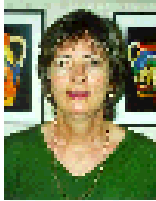


# Healthy Ecosystems Healthy People: Linkages between biodiversity, ecosystem health and human health - June 6-11, 2002, Washington DC, USA



*Glenda Verrinder  
 Environmental Health SIG*

The focus of this conference was on the interdependencies between biodiversity, ecosystem health and human health and the need to understand these linkages to achieve sustainability. The presentations, working groups, posters and social activities were rich and varied.

Lester R. Brown from the Earth Policy Institute helped pioneer the concept of environmentally sustainable development. The essence of his presentation was that to achieve an environmentally sustainable economy, the market must tell the ecological truth. Brown believes that we are losing the war to save the planet and consequently ourselves. He argued that we need to restructure the global economy and contends that we need a vision of an eco-economy. Brown thinks that we can already describe with some confidence how this eco-economy should look and how it should work. He suggested that the principles of ecology should provide the framework for economic policy.

David Suzuki, Chair of the David Suzuki Foundation, argued that we are constantly being thwarted by notions of the economy. We are used to measuring progress in terms of increasing technology, but perhaps we should be measuring it in terms of the health of the planet. He reminded us that new technologies, introduced with so much blind enthusiasm, often have an entirely unpredictable effect on the environments in which we use them. Suzuki argued that we have to change our attitude to the planet. We have to develop an understanding with it, an understanding more like that of some indigenous peoples. Scientific knowledge and the knowledge of indigenous people is congruent, he argues. Human activities have to be sustainable and aimed at preventing collapse of the remaining ecosystems.

Edward O. Wilson from Harvard University pointed out that we don't know enough about the planet, its creatures and the interactions between them. The erasure of entire ecosystems and the extinction of thousands of species in recent times has caused us to reflect, in the century of the environment, on three key issues: how fast species are becoming extinct, how many are left and what can be done to address these issues. Diversity, he argued, is important and the destruction has been caused by HIPPO - Habitat destruction, Invasive species, Pollution, Population and Over-harvesting. Wilson called for research of the magnitude of the human genome project into these matters. His vision is to have an all species (humans included) encyclopedia.

• *continued on page 2*

## In this Issue

Healthy Ecosystems Healthy People .....	1
Office Bearers .....	2
Economic Evaluation of Environmental Health Planning & Assessment .....	3
'Spit it out now!' .....	4
Flying Doctors Respond to Shortage of Doctors in the Bush .....	6
Professor Judith Lumley third recipient of the Sidney Sax Public Health Medal .....	7
34th PHAA Annual Conference photos .....	8
Meat and Bowel Cancer .....	10
Media Awards .....	11
QLD Branch News .....	12
Learning to Control Deadly Virus .....	13
Open access to the Cochrane Library .....	13
Victorian Tall Poppy Awards .....	14
Chinese Food Safety. ....	14
Damon Laris Prize .....	15
Window on Women .....	15
Class, Education & Adjustment .....	16
Research for Healthier Bones .....	16
PAP SMEARS: Laboratory accreditation .....	17
Xenotransplantation - Need for debate around the public health and ethical implications. ....	18
Items of Interest .....	20
What's On .....	24
New Members .....	24

• **Healthy Ecosystems Healthy People: Linkages between biodiversity, ecosystem health and human health**  
- *continued from page 1*

Paul Erhlich is at Stanford University. He sees population as the forgotten factor in ecosystem health. Population, affluence and consumption, faulty technologies and political structures all came under his scrutiny. Erhlich said that we know what the problems are and we know what to do about it and called for governments to develop population policies. He talked about the importance of female literacy, the attitudes of men and the need for US and UN funding for global access to contraception.

Rosina Bierbaum from the University of Michigan summed up by saying that we have to understand not only the pieces of the puzzle and the connections between them, but also how to manage those pieces as a whole.

To move forward, as individuals we need to:

- become experts in one field but develop

transdisciplinary skills

- listen to all views
- understand the policy context
- challenge the status quo, and
- act responsibly in the face of uncertainty.

Collectively, we need to:

- build political will
- build partnerships
- invest in natural and social capital, and
- articulate the links between biodiversity, ecosystem health and human health.

Of course there was a great deal more. The social events were great, particularly a one-woman play called A Sense of Wonder about the life and work of Rachel Carson whom I would describe as the top 'whistle blower' of the 20<sup>th</sup> century.

## *Office Bearers*

---

### **The Board**

#### **President**

Peter Sainsbury: Ph (02) 9515 3270 [sainsburyp@email.cs.nsw.gov.au](mailto:sainsburyp@email.cs.nsw.gov.au)

#### **Vice President - (Policy),**

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

#### **Vice President - (Development)**

Leonie Short: Ph (07) 9212 4345 [leonieshort@ozemail.com.au](mailto:leonieshort@ozemail.com.au)

#### **Vice President (Finance)**

Peter Trebilco: Ph (02) 9319 1993, [p.trebilco@unsw.edu.au](mailto:p.trebilco@unsw.edu.au)

### **Editors, ANZJPH**

Judith Lumley: Ph (03) 8341 8500 [J.Lumley@latrobe.edu.au](mailto:J.Lumley@latrobe.edu.au) AND

Jeanne Daly: Ph (03) 9285 5273 [j.daly@latrobe.edu.au](mailto:j.daly@latrobe.edu.au)

### **SIG Convenors' representative**

TBA

### **Branch Presidents' representative**

TBA

### **Branch Presidents**

ACT Indra Gajanayake: Ph (02) 6292 8871, [ingaj@apex.net.au](mailto:ingaj@apex.net.au)

NSW Jim Hyde: Ph (02) 9256 9610, [jim.hyde@racp.edu.au](mailto:jim.hyde@racp.edu.au)

NT John Boffa: Ph (08) 8951 4448, [john.boffa@caacongress.com.au](mailto:john.boffa@caacongress.com.au)

QLD Margaret Shapiro: Ph (07) 3365 2121,

[Shapiro@social1.socialnet.uq.edu.au](mailto:Shapiro@social1.socialnet.uq.edu.au)

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

TAS TBA

VIC Theonie Tacticos, Ph (03) 9496 4413

[t.tacticos@unimelb.edu.au](mailto:t.tacticos@unimelb.edu.au)

WA Ilse O'Ferrall: Ph (08) 9224 1620,

[Ilse.O'Ferrall@health.wa.gov.au](mailto:Ilse.O'Ferrall@health.wa.gov.au)

