.

During the meeting consensus was reached on a draft set of principles of best practice in Aboriginal Health Promotion (Principles for Better Practice in Aboriginal Health Promotion - Sydney Consensus Statement). These principles will go some way towards achieving best practice in all States and Territories.

## **The Role of Collaborative Centre for Aboriginal Health Promotion**

The vision of the Centre is to improve the effectiveness of Aboriginal health promotion both in NSW and throughout Australia. The Collaborative Centre for Aboriginal Health Promotion will work to enhance the delivery of more effective and sustainable health promotion programs for Aboriginal people and their communities in NSW by:

- Administering the NSW Aboriginal Health Promotion Community Grants Scheme.

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- Strengthening the Aboriginal health workforce by the provision of opportunities to acquire the necessary skills and knowledge in health promotion
- Sharing information about Aboriginal health promotion. Case studies of good practice in Aboriginal health promotion will be gathered, reviewed and shared primarily through the Centre's web site ([www.ccahp.org.au](http://www.ccahp.org.au)).
- Highlighting Aboriginal safety and the prevention of injury through the promotion of safe environments.

### **NSW Aboriginal Health Promotion Community Grants Scheme**

The NSW Aboriginal Health Promotion Community Grants are available to Aboriginal Community Controlled Health Services to run health promotion programs that address identified community health needs. The Grants Program Managers are able to provide technical advice and support on Aboriginal health promotion matters, particularly NSW community grant application process, monitoring, better practice, strategic planning and program evaluation.

Thirty four applications were received for the Aboriginal Health Promotion Grants in the financial year 2004/2005. Of these applications, 18 have been recommended for funding and are currently with the Minister for Health awaiting approval. The Grants Program Managers are currently preparing for the 2005/2006 round of grants.

The establishment of the Centre is a major step forward in progressing the development of better practice approaches and much needed infrastructure for advancing Aboriginal health.

### **Contact details**

For further information about the Collaborative Centre for Aboriginal Health Promotion please contact: Ian Raymond, Director. Questions about the NSW Aboriginal Health Promotion Grants Scheme should be directed to either: Neville Fazulla, Grants Program Manager or Letetia Harris, Grants Program Manager.  
Ph: (02) 9698 1099, Email: [info@ccahp.org.au](mailto:info@ccahp.org.au), Web: [www.ccahp.org.au](http://www.ccahp.org.au)

## *Electric Waste*

*Peter Tait*

Disposal of computers, IT equipment and other electronic waste (e.g. TVs, mobile phones) into landfill has adverse environmental effects because of toxic pollution and loss of metal and components. In an endeavour to promote reuse and recycling, the NT Branch of PHAA and the Centre for Sustainable Arid Towns in Alice Springs applied to the NT Department for Infrastructure, Planning and Environment for a Community and Strategic Grant under the Litter Abatement and Resource Recovery Strategy. We were partnered in the project by the Arid Lands Environment Centre and ITwerkz, a small local private company that is looking at computer recycling and has contacts interstate.

The idea was to look at establishing a business that could collect and clean operating equipment and sell it on to schools and community organisations. Equipment beyond repair would be broken into scrap and the metals and materials sent for reuse. There are working examples of this in southeastern Australia. The grant was to pay for writing a business case and planning the set up for a business to assess its viability.

The NT Branch employed a project worker who surveyed Central Australian businesses and made initial contacts with computer recyclers 'down south'. The application was submitted in April.

To date we have not received any response for the NT government but have heard that, although the application made it to the final round, marginally 'better' applications were on the table.

