in touch
newsletter of the Public Health Association of Australia Inc.

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Kids follow unhealthy role models — their parents

Fat teenagers rejoice, you can now blame your parents and the first five years of your life for your pudginess!

New Brisbane research proves fat parents are more likely to have fat children who will grow into fat teenagers if they don't learn healthy living by the age of five.

The findings are the latest results from the one of the world's longest running health studies- the Mater-University of Queensland (UQ) Study of Pregnancy recently published in the *International Journal of Obesity*.

About 3000 children in Brisbane had their body mass index (weight in kilograms divided by height in metres squared) recorded at the age of five then at 14.

Their birth weight, gestational age in weeks, weight gain per day for the first six months after birth, duration of breastfeeding, childhood mental health, parental education, family income and maternal depression were also recorded.

Lead researcher, Dr Abdullah Al Mamun from the University's School of Population Health, said fat children at both ages were usually heavier babies who had bigger daily weight increases in their first six months. Children were overweight at five years were more likely to be fat at 14 years old. However, girls who were overweight or obese at the age of five were more likely than overweight boys to return to healthy weights by 14.

"These findings suggest that to reduce the public health burden of childhood and adolescent overweight or obesity, early prevention of childhood obesity is important," he said.

"The strong association between parental overweight status and adverse changes in their children suggests that tackling adult obesity is likely to be important both for their own health and for that of their offspring."

Dr Mamun's paper was co-written with UQ colleague and founder of the Study founder, Professor Jake Najman, and researchers from the Mater Hospital, Brisbane, and the University of Bristol researchers. The Mater Study was set up by Professor Najman in 1978 as a health and social study of 7223 pregnant women. Over the decades the study has been widened to include prenatal, postnatal, childhood and

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The Public Health Association of Australia is the major organisation for public health practitioners in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.

PUBLIC HEALTH ASSOCIATION of Australia Inc

adolescent periods of the child by studying the development of their babies who are now in their early 20s.

Dr Mamun is now investigating the link between high blood pressure and obesity in children.
He has also applied for a research grant to help families fight obesity through changing meal patterns, improving family relationships and communication or psychological means.

For more information contact Dr Mamun tel. 07 3346 4689, 0431 029 273, email: mamun@sph.uq.edu.au) or Miguel Holland, UQ Communications, tel. 07 3365 2619, email: m.holland@uq.edu.au).

Climate Action Report

Dr Peter Tait

All is not as gloomy as it might seem. Current research on the state of play on the international climate scene suggests there is a lot happening, including a response to Kyoto. Much of the activity is being generated by business which is simply bypassing recalcitrant federal governments. And in the US and Australian, State and local governments are acting in the interests of their constituents.

Business is responding to the climate challenge and profiting by the competitive advantage so gained. This was highlighted by Hunter Lovins of Natural Capitalism Inc on her recent visit to Australia. The April edition of the e=newsletter from the *Ethical Investor* features a report from AMP that shows social responsibility is good for business.

So can we happily pack our bags and go off to other pressing public health issues? Not quite yet!

While Australia only produces 1.4% of the world's green house gases (GHGs), we boast the highest per capita GHG emissions in the world. As a result, our nation's role should be to set an international example of what can be done by those countries that have most benefited from the industrialisation that produces the GHGs.

The Kyoto agreement is in force and in Australia our government says it is neither stringent enough nor dealing with the big polluters like China. OK - so let's take the government's rhetoric and move on! The International Climate Change Taskforce has done this and recently released a report in which they set out a plan to start to move action beyond Kyoto.

There is a still lot in our Climate Change Action List to work on. Basically, this involves supporting general GHG mitigation activity. However, we need to develop our health expertise to advise on mitigating or adapting to the health impacts of climate change. The Australian Medical Association (AMA) is ahead of us on this one and we need to take up, promote and extend their impending report on this issue.

There are some other things to think about, too:

- Should we also be looking at the environmental footprint of the health care industry? Is healthcare a special case or do we have the same corporate social responsibilities as other industry sectors?
- The exact nature of regional health impacts do not seem yet to be fully understood.. Can we commission or advocate for research to explore this?
- What is our role in relation to other health and Non-Government Organizations (NGOs)? Is there a place for a Coalition for Healthy Climate?

Anyone interested in helping move us forward? Contact Peter Tait aspetert@bigpond.com .

PHAA Advocacy – April 2005

Pieta Laut, Executive Director, PHAA

Advocacy Workshop
Jane Freemantle and others have developed an outline for an Advocacy Breakfast and Workshop to be included in the Annual Conference in Perth in September. This has been submitted to the Conference Committee and a small team is now working on administrative arrangements and contacting appropriate speakers.

Abortion
Angela Taft led an expert group that has revamped the PHAA abortion kit and had it printed with a grant from a special fund of the National Foundation of Australian Women. The revised kit was launched at the Australian Women's Health Conference in Melbourne in April. A media release was sent out and we have received good coverage in WA, SA and Victoria. We now face the problem of finding funds to distribute the kit. (Any philanthropists out there?) The revised kit has replaced the older version on our website. Angela is attending a workshop on abortion being held by the SA Branch.