### **SIG Convenors**

#### **Aboriginal & Torres Strait Islander Health**

Mark Lutschini: Ph (03) 5261 9927, [mlutschini@ozemail.com.au](mailto:mlutschini@ozemail.com.au)

#### **Child Health**

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

#### **Environmental Health**

Elizabeth Hanna: (03) 5761 1248, [Elizabeth.Hanna@dhs.vic.gov.au](mailto:Elizabeth.Hanna@dhs.vic.gov.au)

#### **Food & Nutrition**

TBA

#### **Health Promotion**

Fran McFadzen: Ph (07) 4920 6980, [fran\\_mcfadzen@health.qld.gov.au](mailto:fran_mcfadzen@health.qld.gov.au)

#### **Injury Prevention**

Beth Fuller: Ph (02) 6551 0870, [bfuller@doh.health.nsw.gov.au](mailto:bfuller@doh.health.nsw.gov.au)

#### **International Health**

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

#### **Mental Health**

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

#### **Oral Health**

Kaye Roberts-Thomson: Ph (08) 8303 4454,

[kaye.robertsthomson@adelaide.edu.au](mailto:kaye.robertsthomson@adelaide.edu.au)

#### **Political Economy of Health**

Brian Fleming: Ph (08) 8237 8201, [brian.fleming@health.gov.au](mailto:brian.fleming@health.gov.au)

#### **Public Health Research Ethics**

Craig Fry: Ph (03) 8413 8413, [craigf@turningpoint.org.au](mailto:craigf@turningpoint.org.au)

#### **Rural Health**

Helen Keleher: Ph (03) 9244 6688, [hkeleher@deakin.edu.au](mailto:hkeleher@deakin.edu.au)

#### **Women's Health**

TBA

#### **Executive Director**

Pieta Laut: ph (02) 6285 2373, [plaut@phaa.net.au](mailto:plaut@phaa.net.au)

# *Economic Evaluation of Environmental Health Planning and Assessment - EnHealth Workshop August 2002*

Liz Hanna

*Environmental Health SIG*

The National Environmental Health Strategy (October 1999) identified a series of key areas for improving environmental health in Australia, including the need for an environmental health economic methodology that provides a link between environmental and health economic techniques.

In April 2000, a workshop was convened in Melbourne to investigate and discuss the application of economic evaluation methodologies to environmental health planning. As a result of the workshop, the enHealth Council agreed that the development of guidelines for environmental health economic evaluation was a priority.

In September 2001, a Scoping Paper defined the content of these guidelines. Case studies showed that failure to invest in environmental policies had significant economic costs and that although environmental health interventions did not always save lives, they improved quality of life and well-being. Including the value of this less dramatic impact on the lives of many people was recognized as one of the many challenges ahead.

Queensland Health, with funding from the Commonwealth Department of Health and Ageing, managed the development of the guidelines on behalf of enHealth Council. Applied Economics Pty Ltd was contracted to prepare the draft guidelines, with Dr Peter Abelson as the principal consultant.

As part of the consultation process, in August 2002, enHealth hosted a workshop at the University of Sydney to present the Draft Guidelines and case studies demonstrating the application of the economic evaluation methods to selected environmental health issues. Env H SIG member Sophie Dwyer from Queensland Health facilitated the day which was attended by thirty six people from a range of backgrounds covering policy, economics and environmental health.

Dr Abelson provided a review of the Guidelines and the methodological approach, effectively bringing everyone up to speed. Firstly he explained the overall process and why cost-benefit analysis was the method of choice. His second session examined the application and methodological implications of each of the four case studies:

- Safety fencing of swimming pools in NSW;
- Water quality in Wallis Lake, NSW;
- Control of Legionnaires disease in Victoria ;and
- Control of sulphur dioxide emissions in Mount Isa, Queensland.

This was followed by presentations from invited speakers Jeff Richardson, Centre for Health Program Evaluation, Monash University and Jeff Bennett, National Centre for Development Studies, ANU, who expanded on some of the thorny methodological issues at the core of economic evaluation of environmental health policy and planning, including valuing non-market benefits and costs and choice modelling. Peter Abelson then elaborated on monetizing values of life and health, discount rates and sustainability.

During the final session, small groups discussed issues and barriers including linking the Guidelines into whole of government processes, support structures such as information systems and training and the specific application of the guidelines to Indigenous health issues.

In summary, the Draft Guidelines were well received by the audience. The imperative to introduce such guidelines was unanimously recognized. The methodologies described were accepted as rigorous and well worthy of adoption, despite the fluidity of some of the estimations embedded in the calculations. However, while it was agreed that economic evaluation of environmental health policy are crucial to improving environmental health in Australia, those present also acknowledged that, in practical terms, the hard reality of politics are unlikely to create the ideal environment for undertaking a solid evaluation study.

The draft guidelines and their application to the four case studies can be downloaded from the web on <http://enhealth.nphp.gov.au/council/pubs/ecpub.htm>.

Project Manger Dr Thomas Tenkate can be contacted at [thomas\\_tenkate@health.qld.gov.au](mailto:thomas_tenkate@health.qld.gov.au)

## 34th PHAA Annual Conference Sponsors

The Public Health Association of Australia wishes to thank the Commonwealth Department of Health & Ageing through the Office for Aboriginal and Torres Strait Islander Health, the National Health & Medical Research Council and NSW Health for their generous conference support.



# 'Spit it out now!'

*Dr Paul Magnus, AIHW Medical Adviser  
Reprinted with permission from the AIHW Newsletter.*

This was my friend Larry shouting at me over the phone. 'You'll get cancer.'

Out of politeness I chewed slower on my spinach. (Okay, still bad phone manners but I was only listening and this is just a story)

Larry is a health nut. He knew I'd gotten into a mid-life habit of eating spinach for breakfast. He'd just read in the morning newspaper that spinach caused brain cancer. A European study of 78 brain cancer patients in hospital showed they ate twice as much spinach as similar people without cancer. Matter settled, for Larry.

I tried to reassure Larry and said I'd look into the risk. We hear these sorts of claims almost every day. Often they're hot news and scary. They come from sources that seem credible: a good newspaper reports on a study from an important-sounding research group, which may have published its findings in an equally important-sounding medical journal.