# Strengthening Indigenous community action on alcohol – from Australia to South Africa

Maggie Brady

Australian National University (Centre for Aboriginal Economic Policy Research)

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In 1998 what was then the Department of Health and Family Services funded the publication of a bright, readable book for Aboriginal and Torres Strait Islander people designed to mobilise grass-roots action on alcohol problems. Sparked by a conversation with Aboriginal academic Marcia Langton (and partly inspired by David Werner's seminal *Where There is No Doctor* (1)), I developed and wrote *The Grog Book: Strengthening Indigenous Community Action on Alcohol* as an accessible, all-in-one alcohol action handbook. Numerous Indigenous and non-Indigenous workers in the field contributed case studies of their successes and mistakes in dealing with grog in remote, rural and urban communities and neighbourhoods. The idea was to demonstrate how good policy could be made real on the ground, and to show ordinary community members how to get mobilised by doing their own local action research. The fact is that many Indigenous communities in Australia have embraced numerous avenues for harm reduction provided by legislative controls over supply – many of which have been endorsed and recommended by World Health Organization expert reviews (2) – that are in advance of practice in the wider Australian polity (presently oriented to liberalization of liquor laws) (3). The book contains examples of these restrictions, how they were initiated, and discussion of their benefits and drawbacks in different circumstances. There is also a short history of drug and alcohol substance use among Indigenous Australians; a section on alcohol in the Australian economy; a chapter on alcohol itself, its contents and long and short term effects; and information on how primary care services (as well as longer-term care) can use different techniques (not just the Twelve Steps) to work with drinkers themselves.

In an attempt to get away from the sometimes stereotyped designs, colours and illustrations used in Indigenous health promotion resources, a materials developer (Mouli MacKenzie) and an illustrator (Alex Tyers) were commissioned to do something different with this book. Alex produced computer-generated 'mambo' style drawings of people and places that were humorous and sometimes sad at the same time. Mouli developed a clear, bright design with bite-sized chunks of text, and used her own in-depth and individualized testing methodology for us to pilot with a prototype version. In this process, we individually and intensively interviewed a small number of potential users of the book (mostly Aboriginal health workers and mental health trainees) using an ethnographic diagnostic testing technique (4) and elicited a wealth of comment and contribution with which to improve on the draft version. Crucial to this testing process was *observing* how these users navigated through the book, and the tools they chose to use in order to do this (including an index, contents pages, illustrations and tabbed sections).

Several print runs later, and with the 1998 edition out of print, we have finalised a second, revised edition of *The Grog Book* that contains information on emerging issues (such as fetal alcohol syndrome, the use of homebrew, and the latest on managing alcohol-related trouble including management plans, permits, and the use of cultural protocols). Meanwhile, the original book was circulated in Namibia and South Africa, where problems of intoxication are associated with high rates of pedestrian deaths, fetal alcohol syndrome, violence and assault, and unsafe sex associated in turn with HIV/AIDS. Both countries, especially South Africa, suffer from the unregulated sale of both commercial and informally-produced liquor, high outlet density and availability and low prices. In the 'new' South Africa, concerted efforts are now taking place to licence previously unregulated outlets and minimize harms through server training, to train health professionals in brief intervention techniques, and to support small-scale non-government organisations working on the legacies of apartheid and the deeply entrenched 'payment in alcohol' system for agricultural workers.

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## *Strengthening indigenous community action on alcohol – from Australia to South Africa - continued from previous page*

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With all these developments still in their infancy, in 2002 staff in the School of Public Health (SoPH) at the University of the Western Cape saw the need for a local version of an alcohol action manual like *The Grog Book*. The SoPH already has numerous international links (for example with David Werner of HealthWrights in Palo Alto (5) and with Professor Fran Baum of Flinders University). Kirstie Rendall-Mkosi, then a lecturer in the SoPH, successfully obtained funding from AusAID for the development of a similar resource and we worked together on the project over two years. We compiled *Tackling Alcohol Problems: Strengthening Community Action in South Africa* as an action research project in itself, based on the activities of individuals, nurses, community workers, alcohol researchers and NGOs in the Western Cape, by documenting how projects were initiated and sustained by frontline workers. We conducted workshops and gave presentations to alcohol action groups and to nurses operating mobile clinics, sharing Australian research on brief interventions in primary care, community education strategies and initiatives such as the Northern Territory's Living with Alcohol program. For the book we interviewed public health activists, urban community health workers, farmers and agricultural workers in wine-producing areas to find positive case studies of alcohol harm reduction and activities designed to improve working conditions and safety.