Polycystic Ovarian Syndrome Association
We held some initial discussions on policy and where and how we could undertake joint advocacy action on this issue.

Mental Health
The Mental Health Special Interest Group (SIG) is developing a submission to the Inquiry by the Senate Select Committee on Mental Health.

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WHO Commission on the Social Determinants of Health

Fran Baum, Professor of Public Health, Flinders University, Adelaide

The World Health Organization (WHO) Commission on the Social Determinants of Health was launched in March in Santiago, Chile, by President Ricardo Lagos. I was thrilled to be appointed as a Commissioner, having been nominated by David Legge and supported by PHAA, the People's Health Movement and the Cooperative Research Centre for Aboriginal Health.

The other Commissioners are:

Monique Bégin, Canada. Professor Emeritus, Faculty of Health Sciences, University of Ottawa; former Canadian Minister of National Health and Welfare

Giovanni Berlinguer, Italy. Member of European Parliament; Professor of Hygiene, Occupational Health and of Bioethics (Emeritus), University *La Sapienza*, Rome

Mirai Chatterjee, India. Coordinator of Social Security, Self-Employed Women's Association (SEWA)

Manuel Dayri, Philippines. Secretary of Health, Philippines

William Foeg, USA. Emeritus Presidential Distinguished Professor of International Health, Emory University, and Gates Fellow; former Director of the US Centers for Disease Control and Prevention

Kiyoshi Kurokawa, Japan. President of the Science Council of Japan

Ricardo Lagos, Chile. President of the Republic of Chile

Stephen Lewis, Canada. United Nations Special Envoy for HIV/AIDS in Africa

Alireza Marandi, Iran. Professor of Pediatrics at Shaheed Behesti University, Tehran; former Minister of Health and Medical Education, Islamic Republic of Iran

Michael Marmot, UK. Commission Chair and Director, International Centre for Health and Society, University College, London

Charity Ngilu, Kenya. Minister of Health, Kenya

Hoda Rashad, Egypt. Research Professor and Director, Social Research Centre, American University of Cairo; Member of El Shoura Council of the Senate

Amartya Sen, India. 1998 Nobel laureate in economics; Lamont University Professor, Harvard University, Cambridge

David Satcher, USA. Interim President of the Morehouse School of Medicine, Atlanta, Georgia,; former Surgeon General of the USA

Anna Tibaijuka, Tanzania. Executive-Director, UN-HABITAT

Denny Vagero, Sweden. Director of the Centre for Health Equity Studies (CHESS), Stockholm University/ Karolinska Institute

The overall aim of the Commission is to bring about improvement in health and a reduction in inequities through intervention on the social determinants of health. The Commission's work will be organised into four main areas:

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- **Knowledge networks** on measurement, health systems, globalisation, employment, social exclusion, human settlements, food security, child development, priority public health conditions, and gender.

- **Country examples** which will highlight examples of good practice in countries where action is being taken on the social determinants of health. These countries will set a basis for "scaling up" and provide policy leadership.

- **Political engagement** with key decision makers to ensure the Commission's recommendations are acted upon.

- **WHO engagement** to reform the organization so it is more responsive to the social determinants of health. An internal reference group will be established to assist with this process and to engage WHO staff in it. The composition of the reference group has not been announced as yet.

The Commissioners held a two day meeting prior to the launch. This involved getting to know each other and developing a work plan of the Commission. The agenda is ambitious, but it was very evident at the meeting that the Commissioners are determined to ensure that their work that produces results in terms of improving the health of poor and marginalised peoples around the world and provides the basis for action to reduce health inequities in the longer term.

More details of the work of the Commission are on its website: http://www.who.int/social_determinants/en/ I particularly recommend one of the background papers prepared for the Commission by Alec Irwin and Elena Scali entitled *Action on the Social Determinants of Health: Learning from Previous Experience*.

I hope this will be the first of a series of In Touch articles on the Commission and I would welcome any feedback from PHAA members on the Commission's work.

The President of Chile, Ricardo Lagos and Fran Baum

The WHO Commissioners

Eberhard Wenzel Scholarship winner to focus on casemix

Griffith University has awarded the inaugural Eberhard Wenzel Scholarship for International Public Health to Master of Health Services Management student Madhan Balasubramanian.

The scholarship was established to honour the late Dr Eberhard Wenzel who was on the staff of the university's School of Public Health at the time of his death in 2001. It facilitates the study of topics relevant to Dr Wenzel's academic interests by young public health scholars.

Dr Wenzel was well known and widely respected for his contribution to international public health. He had a deep understanding of the public health issues facing humanity and his establishment of the *Virtual Library for Public Health* and *International Public Health Watch* websites provided an important means for him to engage with others who shared his passion in this field.

Mr Balasubramanian, who has been at Griffith for about 12 months, said he was delighted to receive the scholarship which would help with his research expenses. He will spend two months in the Indian city of Jaipur collecting data from the local hospitals for his dissertation on casemix. His study will investigate the potential applicability of Australian casemix strategies and policies in Jaipur.