Many claims will turn out to be 'true'-what we call fact-backed by a lot of sound science. Many will not. But how can we tell? Do we stick our finger in the air and ask the wind? Ask for a divine hint? Ask someone we feel ought to know-a scientist or doctor? Do we wait for a pronouncement from a learned body that we see as unbiased?

The answer, of course, is that we often do a bit of each. But what if we got nosy and asked ourselves how the learned body decided? And what if we wanted to decide for ourselves whether suspect A was a cause of condition B? How could we go about it?

I'll go on to suggest how we can try. But before that, let me make a few general points:

- There are some broadly systematic approaches to help us.
- These approaches are a whole lot better than nothing. They certainly won't guarantee we'll get it 'right', but maybe more right than not (assuming right can be known\*).
- But it's nearly always a tall order anyway, even to do the job half properly.

I'll return to that last point later. But now to some suggestions on how we might look into whether suspect A is a cause of condition B. Very broadly, we examine:

- The pattern and nature of the evidence that can shed light on the supposed link between A and B
- The overall amount of the evidence, both for and against that link
- The balance of the evidence: does it seem to come down

one way or another?

These approaches owe most to the field of epidemiology, the study of the patterns and causes of diseases in populations. In the middle of this century, the great epidemiologist Austin Bradford Hill set out his criteria of causation. These criteria are traditionally applied to population research but they can be used in all studies where we can measure and count. Along with later views, they look at the following questions about the association (the possible causal link) between suspect A and condition B.

- 1 Strength of the association-how strong is the link? For example, studies in the early 1950s showed that smokers on average had over ten times the lung cancer risk of non-smokers.
- 2 Dose-response-as the exposure (dose) increases, does the risk as well? (Note that some causes will not have a dose-effect and it is not biologically reasonable that they should.)
- 3 Time sequence-does the suspect factor precede the disease, as we'd expect in most cases if the factor were to have time to act?
- 4 Independence-is there a relationship between suspect A and disease B that is independent of the effects of other factors that might be the real explanation or explain it better?
- 5 Specificity-how specifically (exclusively) are the disease and the suspect linked? (This is often a hard test when so many diseases have many causes and vice versa.)
- 6 Effect of removing or adding the factor-if an individual or population reduces or increases its exposure to the suspect, do the individual disease risk or population levels change in the direction we would expect?
- 7 Biological plausibility-does the link make biological sense? Can we propose reasonable bodily mechanisms, backed by other science, to explain the relationship?
- 8 Coherence and consistency along with other research results-here we ask if the total evidence tells a consistent story. Does this apply across the wide range of animal studies, studies on humans or their parts in the laboratory or clinic, and studies on humans going about their daily lives? And across the widely different methods and circumstances that can apply to each of these areas?

These eight criteria are not so many to remember. Anyone who really wants to be systematic when asking about causes needs to be able to rattle them off in their head. And they need to be able to run through them one by one when looking at the evidence.

• *continued on page 5*

• *continued from page 4*

Then there are the other broad areas I mentioned, namely the amount of evidence and the balance. We can see this as the amount of evidence for (i.e. supporting the link), the amount against (no link or opposite effect) and how the two weigh up. The matter of amount is very important though impossible to define. We need to feel confident that a lot of work has been done and re-done.

Does this all this sound simple? Just remember a modest list of criteria and weigh up the full evidence for and against? We all know that it's far from simple, even before we try.

Even if we have done all of this, how do we put the criteria and the results together? The problem is that there is no magic formula to do so and produce a neat and clear result. Nor is it always clear how much weight we should give to the results for each criterion, when different strengths and combinations will be dominant in different cases. We certainly don't need to meet all the criteria to be confident of cause. In weighing up the quality and amount of the evidence it will always remain a matter of judgement. In essence we are trying to sum everything up to answer one big question about probability: when A seems related to B in all sorts of ways that make causal sense, and we have taken account of other possible explanations, what is the chance that A is not a cause?!

Take the case of cigarette smoking and lung cancer. By 1953 there was a range of studies covering over 5,000 lung cancer cases across five countries. Smoking consistently had by far the strongest link to the cancers with up to a fifty-fold risk for heavy smoking compared with non-smoking. It was known then that the tar from tobacco smoke produced cancer on the skin of laboratory rats and that the smoke was being constantly breathed into the lungs of smokers. It was also known that people reporting they'd smoked the longest and heaviest had the greatest risk and that those who said they'd stopped

smoking had a risk that was intermediate between that of non-smokers and smokers. Given all this, what was the chance of there being another major culprit besides smoking?

Yet the research pushed on for many years before strong official claims were made about smoking and lung cancer, re-dotted every 'T' and re-crossing every 't'. The one and only good legacy of the tobacco industry was an incidental one. In its efforts to undermine science, it spurred it to extreme heights of rigour and logic. This also says a lot about the social and political context that scientific judgements can find themselves in.

Then of course there are many other difficulties. There can be endless variations in the research and its amount. There is no one picture and in any case the scene keeps changing. The evidence can always grow or become cloudy. We probably all have our biases, blind spots and hobby horses. Even with an open mind we can go wrong and get confused: do we have enough understanding of the basic science, such as the underlying physiology or pathology? Often, of course, there's no clear answer and not even a hint of one. And last, it all takes much time and searching.

In the next edition of Access I'll try to draw out a few of these and other issues, along with some examples. I'll suggest a way ahead for those who want to put their toe in the water of pursuing a cause.

Meanwhile, what will I eat for breakfast?

\* Footnote for intellectuals. In a very brief piece like this I'm going to duck theories and issues of truth, knowledge and positivism. And, of course, post-modernism. (What is it anyway?)

(Source: Access Issue 2 July 1999)

## HIV/AIDS CARE AND PREVENTION PROGRAM MANAGEMENT – INDIA

International Development Support Services Pty Ltd (IDSS) manages a range of donor funded health and other projects in developing countries. We are seeking to nominate a Team Leader for our proposal for a project in India.

The Team Leader will provide technical assistance in the development and implementation of HIV/AIDS prevention and care strategies, and provide leadership and direction for all in-country operations.

High level management skills are required for establishing financial and contract management systems, human resource development systems, and for managing the input of short-term international advisers and locally engaged staff. A Masters degree in public health, international development, management or business is essential. Other requirements include high level cross-cultural and negotiation skills, experience in competency based training, and an understanding of community based programs.

The Team Leader position is based in Delhi with frequent travel to the North-East states covered by the Project. Salary, allowances and leave provisions are generous.