We pilot-tested the book and a new set of illustrations in metropolitan townships and in rural farming areas with groups of potential users, utilizing the same methodology devised by Mouli MacKenzie. As in Australia, this produced new ideas and material as well as helping us to avoid egregious errors. A provincial government department responsible for liquor regulation matters funded the first print run and the book has been distributed to new liquor licence holders throughout Western Cape Province; we hope that metro and regional health departments will buy it for their clinic and hospital staff. As one of the district health nurses said, 'This will be the first alcohol book in South Africa that is down to earth and more for the person in the street. It's friendly reading' (6). We certainly hope that it will be 'friendly reading' for a wide range of health workers, teachers, community-based programs, liquor sellers, employers and ordinary people in South Africa. The new Australian *Grog Book* will be published in July 2005 (7).

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Orders through [www.alcohol.gov.au](http://www.alcohol.gov.au) (from July)

# *Improving Food Supply in Remote Aboriginal & Torres Strait Islander Communities*

The National Aboriginal and Torres Strait Islander Nutrition Strategy (NATSINSAP) was developed by the Strategic InterGovernmental Nutrition Alliance (SIGNAL), a subcommittee of the National Public Health Partnership and was endorsed by the Health Ministers' Conference in 2001. Initial work on the implementation of NATSINSAP was undertaken by jurisdictions, however, in 2003 the Office of Aboriginal and Torres Strait Islander Health provided one years funding for a Project Officer to coordinate national progress of NATSINSAP. The Project Officer was recruited in August 2004 and is guided in their work by a national steering, and reference, group. There are seven action areas in the strategy and action plan, and while each are important, the steering and reference groups agreed that initial implementation would focus on two of the action areas:

- **Food Supply in rural and remote locations**
- **Aboriginal and Torres Strait Islander nutrition workforce.**

There has been significant progress in both of these areas, however, this article will focus on the action area of Food Supply in rural and remote locations. For more information on any aspect of NATSINSAP implementation please contact the Project Officer.

## **Rationale for action**

There are 1,139 discrete Indigenous communities in remote areas of Australia'. Health indicators for remote Australia(1) show a high prevalence of chronic disease reflecting the high proportion of Indigenous people who suffer an excessive disease burden. Poor nutrition is a major underlying factor in poor growth and high levels of infectious disease in children and subsequent chronic disease in adults, and increasingly in adolescents.

With high food costs and limited availability of nutritious food, such as fresh fruit and vegetables, consistently reported in market basket surveys since the 1980's across remote Indigenous communities in Australia(2), it is obvious that food supply in remote areas needs considerable improvement.

Better access to good quality, affordable, healthy foods (particularly fruit and vegetables) in remote communities and increased consumption of these foods will contribute to improving the growth and development of babies and children, and the prevention of chronic diseases including diabetes, heart disease, and overweight and obesity, which are the principal cause of early death among Indigenous people.

The recent "*FoodNorth: Food for health in north Australia*' report(2) provides a strong framework for work around food supply in remote Indigenous communities. The report summarises the key issues, provides examples of interventions and strategies, and identifies leverage points for action. This report stresses the need to establish partnerships as many of the actions fall outside the mandate of health.

A summary of the key factors identified in the *FoodNorth* report that contribute to poor access to quality, affordable, nutritious food in remote Indigenous community stores and takeaway outlets include:

- Remoteness, loss of access to traditional land and food sources, limited household food preparation and food storage capacity, means Indigenous families are dependent on food purchased from remote stores and takeaway food outlets, often on a daily basis.