"Casemix, a health care information management tool which has been widely adopted in the western world including Australia, is one option for health service management in India. However there could also be better options for the subcontinent," he said.

Mr Balasubramanian's study is being supervised by Associate Professor Peter Howard with the assistance of Mr Stephen Cole, a principal policy officer with Queensland Health. The study also has the support of the Indian Institute of Health Management and Research.

From left: Madhan Balasubramanian and Ass Prof Peter Howard

National Injury Prevention and Safety Promotion Plan

The National Injury Prevention and Safety Promotion Plan 2004-2014 has been finalized and was endorsed by the National Public Health Partnership on 20 January 2005. Two other injury prevention plans – the National Aboriginal and Torres Strait Islander Safety Promotion Strategy and the National Falls Prevention for Older People Plan: 2004 onwards – were also endorsed at that meeting. The plans were submitted for endorsement to the Australian Health Ministers' Advisory Council in March 2005, and will be submitted to the Australia Health Ministers' Council in July 2005.

The Strategic Injury Prevention Partnership (SIPP) has put together a document to provide interested organizations and individuals with feedback on the consultation processes associated with the development of the Plan. This is available of the Department of Health and Ageing website.

Alcohol in the Lives of Australian Women

A/ Prof. Sandra Jones, Director, Centre for Health Behaviour & Communication Research, University of Wollongong

Women's Health Australia released the report Australian Women and Alcohol Consumption 1996-2003 in March this year. The data on which the report is based comes from the Australian Longitudinal Study on Women's Health (ALSHW).

The Parliamentary Secretary for Health, Christopher Pyne, welcomed the report, saying "Taking into account that there are other factors in play here, it does suggest that our health promotion efforts targeting young women are worthwhile." Mr Pyne's press release emphasised that the report found that "younger women were more likely than mid-age or older women to cut down their risky drinking levels."

While we indeed agree that these efforts are worthwhile, we are cautious in inferring that the report provides strong evidence that we are winning the battle to reduce the negative impact of alcohol on the lives of young Australian women.

Are young women really improving their drinking habits?

Key findings of Survey 1 (1996) include:

- Among younger women (aged 18-23), 5% were classified as long-term risky or high risk drinkers, 18% report short-term risk drinking (having five or more drinks on one occasion) once a week or more, and 21% reported this about once a month.
- 7% of younger women usually consumed 9 or more drinks on a day when they were drinking.
- Among mid-age women (aged 45-50), 5% were classified as long-term risky or high risk drinkers, 6% reported short-term risk drinking once a week or more, and 8% about once a month.
- Mid-age women tend to drink alcohol on more days of the week than younger women. But they have fewer drinks.
- Among older women (aged 70-75), 3% were classified as long-term risky or high risk drinkers, 2% reported short-term risk drinking once a week or more and 2% about once a month.

Key findings of the longitudinal data include:

- The majority of women did not change their level of alcohol consumption over the 5-7 years between surveys.
- Younger women were more likely than mid-age or older women to decrease their alcohol consumption.

However, it is extremely important that the results are interpreted with a full understanding of the methodology of the study. The great strength of the ALSWH is that it provides the first longitudinal population-based data on Australian women's health behaviours. The ALSWH recruited, and continues to follow, three cohorts of women. In 1996 these three groups were aged 18-23 (n=14,247), 45-50 (n=13,716) and 70-75 (n=12,432).

Therefore we don't know whether young women, aged 18-23 (or those under 18) were drinking less in 2003 than they were in 1996. We do know that women who were aged 18-23 in 1996 were, as a group, drinking at less-risky levels seven years later – when they were seven years older, and would clearly have made many other changes to their lifestyles. According to data from the National Drug Research Institute, alcohol caused hospitalisations among young women rose in the period 1998/9-2000/01, even as the rate for males fell. The rate of hospitalisation for alcohol-induced injury for females aged 15-19 years rose by 4% and the rate for women aged 20-24 years rose by 7%. The rate for males fell by 9% and 10% respectively.[1] These rates may be considered proxy measures for rates of risky drinking.

How accurate are the reported drinking levels?

An extremely important caveat on the interpretation of the report's results relates to the way that alcohol consumption was measured. Respondents were simply asked "how many drinks" they consumed. They were not asked what type of alcohol or to estimate their consumption in "standard drinks." Thus, as acknowledged by the report's authors, alcohol consumption is likely to be under-estimated. While this is not problematic in the context of the aims of the report, which is to look at trends over time, it means that we must be cautious in drawing conclusions about the proportion of women who are drinking at risky or high-risk levels.

What else did we learn about alcohol in women's lives?

One of the major contributions of this report is that it collected data which enabled the researchers to analyse associations between alcohol consumption and socio-demographic characteristics, health status and health service use.

Key findings include:

- Women who consume alcohol at low-risk levels are more likely to live in urban areas, have higher education, be in the healthy weight range and have moderate or high levels of physical activity.
- Women who consume alcohol at risky or high-risk levels are more likely to have poorer mental health and to be current smokers.
- Among younger women, those who consume alcohol at risky or high-risk levels are also more likely to be current users of multiple illicit drugs, have deliberately harmed themselves and to have had more sexual partners.