Expressions of interest for this and other health related opportunities and CVs may be forwarded to [tonyr@idss.com.au](mailto:tonyr@idss.com.au) or call Tony Re on 03 9341 7218. Information on IDSS available at [www.idss.com.au](http://www.idss.com.au). Applications close October 18, 2002.

# *Flying Doctors Respond to Shortage of Doctors in the Bush*



With a shortage of GPs and medical specialists in rural and remote areas of Australia, the Royal Flying Doctor Service is using methods such as satellite phone consultations and regular outback clinics to improve the health of people in the Bush.

Addressing the NSW Farmers Association today, RFDS (South Eastern Section) Executive Director Capt Clyde Thomson said the Service is responding to the severe shortage of health professionals in isolated regions in innovative ways. This includes providing distance consultations, outback clinics, the transportation of city-based specialists to rural and remote areas and playing an active role in the training of students through various universities and clinical training schools. This is in addition to the 24 hour emergency evacuation service for which the RFDS is well known.

According to figures supplied by the NSW Farmers' Association, there is one GP for every 820 patients in capital cities compared to one for every 1520 patients in remote areas. Similarly, one specialist is available to every 900 patients in capital cities and only one to every 8550 patients in remote areas. Its increasing role as a primary health care provider means the RFDS is committed to bringing the quality of health care in rural Australia up to the standard enjoyed in more populated regions.

The RFDS provides distance consultations with a 24 hour GP telephone consultation service, as well as tele-medicine and video conferencing facilities for GPs to examine patients.

With the limited coverage of CDMA phones on the Telstra network, the RFDS has invested heavily in satellite phones that are more costly to purchase and operate. Celebrating its 75<sup>th</sup> year of operations in 2003, the Service has always utilised the most up-to-date technology to communicate with patients and other medical professionals, ever since the days of the pedal wireless.

Primary health care clinics in remote areas provide a range of services including GPs, a dentist and women's health and early childhood nurses, with specialist visits co-ordinated by the RFDS Rural Aerial Health Service (RAHS). The RAHS operates from the RFDS base at Bankstown, flying cardiologists, ophthalmologists and other medical specialists over the state. With people in regional areas generally suffering poorer health than those in the cities, health education and support of rural health providers is also a main focus of these clinics.

Alliances with universities including the University of Sydney Rural Campus in Broken Hill and clinical training schools, such as the one in Dubbo are building a statewide network of rural health training. Capt Thomson said the connection to universities and specialists gives doctors professional support in both emergency and routine cases, and addresses shortages by encouraging medical students to consider taking their skills to the Bush.

Issued by the Royal Flying Doctor Service (SE Section) 24 July 2002

Capt Clyde Thomson is available for interview.  
For further information please contact:  
• Clyde Thomson Mobile: 0418 427 451  
• Peta Levett (PR Officer) Ph: 02 9299 5766  
Mobile: 0412 067 784

## **QUT 8th International Health Summer School**

# *Professor Judith Lumley third recipient of the Sidney Sax Public Health Medal*



*The Minister for Health, the Hon. Lea Stevens and PHAA President, Peter Sainsbury present the Sidney Sax Public Health Medal to Professor Judith Lumley*

At the PHAA's Annual Conference dinner, Dr Peter Sainsbury presented Professor Judith Lumley with the Sidney Sax Public Health Medal (previously known as the Public Health Association Medal). This is a competitive award that the Association bestows on a person who has:

- actively worked on the protection and promotion of public health in Australia;
- promoted multi-disciplinary approaches to designing public health solutions and solving public health problems; and
- advanced community awareness and the ideals and practice of equity in the provision of health care.

Peter Sainsbury outlined some of the most significant of Judith's achievements in public health in a speech made during the presentation. He noted that Judith has earned an international reputation for her contributions to perinatal research and epidemiology. Her contributions include involvements within Australia, in the UK, and in Canada.

Judith has had a pivotal role in establishing and maintaining a high quality system for routine collection of perinatal data on all births in Victoria, and in promoting collaboration between states in contributing to the collection and publication of national perinatal statistics. She has been the editor of *Australian Family Physician*, is currently the joint editor of the *Australian and New Zealand Journal of Public Health* and is a past member of the Advisory Board of *Paediatric and Perinatal Epidemiology*.

Judith has an exceptional awareness of the complexities of public health research and practice in cross-cultural contexts. In 1986, for example, she was involved in meetings to establish Congress Alukura, the Aboriginal women's health and 'borning' centre established in Alice Springs, based on the traditional Grandmother's Law and which had a major emphasis on the promotion of health and prevention of disease. Similarly, it was Judith who, in 1994, supported the development of the Mothers in a New Country interview study of Vietnamese, Turkish and Filipino women's views of care and their health and recovery after birth. This work remains one of the few world-wide to contribute comparative findings about less positive ratings of care by immigrant women, linked to staff attitudes, insufficient provision of sensitive and respectful care, and system wide problems with facilitating communication and overcoming language barriers.

Judith has been at the forefront of efforts over more than two decades to promote the use of evidence to inform public health policy and practice in relation to maternity care. Her much quoted book written with Jill Astbury 'Birth Rites, Birth Rights', published in 1980, was way ahead of its time in stressing the importance of evaluating the impact of new technologies prior to their widespread application and in pointing out the social and

potentially harmful consequences of (well-intentioned) medical interventions.

In the early 1990s Judith approached VicHealth with a proposal to establish a research centre bringing together a multi-disciplinary team of researchers who shared an interest in public health approaches to maternal and child health. Judith's vision for the research centre was:

"a broad public health focus, taking account of social aspects of health and medical care; valuing the contribution of ... a broad range of disciplines; viewing the health of mothers and babies as integrally related while taking seriously the health concerns of women as they affect women themselves; and emphasising the need for research, service development and its evaluation and policy to be linked".

The Centre for the Study of Mothers' and Children's Health eventuated and has fostered a research program of enormous breadth and depth, embracing descriptive epidemiology, creative use of routinely collected perinatal data, record linkage studies, cross-cultural and Indigenous health issues, and evaluation research including intervention studies in hospitals, primary care and community settings.