*continued on next page*

## *Improving Food Supply in Remote Aboriginal & Torres Strait Islander Communities*

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- High overheads in remote community stores due to the high costs of infrastructure, credit, power, maintenance costs, poor economies of scale and purchasing power, lack of competition and difficulties in recruiting and retaining staff with expertise.
- Freight costs to remote communities are very high as costs may be added to the price of goods at several points in their transit to remote communities.
- Many stores commit additional financial outlays to prestocking and extensive storage capacity to prepare for regular wet season isolation of up to six months.
- The community store manager plays an integral part in the purchasing requirements of the store, pricing and range of produce and purchasing patterns of consumers. Poor store management practices impact on community food supplies, compromising nutrition and health. It is difficult to attract and retain suitably qualified store managers.

### **Action**

While many remote stores across Australia provide an adequate range of good quality foods, the fact remains that this is usually dependent on one person - the store manager. Earlier this year, the NATSINSAP project sought, and was successful in gaining, funding to implement a number of the strategies proposed in *FoodNorth*, including developing and provision of a guide for best practice for remote stores and takeaway food outlets. The guide will incorporate healthy food stocking and preparation guidelines, a system of promoting healthy choices in stores, a monitoring system which can be used to assess and report on performance, measure improvement, provide early warning if store practices deteriorate, and to provide a decision making framework to identify when improvements and investment are required.

The guide will be distributed to pilot stores across five jurisdictions, with the intention that all remote stores will be able to access it in the future. To support the guide, work will be undertaken on another national initiative; the proposed development of training packages for remote store managers. This accredited national training will include content covered in the guide.

The project will also address food subsidies, tax incentives, cooperative buying and freight coordination for remote areas of Australia.

This project has received financial support from health departments in Queensland, New South Wales, South Australia, Northern Territory, Western Australia, as well as the Department of Health and Ageing and Indigenous Business Australia. Commitment to the project is over 3 years and a project officer to manage implementation will be recruited in July 2005.

For more information on this project or the NATSINSAP project, please contact Katherine Cullerton, Senior Project Officer (NATSINSAP) on 07 3234 0526 or [Katherine\\_cullerton@health.gid.gov.au](mailto:Katherine_cullerton@health.gid.gov.au)

1. *Australian Bureau of Statistics (2001) Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities, Canberra, ABS*

2. *Evidence from surveys conducted by Health Departments and others in Northern Territory, Queensland, Western Australia and South Australia.*

2. *FoodNorth: Food for Health in north Australia (2003) Population Health Division, WA Health Department*

# *Sports massage- an opportunity for health promotion?*

## *Promoting musculoskeletal health in rural Indigenous communities*

By *Dein Vindigni BAppSc (Chiro), BA (SocSc), Master MedSc, PhD*  
*Lynne Parkinson BSc (Hons), PhD*

Lifestyle illnesses including diabetes, heart disease and their association with modifiable risk factors such as smoking, physical inactivity and obesity have been well documented (AIHW, 2002). However, a lesser-known association also exists between these risk factors and musculoskeletal conditions including osteoarthritis and back pain (ref. Adams). The morbidity attributable to musculoskeletal conditions is significant, and pain and disability arising from these conditions can significantly impact on quality of life (WHO, 2003).

The situation is worse for Indigenous Australians living in rural Communities whose health is further compromised by socio-cultural, geographical and financial barriers (AIHW, 2002). A recent musculoskeletal prevalence study conducted in one of Australia's largest rural Communities (Kempsey, New South Wales) showed a disturbing profile for its Community members. The average person is:

Middle-aged male or female suffering from at least two musculoskeletal conditions that have been present for more than seven weeks. They have a history of physical trauma related to sporting injuries, car accidents, falls or work-related injuries and a range of lifestyle risk factors including obesity, smoking, prolonged sitting, heavy lifting and psychosocial stress. If they are aware of interventions that might assist in alleviating their chronic pain, they have not sought treatment because of the cost of manual therapies or an attitude of being resigned to enduring pain and ill health.