What does this mean for health promotion and public health advocacy?

The longitudinal data demonstrate that the cohort of women aged 18-23 in 1996 had significantly decreased their levels of short-term risk drinking by 2003. This suggests that there is a clear need to continue efforts to reduce binge drinking among younger women, including women under the age of 18, before they become accustomed to drinking at these levels.

The considerable evidence in the report of a protective effect of low-risk levels of alcohol consumption (eg non-drinkers had poorer physical functioning and lower physical health summary scores than low-risk drinkers) poses a challenge for health promotion: how do we effectively communicate the value of low-risk alcohol consumption without reducing women's perceptions of the harms of higher levels of consumption?

The finding that women in all age groups who engage in risky or high-risk drinking are also likely to have poorer mental health and be current smokers and that young women who do so are more likely to be users of multiple illicit drugs and have had more male sexual partners,emphasises the need for multi-faceted health promotion programs which address the range of contributors to, and consequences of, high alcohol consumption.

(Footnotes)

[1] Geoff Munro, Community Alcohol Action Network, Australian Drug Foundation, pers.com

NHMRC Xenotransplantation Update

NHMRC Xenotransplantation Update

Tamara Shanley, Project Officer, Health Ethics Section, Centre for Health Advice, Policy and Ethics, National Health and Medical Research Council

The National Health and Medical Research Council (NHMRC) has recently considered whether or not clinical trials into animal-to-human transplantation therapies should proceed in Australia.

At its 154th session in September 2004, Council considered the final report prepared by its Xenotransplantation Working Party and agreed with the Working Party's recommendation that there should be no clinical trials in animal-to-human whole organ transplants for a period of five years. It requested more time to consider other animal-to-human transplantation therapies.

At its 155th session in December 2004, Council gave further consideration to the issue of animal cellular therapies and animal external therapies. It rejected the Working Party's recommendations and determined that there should be no clinical trials in Australia using animal cellular therapies or animal external therapies for five years. Council asked the Gene and related Therapies Research Advisory Panel (GTRAP) of the NHMRC Research Committee to provide regular updates during this period on new information that arises on the potential benefits and risks for animal-based human treatments. Should new information become available, Council will reconsider its position.

At its 156th session in March 2005, Council approved a final Statement on animal-to-human transplantation research. *National Health and Medical Research Council Statement on Animal-to-Human Transplantation (Xenotransplantation) Research*, March 2005 - is now available on the NHMRC website:

http://www.nhmrc.gov.au/issues/xenotran.htm

Due to the level of public interest and input into this matter, Council has also released the Working Party's final report and proposed guidelines for clinical animal-to-human transplantation research which were noted but not endorsed by Council.

For further information on this issue: ahec.nhmrc@nhmrc.gov.au.

PHAA Advocacy – April 2005 - continued from page 3

Con Productivity Commission -Health Workforce
We are keen to form a group to help develop a submission to the Productivity Commission on the Health Workforce. Submissions are due by 31 July. Please contact Pieta Laut at plaut@phaa.net.au if you are interested in contributing to the submission,

Where to from here?
Four of the papers analyzing responses to initial advocacy issues - one on equity, two on injury prevention (falls in the elderly and remote and rural water safety) and one on neonatal hearing - have been completed. These have now been emailed to the relevant SIGs. It is anticipated that all the analysis will be completed shortly. It will then be up to the SIGs to discuss the issues raised and determine

- if the policies need updating in light of the responses
- if more information is needed before undertaking any further advocacy, and
- what the next steps in advocacy on this issue should be

HEALTH AND WELL-BEING SEMINAR – THE POSSIBILITIES

Have you ever wondered where we are going?
Have you ever wished you could hear what the possibilities were for our future?
Have you ever wondered what is in store for our community?

The speakers below will address many of "the possibilities' for our society's future from a philosophical, sociological, environmental, behavioural, workplace and a government perspective.

- **Kakkib Li'Dthia Warrawee'a**, an Aboriginal Spiritual Philosopher
- **Hugh MacKay**, a Psychologist and Famous Social Researcher
- **Tom Snow**, an Environmental and Long-term Planning Specialist
- **Steve Longford**, a Psychologist and Qualified Behavioural Analyst
- **Jenni Colwill**, a Human Resources Management Specialist
- **Mary Porter**, AM, MLA, Representing the ACT Government

Health and Well-being Seminar
THE POSSIBILITIES

convened by

Canberra Inc

National Convention Centre, Canberra

9.00am–5.00pm Wednesday 15 June 2005

FURTHER INFORMATION AND REGISTRATION DETAILS

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First Australian eye health awareness campaign

Sally Fearn, Community Manager, Vision 2020 Australia

Vision 2020 Australia, the national co-ordinating body of over forty organisations involved in the eye health sector, has recently completed Australia's first public eye health campaign. The campaign aims to prevent avoidable blindness and to reduce the impact of severe vision loss for all Victorians.