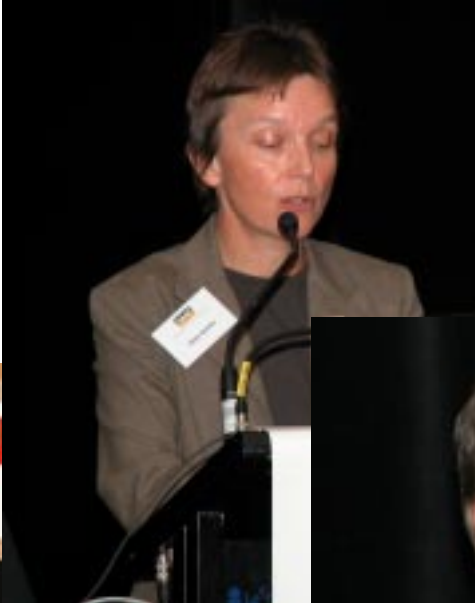
The success of the Centre in

- building on descriptive population based research to design, implement and evaluate interventions to improve maternal and infant outcomes;
  - in developing rigorous methods for cross-cultural research and for finding out about women's views of care;
  - in combining quantitative and qualitative methods and employing a range of methods within individual projects;
  - in collaborating with agencies as diverse as hospitals, IVF clinics, General Practice Divisions, local government areas and community based agencies to implement evaluation research;
  - in broadly disseminating and discussing research findings with providers, consumers and policy makers;
- are testament to Judith's original vision for the Centre and to her leadership and mentoring of individual staff and postgraduates.

Judith has provided a valuable contribution to the debate on public health issues, the development and promotion of evidence based solutions, and has generated active community, government and industry involvement in finding solutions to public health problems.

She has dedicated more than two decades to promoting public health and improving maternity care in Australia through her rigorous and sustained commitment to raising questions, seeking evidence, testing solutions and influencing policy. Her approach to research has been of the highest possible standards, leading to her international reputation as a leading perinatal epidemiologist and advocate for evidence-based policy and practice. She has made an outstanding contribution to promoting public health in Australia through her exceptional ability to bridge community, consumer and provider issues with great insight and understanding.

# 34th PHAA Annual Conference Snapshots





## *Meat and Bowel Cancer*

The Australasian conference on nutrition, physical, activity and cancer, was told that preliminary results from studies in both Australian and Europe suggest that some meat lovers are at increased risk of bowel cancer. While the results of these studies are not yet published the conference was told that a prospective study of 522,000 people in ten European countries found a modest association between cancers of the bowel and stomach and a daily intake of more than 60g of processed meat.

The principle investigator, Professor Elio Riboli is Chief of Nutrition and Cancer Research at the World Health Organisation's International Agency for Cancer Research. Professor Riboli said that people who ate more than 25g of fibre a day were 40% less likely to develop bowel cancer than those eating less than 10g a day. Those who ate more than 250g of fruit and vegetables daily had a modest reduction in digestive tract cancers.

The Australian study, a prospective study of 38,917 people in Melbourne showed that those who ate red meat or pork, or both, more than ten times a week were 1.8 times more likely to develop bowel cancer during the first ten years of follow-up. Those who ate processed meat more than five times a week were 1.5 times more likely to develop bowel cancer than those eating it no more than once a week.

Associate Professor Dallas English, the study's principle investigator and an epidemiologist at Cancer Council Victoria said: "My feeling is that people who consume a lot of meat, particularly processed meat, could reduce their bowel cancer risk by eating less meat."

(Source: Melissa Sweet, BMJ 2002;324:1544)

# nutrition postgraduate courses

> Graduate Certificate, Graduate Diploma  
and Masters courses in Human Nutrition

These courses available via off-campus delivery.

For information, please telephone (03) 9251 7777  
or e-mail [hbs.info@deakin.edu.au](mailto:hbs.info@deakin.edu.au)

[www.deakin.edu.au/hbs](http://www.deakin.edu.au/hbs)



93038

# MEDIA AWARDS



The Minister for Health, the Hon. Lea Stevens, announced the winners of the annual Public Health Association's Media Awards at the Association's 34<sup>th</sup> Annual Conference dinner. Ms Stevens stated that "the mass media, of all forms, has a significant role to play in protecting and promoting the health of Australians. The Public Health Association's Media Awards are presented annually in order to help promote and improve the media's understanding of public health policy, measures and approaches. The aim is to challenge media reporters to think about public health beyond the provision of illness care in hospitals."

Ms Stevens announced the following winners:

**Print Award** - The award for the print category was won by Mr Brett de Vine, the Senior Editor of the Northern Territory News and Sunday Territorian, for a series of articles on pool fencing in the Northern Territory. There has been an on-going debate in the Northern Territory over the past few years about the introduction of mandatory isolation pool fencing legislation to address the high rates of childhood drowning and near drowning in the Northern Territory. Childhood drowning has been the leading public health issue in the Northern Territory for over a decade and rates of drowning and near drowning were, in 2000, three times higher than the rest of Australia.

During January – June 2002, the NT News and Sunday Territorian published a series of articles on childhood drowning and pool fencing standards in the Northern Territory. This intensive series of articles was instrumental in raising the public's awareness of this sensitive issue. It generated community debate that, in turn, put pressure on the Government to review and revise pool fencing legislation.

The sustained nature of the news coverage (nine front page articles, 15 articles, two editorials, numerous letters to the editor, one comprehensive 2 page special report and one community survey), meant that the issue did not fade from public consciousness. The coverage was both factual and passionate and created an atmosphere that allowed the Chief Minister and her government to act.

**Television Award** - The television category was awarded to Miranda Eastman from Channel Seven's Today Tonight in Perth for the work undertaken in profiling nutrition options for West Australians on a low income.

In January 2002, Today Tonight identified that some single mothers were struggling on low budgets and could not afford to buy food for their children. After consultation with the Department of Health, they chose to run a story on supporting people on a low income in ways to eat healthy

foods by profiling foods that are value for money and value for health.

Today Tonight used extensive promotions of the story in the lead up to the screening, ensuring good exposure for the story and the Food Cent\$ program. Supermarket tours were coordinated to follow the story.

Since then, Today Tonight have further demonstrated their support of the Department's nutrition messages and have run further stories about the consumption of fruit and vegetables.

**Eberhard Wenzel (Online) Media Award** - The Eberhard Wenzel Media Award is awarded for the best online news, special features and/or discussion forum on a public health issue. It has been named in Eberhard Wenzel's memory and is in recognition of Eberhard's unique public health online forum.

This year the Eberhard Wenzel Media Award is bestowed on Professor Neil Thomson for the Australian Indigenous HealthInfoNet. The Australian Indigenous HealthInfoNet aims to contribute to improving the health of Australia's Indigenous people by facilitating the sharing and exchange of relevant, high-quality knowledge.