(Vindigni et al, 2004)

In February 2003 a handful of volunteers gathered in Kempsey to learn a little about traditional Aboriginal approaches to healing with bush-medicines from the rainforest and to train Aboriginal Health Workers in the practice of sports massage. The sports massage course conducted in Kempsey by Aboriginal health workers, chiropractors, osteopaths and massage practitioners was the end result of a lot of talking and even more listening. It was seeded and inspired by Uncle Paul Gordon, cultural elder of the Brewarrina Community in remote New South Wales.

### **Why Sports Massage?**

Sport features in the life of the Community and sports massage is a broadly acceptable form of touch. It is also a means through which Community members can assist certain common musculoskeletal conditions such as back and neck pain and presents an opportunity to address related risk factors (Vindigni, Blunden & Perkins, 2003).



(Left) Aboriginal Health Workers perform sports massage on younger members of the Kempsey Community

### **Why train Aboriginal Health Workers?**

For a long time, Aborigines have been saying there is an urgent need to deliver sustainable and culturally sensitive health care in order to respond effectively to the appalling health endured by their people. Aboriginal health workers have an intimate understanding of their people's needs.

They also have the trust of and regular contact with their community, so necessary in promoting the health of their people.

## *Sports massage- an opportunity for health promotion? Promoting musculoskeletal health in rural Indigenous communities - continued from previous page*

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The message conveyed by many Aboriginal elders is not only the need for collaboration between Aboriginal and non-Aboriginal people but also a measure of independence in shaping the future of their communities. They also recognize the importance of developing a professionally and culturally competent indigenous health workforce.

### **Sports massage in the Kempsey Aboriginal community**

Ongoing discussions with Aboriginal health workers and elders of the Durri community of Kempsey highlights the importance of first gaining the trust of the Community before addressing the deeper problems of pain and disability amongst Aboriginal people. Sport has always been important to this community. The widespread appeal of sports massage in Kempsey presented a valuable opportunity for addressing not only musculoskeletal conditions but also some of the major risk factors associated with mortality and morbidity in this and other Aboriginal communities, such as:

- high levels of obesity
- lack of regular exercise
- smoking, and
- significant levels of physical trauma and injury

So, beyond the potential to help with the pain and disability of musculoskeletal conditions, addressing obesity and lack of physical activity through health education will also assist Aboriginal health workers to manage the dietary and lifestyle factors associated with cardiovascular disease and diabetes.

During an intensive two-week period at the Kempsey course, 21 Aboriginal health workers were trained in sports massage. It was a very practical, hands-on course that included traditional, indigenous approaches to care as well as the management of modifiable risk factors. Health workers were given credit for prior learning in first aid, occupational health and safety, anatomy & physiology subjects. The course has been accredited nationally and will allow graduating Aboriginal health workers to practice in a range of community settings including Aboriginal health services, sporting clubs, voluntary community health clinics and private practice.

Massage practitioner Pamela McKirdy, chiropractor Dr Greg Taylor, and chiropractor/osteopath Dr Barbara McCormack hope to continue the work of training health workers to treat the community as a way of providing sustainable health-care. They may be joined in the future by other practitioners from the district.

Aboriginal health workers, massage practitioners and chiropractors were involved in both the development and implementation phases of the course but, ultimately, the ownership of the Kempsey program will rest with the Aboriginal community.



**(Left) Uncle Neville Buchaan, Elder of the Gumbangirr people of the northern Kempsey district, introduces participants to stories and bush medicines of the region**

\* Hands on Health Australia (HOHA) is a registered charity that provides voluntary health services and clinical training for health workers where health care is not readily accessible. Clinics have been established in Australia and New Zealand, and are currently being developed in the Asia Pacific region

## Items of Interest

### Food Surveillance Australia New Zealand newsletter

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Food Surveillance Australia New Zealand newsletter, Autumn/Winter 2005 has just been published on the Food Standards Australia New Zealand website.

The direct link is:

<http://www.foodstandards.gov.au/mediareleasespublications/foodsurveillancenewsletter/autumnwinter2005.cfm>

### The 2004 National Drug Strategy Household Survey: State and Territory Supplement

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This report presents data on patterns of drug use in each of the states and territories. It supplements the national findings from the 2004 National Drug Strategy Household Survey: First results report, published in April 2005.