The campaign was primarily funded by the State government of Victoria as part of its commitment to The Vision Initiative, a public eye health program aimed at improving quality of life and health outcomes, while reducing costs to the community through vision impairment.

The Save Your Sight – Get Tested information and awareness campaign commenced on 20 February and ran to the end of March 2005, promoting the message "Save Your Sight – Get Tested".

The campaign encouraged people who:

- notice a change in their vision
- are aged 50 or more
- have diabetes or
- have a family history of eye disease

to have their eyes tested regularly to reduce the risk of vision loss.

The campaign focused on the five main conditions - age-related macular degeneration, cataract, diabetic eye disease, glaucoma and refractive error - which together account for around three quarters of vision loss. It advised that 75 per cent of all eye conditions are preventable or treatable.

The campaign posed the question "Can you afford to take your sight for granted?" Its Call to Action: Visit your optometrist or ophthalmologist or speak to your doctor aimed to increase the number of people who regularly have their eyes tested, as well as to shift attitudes and increase knowledge about eye conditions and preventive health measures.

There was excellent media support including coverage on Good Morning Australia, TV news and in the Herald-Sun. High-profile media personality John Clarke was the face of the campaign and appeared in all advertising and consumer material.

A mix of advertising, promotions, media/pr and community events anchored around the Victorian Seniors Festival proved successful in reaching and influencing the target population. Other promotional activities through partner organisations including Vision Australia Foundation and Guide Dogs Victoria broadened the reach of the message.

A dedicated information line and regularly updated website - www.saveyoursight.org.au - provided further information for healthcare providers and the public. Articles informing health professionals about the campaign were placed in Victorian and national publications of the Optometrists Association of Australia and the Pharmacy Guild of Australia. The Victorian Divisions of General Practice and the Royal Australian New Zealand College of Optometrists (RANZCO) also kept their members informed about the campaign. Individual health professionals, including pharmacists, doctors, ophthalmologists and optometrists, demonstrated strong support for the campaign by providing high-level assistance and co-operation on a range of initiatives.

A Save Your Sight – Get Tested decal and a counter display card was distributed to optometrists and pharmacies were asked to display the Save Your Sight postcards on their pharmacy counters.

Benchmarking research was conducted by Quantum before the campaign, and preliminary evaluation results indicate that key awareness and knowledge objectives have been met. A comprehensive evaluation is scheduled for completion and publication on the Vision 2020 Australia website in May 2005.

Developing capacity in evidence-based public health

Nicki Jackson, Cochrane Health Promotion & Public Health Field, Victorian Health Promotion Foundation

In 2003, the Commonwealth Government Public Health Education and Research Program (PHERP) Innovations Program provided funding for a project entitled **Promoting and Facilitating Evidence-based Public Health and Health Promotion**. This three year project is being implemented by a consortium of the University of Sydney, the Cochrane Health Promotion and Public Health Field, and La Trobe University.

Funding was provided to develop, deliver and disseminate training and education courses in the following streams:

- Tertiary Education
- Systematic Reviews Training and Support
- Professional Development

When the project started, an *InTouch* article publicized the training courses on evidence-based public health available around the country. Training materials were been developed focusing on using and synthesising evidence in public health and health promotion policy, practice and research. We are delighted to be able to inform readers that the training resources developed for this project are now available on the internet.

Tertiary education

The School of Public Health at La Trobe University is disseminating teaching resources developed during 2003-5 for the post-graduate subject Evidence-based Public Health: knowledge, skills and practice. The subject is designed for people wanting in-depth learning in the area of evidence-based public health. It will equip students to understand, use and analyse evidence in this field.

Tertiary institutions and other organisations are invited to use, develop or adapt these resources for their post-graduate teaching programs in public health, health promotion and health sciences. They include a detailed subject guide, handouts, facilitator supporting material, reading list and PowerPoint slides. This material is available in both PDF and Microsoft Word format.

To access these resources, and for further information, please go to the La Trobe University, Faculty of Health Sciences, School of Public Health, Visitors, External Colleagues, Shared Teaching Resources web site:
http://www.latrobe.edu.au/publichealth/visitors/visitors_sph.html#ExternalColleagues

Conducting systematic reviews of health promotion and public health interventions

The Cochrane Health Promotion and Public Health Field has conducted a number of very successful 2-day workshops on how to conduct systematic reviews of health promotion and public health interventions.

The training materials were developed for people interested in reviewing the evidence on a health promotion or public health topic, but they are also relevant for others who simply want to improve their skills in various aspects of evidence-based practice, for example formulating a question, searching for evidence or appraising different types of evidence. A workbook for this course, a train-the-trainer manual, PowerPoint slides and a quiz are now available from the Cochrane Health Promotion and Public Health Field website: http://www.vichealth.vic.gov.au/cochrane/training/index.htm.

Feedback on the material is welcome any comments are extremely useful in assessing what has worked and what could be improved. Contact: cochrane@vichealth.vic.gov.au

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The Field has also produced *Guidelines for Systematic Reviews of Health Promotion and Public Health Interventions* which are designed to supplement the Cochrane Reviewers' Handbook. These are available at: http://www.vichealth.vic.gov.au/cochrane/activities/guidelines.htm

For further information about the Cochrane Health Promotion and Public Health Field: www.vichealth.vic.gov.au/cochrane.