In the four and a half years since the Australian Indigenous HealthInfoNet was established, it has emerged as the major source of knowledge and information about the health of Aboriginal and Torres Strait Islander people. As part of its Knowledge Management work, the HealthInfoNet is a world leader in knowledge translation research, which focuses on the utilisation by potential users of the results of pure and applied research. This research involves analysis of data and other information obtained from academic, professional, government and other sources, and also some primary data collection and analysis.

The HealthInfoNet shares knowledge and information with policy makers, health service providers, academics, researchers, students and the general community. It also facilitates knowledge sharing and exchange by publishing an electronic peer-reviewed journal, operating a listserv, providing an information service and including on its Internet site an electronic notice-board for details of courses and other pertinent information.

The Minister concluded the award activities by saying "I would like to commend all the winners of the Media Awards and the Public Health Association of Australia on its efforts to help promote and improve the media's understanding of public health policy, measures and approaches. I look forward to hearing about next year's recipients of these awards."

# QLD Branch News

*Dr Peter Anderson  
Queensland Branch*

The Queensland Branch has been active on a number of fronts this year. Organisation for the 2003 National Conference has been taking up a lot of time. The conference will be jointly convened by Dr Peter Anderson from the School of Public Health at the Queensland University of Technology and John O'Brien from the Health Outcomes Unit of Queensland Health. The program sub-committee, ably chaired by Prof. Andrew Wilson from the School of Population Health at the University of Queensland, has been busy developing the themes and selecting speakers for the plenary sessions. The members of the program sub-committee are:

Prof. Andrew Wilson, Committee Chair - University of Queensland  
Dr Margaret Shapiro, PHAA Qld State President - University of Queensland  
Dr Peter Anderson, Conference co-convenor - QUT  
Mr John O'Brien, Conference co-convenor - Queensland Health  
Dr Jeff Dunn, Queensland Cancer Fund  
Ms Sophie Dwyer, Queensland Health  
Dr Mary-Lou Fleming, QUT  
Dr Anne Nellor, University of the Sunshine Coast  
Emeritus Professor Bob MacLennan, Queensland Institute of Medical Research  
Ms Fran McFadzen, Queensland Health  
Prof Brian Oldenburg, QUT  
Dr Ian Ring, Queensland Health  
Dr John Scott, Queensland Health

The state branch has also been working on the conference logo. These tasks have now been completed and will be in evidence at the 2002 National Conference when John invites you all to sunny Queensland in 2003. Invitations have also recently gone out to the Qld membership seeking members and input for the conference social committee. The response has been quite overwhelming, so look forward to an engaging social program next year.

The Qld state branch has also been active in the professional development area in the past 12 months. In August 2001 there was a week-long epidemiology workshop conducted on Magnetic Island in sunny North Queensland. This was jointly coordinated by Prof Bob MacLennan from the State Branch and staff from James Cook University in Townsville. In 2001, we presented the PHAA State branch award for the best dissertation from a student in the Brisbane-based Master of Public Health program. This was combined with a

presentation by QUT researcher Dr Gavin Turrell about his research in social inequalities and health titled "The impact of childhood and life course socio-economic position on late middle age cognitive function". In addition, we hosted an advocacy workshop facilitated by Dr Neil Blewett, who enthralled us all with stories of politics and gardening in the Blue Mountains.

The inaugural Sydney Sax Oration, organised by Townsville members, was presented in Townsville in February 2002 by Prof. Ian Ring. This year we welcomed Prof. Andrew Wilson back to Brisbane by asking him to present the Elkington Oration at the AGM in March. Andrew spoke on the topic "Evidenced-based public health policy: Aspirations, opportunities and politics". In June, we were fortunate to have Prof Larry Green from CDC Atlanta visit Brisbane and conduct a breakfast presentation on best practice interventions and an afternoon workshop on participatory research.

During the year we have been working closely with the Australian Faculty of Public Health Medicine on a joint seminar series. So far this year we have hosted seminars on "Gender Health – the impact of the X or Y chromosome on public health" by Professor Annette Dobson of the School of Population Health at the University of Queensland, and "Growing old in the new Millennium: The public health challenges" presented by Professor Helen Bartlett, Foundation Director, and Colleen Cartwright, Senior Research Fellow, at the Australasian Centre on Ageing at the University of Queensland. There are also several other seminars to be jointly presented later in the year.

Demonstrating that we really are into the spirit of public health partnerships we also jointly hosted a seminar with the Queensland Branch of the Health Promotion Association in September where Prof Rob Donovan from Curtin University spoke on the topic "Can we sell health like we sell soap? Using social marketing to reduce violence against women" as well as a seminar with the ACHSE presented by Prof Andrew Wilson. In November, we will be jointly hosting a seminar with the Queensland Chapter of the Royal College of Nursing Australia on the topic "Community Health - What's in a Name? Service development in the 1970's - the Bucket & Silo effect."

While it has been a busy year so far, and will continue to be so for the next 12 months leading up to the 2003 conference, it is acknowledged that a key role of the state branch is to provide the Qld members with up to date and interesting professional development opportunities, and we look forward to continuing doing this into the future.

# Learning to Control Deadly Viruses

CSIRO has joined an international research program aimed at preventing further outbreaks of the deadly Nipah virus and Hendra virus. Nipah virus killed more than 100 people in Malaysia in 1999 while Hendra virus killed two people in Queensland in 1994/95. These viruses are part of a growing group of novel paramyxoviruses, which are carried by fruit bats and are potentially fatal to humans.



Project coordinator Dr Peter Daszak, of the US's Consortium for Conservation Medicine, says a key requirement is the development of a mathematical model capable of predicting where the viruses are likely to emerge.

The grant was awarded in August to fund research for the next four years.

With their share of \$US1.5 million in funding - provided by the Fogarty International Center of the United States' National Institute of Health - scientists at CSIRO Livestock Industries in Geelong will investigate the reasons behind the emergence of both viruses.

The research team consists of leading virologists, ecologists, medical researchers, modellers and wildlife disease biologists from the US, United Kingdom, Malaysia and Australia. The research team is investigating how the viruses are transmitted, in an attempt to prevent further outbreaks of disease.

The unique biocontainment facilities at CSIRO Livestock Industries' Australian Animal Health Laboratory (AAHL) make it one of the few places in the world where such trials can be safely undertaken. The project will also look at ways to improve the diagnostic assays for the detection of Hendra virus, Nipah virus and other fruit bat-associated viruses.