The results are based on a survey of almost 30,000 Australians conducted in 2004, and provide profiles of drug use and policy support in each of the states and territories. AIHW Catalogue No. PHE-61; Internet Only Publication

Click on the web address link to view the report <http://www.aihw.gov.au/publications/index.cfm/title/10133>

### National Comorbidity Initiative: A Review of Data Collections Relating to People with Coexisting Substance Use and Mental Health Disorders

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Under Australia's National Illicit Drug Strategy, a National Comorbidity Initiative was established to improve service coordination and treatment outcomes for people with coexisting mental health and substance use disorders. A priority area under this Initiative is to improve data systems and collections methods within the mental health and alcohol and other drug sectors to manage comorbidity more effectively. This project, commissioned by the Australian Government Department of Health and Ageing, identifies, reviews and reports on the current state of data collections relating to people with coexisting substance use and mental health disorders ('comorbidity') in Australia.

*AIHW Cat. No. PHE-60;*

Click on the web address link to view the report <http://www.aihw.gov.au/publications/index.cfm/title/10132>

### Injury Deaths, Australia 1999

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This report describes injury mortality in Australia during 1999. It includes information about the major causes of injury such as transport-related deaths, suicide and accidental falls. The data provided in relation to each cause include age and sex, State and Territory differences, trends over time, and other associated factors. It also examines, in detail, the implications of the transition from Version 9 to Version 10 of the International Classification of Diseases.

The report will be relevant to anyone interested in gaining an insight into patterns of injury mortality and the burden it imposes on the Australian community.

AIHW Catalogue No. INJCAT-67, *Internet only.*

Click on the web address link to view the report <http://www.nisu.flinders.edu.au/pubs/reports/2005/injcat67.pdf>

### Indigenous Housing Indicators 2003-04

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AIHW Catalogue No. HOU-27; Available from CanPrint (ph: 1300 889 873); \$25.00

Indigenous Housing Indicators 2003-04 is the Institute's first national report on Indigenous housing information. The report includes national data collected by the Institute on Indigenous community housing and State-Owned and Managed Indigenous Housing.

Detailed information is presented on a range of Indigenous housing indicators including overcrowding, dwelling condition, affordability, connection to services and recurrent and capital expenditure. There is also a range of information on Indigenous community housing organisations such as whether they have a housing management plan and the proportion of employees undertaking training.

The report is a useful resource for policy makers, administrators and researchers with an interest in Indigenous housing issues.

Click on the web address link to view the report <http://www.aihw.gov.au/publications/index.cfm/title/10134>

## New Members

### NEW SOUTH WALES

Casino Community Benefit Fund  
Branch  
Alexandrea Martiniuk  
Dr Catherine Silsbury

Carolyn Grimmer

### AUSTRALIAN CAPITAL TERRITORY NHMRC

### VICTORIA

John Ryan  
Michelle Gooley  
Marian Pitts

### SOUTH AUSTRALIA Julie Barker

### TASMANIA Catherine Wheatley

## What's On

### Saturday, 19 November 2005

13th National Symposium on  
Hepatitis B and C,  
St Vincent's Hospital Melbourne.  
Contact Eleanor Belôt (03) 9288  
3580

### PHAA Members on the move

Liz Hanna, from the School of  
Public Health, La Trobe University,  
will be on a working holiday for the  
next 10 weeks in the USA, you can  
still contact her through email at:  
[lizhanna@netc.net.au](mailto:lizhanna@netc.net.au)

## 36<sup>th</sup> Public Health Association of Australia Annual Conference



### *Successes in Public Health*

Sheraton Perth Hotel, 25-28 September 2005

Further information about PHAA conferences can be obtained by visiting  
<http://www.phaa.net.au>

EDITORS: Elizabeth Proude and Susan Stratigos

Editor: *Executive Director* Design: *Design Direction*

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