Professional Development (**The University of Sydney**):
A two-day professional development course - Evidence-Based Practice in Public Health and Health Promotion - has been developed at the University of Sydney. This is designed for managers and policy makers and emphasises the interpretation and application of research to inform policy and practice decisions. Workshops have taken place across the country and more may be run in the future if they are funded by a host organisation. Due to copyright restrictions, these materials are not available on the internet but a CD ROM is available on request.

For more information: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/pherp-innovations-31.htm

36th Public Health Association of Australia Annual Conference

Successes in Public Health

Sheraton Perth Hotel, 25-28 September 2005

Please note that the Deadline for Abstracts has been extended to Monday, 11 April 2005

Abstracts will be reviewed on the overall quality of the evidence to be presented and relevance to the conference theme – ***Successes in Public Health*** - broadly interpreted. We are looking for positive examples of public health practice.

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

Peer Review Publication of Selected Papers

The editors of the *Journal of Health Services Research and Policy* have agreed to publish a supplement volume of papers from the Conference. The Conference Committee will invite around 20 Conference presenters to contribute to the volume.

Intent to Attend

Register your interest or intent to attend the 4th Health Services & Policy Research Conference by emailing Consec – Conference Management with your name, organisation, address, phone and fax details: hsr05@consec.com.au

Sponsorship/Exhibition

For information regarding Sponsorship or the Trade Exhibition of 4th Health Services & Policy Research Conference, please contact Pamela Neame, AMM at the Conference Secretariat on:

Venue

The National Convention Centre, Constitution Avenue, Canberra is conveniently located just 100 metres from the centre of Canberra's business and shopping district and adjacent to the Crowne Plaza Canberra Hotel. Located nearby, are all the major landmarks including New and Old Parliament House (where the Conference dinner will be held), Questacon, the War Memorial and the National Gallery of Australia. The National Convention Centre is located approximately 7km from the Canberra Airport.

Accommodation

Block bookings have been made at a number of hotels and apartments in Canberra near the Conference venue. Consec – Conference Management will assist with all accommodation bookings.

Further Information

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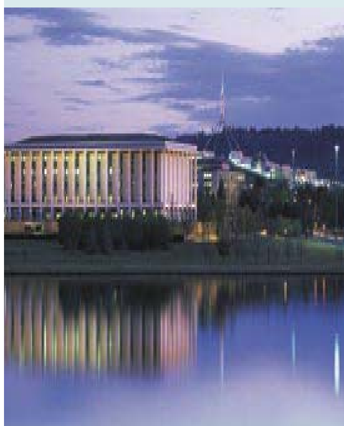

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Treatment Awareness Week: Getting Hep C Free

Steve Liebko, Australian Hepatitis Council

The Australian Hepatitis Council (AHC) is facilitating a National Hepatitis C Awareness Week from 23-27 May 2005. Although it would have preferred to conduct a mass media campaign targeting the general community in order to increase public knowledge of hep C and thereby reduce stigma and discrimination, the AHC has had to settle for a small budget and a reduced focus for the week. As a result, the scope of the campaign has been limited to a National Treatment Awareness Week.

Through a variety of organisations, including the state and territory Hepatitis Councils, the week will seek to inform people living with, and otherwise affected by, hepatitis C that treatment for the virus is available. Additionally, treatment outcomes have improved markedly with the advent of pegylated interferon combined with ribavirin and side effects have been reduced and can now be better managed.

The project also aims to improve the rate of referrals for treatment by informing GPs and other health professionals of the options for hepatitis C treatment.

When compared to the initial treatment regimen of interferon alone, which yielded viral clearance (cure) rates of around 20%, current combination therapy achieves eradication of the virus in approximately 40%-50% of patients with genotypes 1 and 4, and 70%-80% for genotypes 2 and 3. Applying the 80-80-80 principal, these figures can be significantly improved upon: if a patient takes 80% of the medication 80% of the time for 80% of the prescribed treatment duration, genotype 2 and 3 patients can expect a cure rate in the range of 80%-90%. Other genotypes also have improved efficacy of around 60+%.

There is a pervasive acceptance that conventional therapy for hepatitis C carries the risk of debilitating side effects. While this may hold true for a number of patients, current figures indicate that at least 80% of people are completing therapy. This is an improvement on past treatments, due primarily to better symptoms management and the reduced adverse side effects of newer drugs.

Most minor side effects can be self managed by patients: nausea can be alleviated by timing medication and food correctly, drinking water for flu-like symptoms, avoiding triggers for headaches, etc. Only a minority of patients need to discontinue treatment due to intolerance of the medication, and liver specialists are well-versed in doing everything possible to keep patients on treatment.

Besides improved rates of viral clearance, treatment with pegylated interferon has been shown to have a beneficial effect on fibrosis and cirrhosis (scarring of the liver), even if the treatment did not result in the virus being eradicated. In some cases, liver damage has been arrested and in others reversal has been observed, which suggests that people with difficult to treat genotypes should consider treatment.