Principal researchers involved in the project are from the following organisations:

- Consortium for Conservation Medicine (US)
- CSIRO Livestock Industries
- Queensland Department of Primary Industries
- Centers for Disease Control and Prevention (US)
- Harvard Medical School (US)
- University of Malaya (Malaysia)
- International Medical University (Malaysia)
- Veterinary Research Institute (Malaysia)
- Zoological Society of London (UK)
- Princeton University (US).

For more information contact Dr Alex Hyatt, CSIRO 03 5227 5419, Dr Peter Daszak, Consortium for Conservation Medicine+1 845 365 8595  
[daszak@conservationmedicine.org](mailto:daszak@conservationmedicine.org)

---

## Open access to the Cochrane Library

From 18 October 2002, all Australians will have open internet access to the Cochrane Library - a database of the latest evidence, systematically reviewed by experts and updated regularly.

Cochrane Reviews are internationally recognised as the best single source of reliable evidence about the effects of healthcare interventions and other treatments. They cover a wide range of health areas including general practice, nursing, surgery, medicines, complementary therapies, public health and health promotion.

The Cochrane Library also helps to identify areas where insufficient research exists to prove or disprove the effects of certain interventions and can help guide researchers and funders about important questions that remain unanswered.

While the growing number of interventions means only approximately 10% of existing interventions have been

reviewed, the Library is expanding rapidly. There are currently over 1,500 completed reviews and another 1,000 in progress, with about 60 new titles being added to every quarterly update of the Library.

Thanks to an initiative by the Federal Minister for Health, Senator Kay Patterson and the National Institute of Clinical Studies (NICS), Australia's national agency for closing the gaps between evidence and practice in healthcare, all Australians will soon have access to this important source of evidence.

For Cochrane Library access go to: <http://www.update-software.com/cochrane/>

For the NICS Guide, go to: <http://www.nicsl.com.au>  
Access to both sites will be available from 18 October 2002.

(SOURCE: RCNA Nurse Leaders Bulletin)

# Victorian Tall Poppy Awards



Four Public Health researchers were presented with Tall Poppy Awards by the Australian Institute of Political Science. The awards are given to young Australians who demonstrate the qualities of outstanding scholarship and community engagement in their work. The awards are an annual event designed to recognise high achievers in science and research and encourage renewed interest among Australians to study science and pursue scientific careers.

Those awarded in Public Health were:

- Dr Pascale Allotey, Senior Lecturer, Key Centre for Women's Health in Society, Department of Public Health, University of Melbourne - awarded a VicHealth Public Health Research Fellowship for five years beginning in 2003. The Fellowship program is titled Promoting Long Term Health and Well-being in Refugee and Asylum Seekers: Informing policy and practice. The program of research will examine the mental and physical health outcomes of refugees and humanitarian settlers in Australia. Her work as a Public Health teacher and researcher focuses on women and refugees. She has undertaken a range of consultancy projects in areas including gender and cultural responsiveness.
- Associate Professor Ian Anderson, Director of the VicHealth, Koori Health Research and Community Development Unit at the University of Melbourne. - Ian has worked in indigenous health for over 15 years as a clinician, policy maker, health educator and scholar. Focussing on broadly encompassing and practical research, Ian is a key contributor to the debate around Indigenous

health issues. His work at the VicHealth Koori Health Research and Community Development Unit is developing research and community development programs that facilitate improved health care for Koori's and that lead to better health outcomes for Koori communities. Developing partnerships with Koori communities is a key component to this program.

- Dr Anne Kavanagh, VicHealth Senior Research Fellow at the Australian Research Centre in Sex, Health & Society - Anne has established herself in the area of cancer epidemiology developing a program focussing on the social determinants of health and health inequalities. She was awarded a VicHealth Senior Fellowship in 2001 running for five years to investigate the connection between health and place through her Understanding the importance of place in health inequalities Fellowship Project. This innovative research program is investigating how the socioeconomic conditions of Victoria locations can influence health.
- Dr Margaret Kelaher, Senior lecturer at the Key Centre for Women's Health in Society and Centre for Health program Evaluation at the University of Melbourne - Margaret's work has focussed on Indigenous health and the impact of welfare reform on women's health, particularly looking at access to prenatal care and preventative health services among women in poverty and minority groups.

The PHAA congratulates all award recipients.  
Public Health Association of Australia Inc

---

## Chinese Food Safety

If you ever thought that Australia had problems maintaining a high level of food safety, spare a thought for food safety officials in China.

Health officials acting on a tip-off recently raided a food processing plant in the south-western city of Chengdu and discovered that workers were using their teeth to debone chicken feet of meat intended for sale to restaurants.

The officials' report explained that they entered the plant to find two women gnawing at chicken claws beside a basket full of bones.

One worker told the officials that the act of deboning by teeth was an efficient procedure. It was common

practice at the plant to half-boil the feet in water, slit along three spots with a knife and then remove the bones with the teeth. It only takes four to five seconds for a fast worker to debone one foot, making it possible to process over 100kg of chicken feet every day.

Some of the workers carried Hepatitis B, which can be spread by body fluids and the officials confiscated over 250kg of chicken feet after discovering traces of saliva.

The officials have now closed the plant however and are trying to locate its owner.  
(Source: just-food.com)

# *DAMON LARIS PRIZE - A Family's Grief Helps to Light Way Forward.*

Damon Laris took his own life in December 1999 at the age of 27. At the time of his death, his family wished to recognise that rates of suicide among young Australian men aged 25-34 were the highest of any age group and that these rates reflected more than individual personality traits or pathologies. Even amid the immediate grief, Damon's death seemed to his family to be part of an epidemic. Consequently, they requested that donations be sent to the Public Health Association of Australia, for the purposes of public health suicide investigation.

At the PHAA's 34<sup>th</sup> annual conference dinner the Minister for Health, the Hon. Lea Stevens (south Australia), presented the Damon Laris Prize, the culmination of those thoughts and the donations made by Damon's family and friends.

The Damon Laris Prize, worth \$2000, is offered for a work in written form or other media that presents a public health perspective on suicide. The work is required to address the question of what social and economic factors may account for changes in suicide rates for particular groups.