Official figures put hepatitis C prevalence in Australia at approximately 240,000 people with hepatitis C antibodies and close to 200,000 chronically infected. Prior to recent changes in the PBS S100 access criteria, about 30,000 Australians were eligible for government subsidised treatment. Despite this, only about 2,000 people are being started on treatment each year. Using figures of 80% completing treatment and overall 60% achieving a sustained viral response, or SVR, approximately 1,000 people are clearing the virus each year.

There is clearly room for improvement here.

Very recently, the Pharmaceutical Benefits Advisory Committee (PBAC) decided to expand treatment access to include those people with normal liver function who meet the other criteria for subsidised treatment. This will make a significant difference to the number of people with hepatitis C who can access combination therapy on the PBS. Without access to the S100 scheme, this treatment would cost the patient in the order of $22,000 per 12 months of therapy.

continued on next page

Treatment Awareness Week: Getting Hep C Free - *continued from previous page*

Treatment is usually for either 24 or 48 weeks, depending on genotype, though treatment regimens of 14 weeks for genotypes 2 and 3, and 72 weeks for genotypes 1 and 4 are being investigated.Clinicians and hepatitis C focused organisations are now striving to have liver biopsy eliminated from the S100 criteria, primarily because of the barrier effect this has with a significant number of patients. Liver biopsy is a day patient surgical procedure and can be quite an uncomfortable, if not overtly painful, experience. A decision on the matter is not expected in the immediate future.

For more information on the National Hepatitis C Treatment Awareness Week, visit the website: www.hepcawareness.net.au or contact your local Hepatitis Council via the details on www.hepatitisaustralia.com

The Wellness Guide for Carers

A/Prof. Susan Bailey, Prof. Beverly O'Connell, Dr Rona Bound& Helen Fennessy

The Wellness Guide for Carers addresses the specific needs of older carers for health and well-being information. It was developed in consultation with a group of people in the Barwon Region of Victoria who were over 60 years of age with extensive experience as unpaid, home-based carers of another dependent person with broad ranges of disabilities and physical and mental illnesses. Deakin drew on the experience of the successful development and implementation of the California Wellness Guide by Berkeley University. This was an innovative health promotion intervention that viewed community participation as the essential ingredient that was often missing in less successful health promotion activities.

Jim Gilling, (left) a carer involved throughout the project, commended the Guide as an invaluable aid for carers, and said 'I wish this had been around when I first became a carer because it would have made caring so much easier'. Jim declared that the Guide would stay by his phone and provide him with all the information he needed as a long term carer for his son.

The Guide is designed to help individuals in seeking help from the community resources available, inform them about the factors that influence a healthy lifestyle and act as a directory of community resources. After an extensive evaluation by groups of older carers, the Guide has met with overwhelming success and satisfaction, and is regarded as a highly recommended and valuable resource for new and experienced carers alike. Carers were pleased with its presentation, topics, style of language and format, and they felt the Guide has had a substantial positive affect on their knowledge about health and well-being. There was a statistically significant improvement in mental health scores amongst the carers who had used the Guide during the review period. Coupled with feelings of less isolation, greater confidence and knowing where to turn for help, carers have embraced the *Wellness Guide* as an excellent resource and, as one carer described it, a "friend in a book".

The Wellness Guide for Carers was developed by a research team from the School of Nursing at Deakin University in Geelong, consisting of Professor Beverly O'Connell, Associate Professor Susan Bailey, Dr Rona Bound and Helen Fennessy. The project was funded by the Victorian Department of Human Services as part of its Older Persons Health Promotion Program.

There has been extensive interest in the *Guide* from carers and service providers in places outside the Barwon region and Deakin is very keen to develop a generic version of the book to assist carers throughout Australia.

The Wellness Guide for Carers is available on line on the Deakin Department of Human Services partnership web site: www.deakin.edu.au/dhs/wellness_guide

For more information contact Helen Fennessy, Project Officer, tel 03 5227 8418 or email fennessy@deakin.edu.au

Items of Interest

Global Forum for Health Research has released its Update on Research for Health 2005 - Health Research to Achieve the Millennium Development Goals - ISBN 2-940286-30-2 The document is available from Pro-Book Publishing. Email: info@probook.com

Health Inequalities 2: Trends in Male Mortality by Broad Occupational Group

Although the overall health status of Australians compares favourably with other developed countries, health status within the Australia population varies between different population groups. Illness and death have been shown to occur at higher rates among socioeconomically disadvantaged people, such as those with lower incomes or lower education, or who are unemployed. Health may also vary according to sex region of residence or country of birth.

This bulletin examines and compares long-term mortality trends among Australian males in two broad occupational groups that reflect socioeconomic status, namely 'manual' and 'non-manual' workers.
AIHW Catalogue No. AUS-58; Available from CanPrint (ph: 1300 889 873); $10.00

The Oral Health of Older Adults with Dementia

Dementia has become a key issue in aged care. It is estimated that 167,000 Australians had dementia in 2002, leading to dementia being a major cause of disease burden. This publication reports on an investigation of the oral health status of community-dwelling older dentate adults in Adelaide, South Australia with and without dementia. Older adults with dementia had higher levels of dental disease and their oral health deteriorated faster over a one-year follow-up period compared to those without dementia. Older adults with dementia also faced barriers to adequate dental care, identifying the need for improved strategies for the provision of regular oral assessment, oral hygiene care and dental treatment.
AIHW Catalogue No. DEN-111; Available from CanPrint (ph 1300 889 873); $22.00

Costs of Diabetes in Australia, 2000-01

Diabetes Mellitus is estimated to affect around one million Australians, a number that is likely to increase in the future because of population ageing and increasing prevalence of risk factors such as obesity. This report mainly focuses on direct health care expenditure for diabetes - that is, money spent by governments, private health insurers, companies, households and individuals to prevent, diagnose and treat diabetes.
AIHW Catalogue No. AUS-59; Available from CanPrint (Ph: 1300 889 873); $10.00

Homeless SAAP Clients with a Disability 2002-03 (AIHW Bulletin No. 23)

This bulletin provides an overview of assistance given to people with a disability by the Supported Accommodation Assistance Program (SAAP), the major response by the Australian Government and state and territory governments to resolve and prevent homelessness. In this report the SAAP 'disability' client group is compared to the 'non-disability' client group to examine their characteristics and needs and the ability of SAAP to support homeless people with disabilities.
Catalogue No. AUS-56, Available from CanPrint (1300 889 973); $10.00

Items of Interest

Mental Health Services in Australia 2002-03

Mental Health Services in Australia 2002-03 describes the characteristics and activity of Australia's mental health services including ambulatory and residential mental health-related care provided by hospitals, community-based services, general practitioners, private psychiatrists and some disability support services. Information on the broad trends in mental health care is presented in an easy-to-use summary. Detailed statistics show the hospital care of patients admitted with a mental health-related diagnosis, the services, beds, staffing and expenditure in psychiatric hospitals and community-based services, and mental health-related medications prescribed by general practitioners and private psychiatrists. A special theme chapter has been included which presents an overview of the available data on the mental health care of people with schizophrenia.
AIHW Catalogue No. HSE-35; Available from CanPrint (ph: 1300 889 873); $34.00

Commonwealth-State Housing Agreement Reports 2003–04: Crisis Accommodation Program

The 2003-04 collection is the first Crisis Accommodation Program collection to occur under the 2003 CSHA. The 2003 CSHA aims to provide appropriate, affordable and secure housing assistance for those who most need it, for the duration of their need. Under this CSHA, a new national performance indicator framework was developed. This document reports on the summary and performance indicator data collected for reporting against the CSHA national performance indicator framework. The following section outlines the general notes and data qualifications for the data collected.
AIHW Catalogue No. HOU-123; Available from CanPrint (Ph: 1300 889 873)

Commonwealth-State Housing Agreement Reports 2003–04: Home Purchase Assistance

The 2003-04 collection is the first home purchase assistance collection to occur under the 2003 CSHA. The 2003 CSHA aims to provide appropriate, affordable and secure housing assistance for those who need it, for the duration of their need. This document examines the outcome and descriptor data items collected in the 2003-04 home purchase assistance data collection.
AIHW Catalogue No. HOU-124; Available from CanPrint (Ph: 1300 889 873).

Commonwealth-State Housing Agreement Reports 2003–04: Private Rent Assistance

The 2003-04 collection is the first private rent assistance collection to occur under the 2003 CSHA. The 2003 CSHA aims to provide appropriate, affordable and secure housing assistance for those who most need it, for the duration of their need. Under this CSHA a new national performance indicator framework was developed for the public rental housing, state owned and managed Indigenous housing and community housing data collections. This document examines the outcome and descriptor data items collected in the 2003-04 private rent assistance data collection.
AIHW Catalogue No. HOU-125; Available from CanPrint (Ph: 1300 889 873)

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Would Health Organization, Geneva
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National Tobacco Strategy

The National Tobacco Strategy 2004-2009 has been released and is currently being disseminated by the Cancer Council Victoria. PHAA participated in the consultation phases of the development of this strategy. Copies of the strategy are available on the internet at http://www.nationaldrugstrategy.gov.au

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The 2004 National Drug Strategy Household Survey: First Results

AIHW Catalogue No. PHE-57; Available from Department of Health and Ageing (ph 1800 020103 x 8654); Free
The 2004 National Drug Strategy Household Survey: First Results Presents summary data collected in Australia's most comprehensive national survey on drug issues. Key results on drug-related awareness, knowledge, attitudes and behaviour are features of this report. Comparisons with 1991, 1993, 1995, 1998 and 2001 surveys are presented and population estimates of the numbers of consumers of both licit and illicit substances are also provided.
This report is the 13th in the Australian Institute of Health and Welfare's Drug Statistics Series. Future reports in the series will cover extended analysis of the 2004 results and a comprehensive summary of major drug use statistical collections. This report and others in the series are useful resources for policy-makers, researchers and professionals interested in drug-related issues.

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

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

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