The Minister awarded the Damon Laris Prize to Dr Richard Eckersley, of the National Centre for Epidemiology and Population Health, for his essay, *Suicide in young people: causal layers and complexities*. Dr Eckersley's essay examines the social dimensions that are often neglected in suicide research, the social changes that act on whole societies or populations. In his paper he uses a metaphor to explain where this research sits:

As Dr Eckersley explained, "we are devoting a lot of research effort to charting the dangerous rocks and shoals (risk factors such as parental conflict, abuse and neglect, poverty and unemployment) and safe channels (protective factors such as good parenting, having friends and socialising) that young people must navigate in their journey to adulthood. We have done much less research into whether the tide (of belonging and meaning) is rising or falling – so make the journey easier or harder."

Minister Stevens stated "This paper is a call to public health professionals, politicians, community leaders to acknowledge that culture is an important dimension of the social determinants of health and well being. Dr Eckersley's work shows that while it is necessary to develop and introduce interventions to help those young people most at risk, it is also critical that public health professionals actively support a much broader agenda of social change. This agenda needs to acknowledge that our well being is intimately linked to how, as a society, we view the world and our place in it."

Further, the Minister stated, "Dr Eckersley's essay took a strong public health approach and presented original information relating to a socio-environmental view of youth suicide. His essay provided an engaging approach, starting with an individual perspective and then broadening out to argue a public health and sociological perspective." The Minister also congratulated the Laris family and friends, and the Public Health Association of Australia for bring a strong light to bear on the often taboo subject of youth suicide.

---

## *Window on Women*

The Commonwealth Government will launch the Women's Data Warehouse known as Window on Women in November 2002. This is a web site which will provide access to statistical data for and about women.

The web site has been designed to be a single reference point to give government departments, NGOs, students and the community easy access to information about women in key social areas. Topics will include:

- population characteristics
- work
- economic resources
- education and training
- health

- housing
- culture and leisure
- family and community &
- crime and justice.

This web site will support and encourage the accurate use of relevant data in policy development, implementation and evaluation. It will provide information from three key Australian Bureau of Statistics collections covering such issues as labour force participation, employee earnings, superannuation and employment arrangements as well as census data on population characteristics.

[www.osw.dpmc.gov.au](http://www.osw.dpmc.gov.au)

# *Class, Education & Adjustment*

*Amanda Sacker, Ingrid Schoon & Mel Bartley*  
*Abstract reprinted with permission from Social Science & Medicine*  
*55:5, September 2002 pp863-880. Copyright © 2002 Elsevier*  
*Science Ltd.*

## **Social inequality in educational achievement and psychosocial adjustment throughout childhood: magnitude and mechanisms**

The paper examines the hypothesis that social inequalities in children's developmental resources level off during adolescence against an alternative hypothesis that they continue to exert their influence throughout all of childhood. Using data from the UK National Child Development Study, the study applies two models. Both are premised on the understanding that the social and physical environments in which children are raised affects their resources in the domains of educational achievement and psychosocial adjustment. A 'class inequalities' model seeks to determine the extent of social class inequalities at three key stages in children's development: the transition from infant to junior schooling at age 7, from primary to secondary education at age 11 and from compulsory education to further education or work at age 16. The second model is a contextual-systems model which seeks to expand our understanding of the pathways from family social class to children's educational achievement and psychosocial adjustment through some more proximal determinants of these resources: material deprivation, school composition, parental involvement and aspirations.

Social class inequalities in educational achievement were found to be greater than inequalities in psychosocial adjustment. The same developmental pattern was observed for both outcomes: inequalities increased from age 7 to age 11 and then remained at the same level at 16 years. The contextual-systems models showed that when social inequalities are interpreted more broadly than a narrow class based definition, they continue to widen in adolescence. In particular, family influences, indicated by parental involvement, become less important and social contexts beyond the family, reflected in material conditions and school composition, become more important. At age 16, material deprivation was the strongest determinant of psychosocial adjustment while school composition was most strongly related to educational achievement. The contextual-systems model provides a more complete account of social inequalities in children's educational achievement and psychosocial adjustment than simple estimates of social class effects.

Would you like to know about the Children, Youth & Families Network?

Contact: Julie-Anne Carroll  
Coordinator for the Children, Youth, and Families Network  
Health Inequalities Research Collaboration  
Centre for Public Health Research, QUT  
Ph: (07) 3864 5611, Fax: (07) 3864 3369  
Email: [jm.carroll@qut.edu.au](mailto:jm.carroll@qut.edu.au)  
JOIN CYF online: [www.hirc.health.gov.au](http://www.hirc.health.gov.au)

---

## *Research for Healthier Bones*

In Australia, one in two women and one in three men over the age of 60 will sustain a bone fracture. It is also estimated that the death rate in women from hip fractures is greater than the incidence of all female cancers combined. Osteoporosis, or 'porous bones', is a disease where bone density and structural quality deteriorate, leading to an increased risk of fracture. Common sites are the wrist, hip, spine, pelvis and upper arm.

In 2002, the National Health and Medical Research Council (NHMRC) awarded more than \$9.5 million in grants to 106 projects related to osteoporosis, bone and joint related research. NHMRC Chief Executive Officer, Professor Alan Pettigrew, said that NHMRC was committed to supporting research that increased

the understanding, and ultimately, the treatment and prevention of osteoporosis and related osteoporotic conditions.

One NHMRC funded researcher is looking at fracture risk epidemiology in the elderly. Professor Philip Sambrook, Professor of Rheumatology, University of Sydney, says his research is significant because an increasing proportion of Australia's population is living to a much older age. "The impact of osteoporosis in this group represents an increasing public health problem. The research is designed to identify predictors of falls and fractures in the elderly as well as the effect of fractures on quality of life," he said.

(source: NHMRC Media Release 6.8.02)

# PAP SMEARS: Laboratory accreditation

In March 2002 PHAA wrote to the Minister for Health and Ageing to congratulate her on her rapid response to the failure of some pathology laboratories to meet appropriate standards in pap smear testing and to express concern about the gap in providing public notification of the potential lapse in standards. We also requested that the Minister consider altering the regulations governing pathology laboratories in order to:

- ensure the assessments of all laboratories are made public within 6 weeks of completion;
- provide, on one web-site, information on the current status of all pathology laboratories undertaking gynaecological cytology including the last date of assessment and whether they met all current performance standards; and
- ensure that the laboratories or the National Association of Testing Bodies

(NATA) which assess laboratories, have a statutory responsibility to advise all affected women and their referring doctors within 2 weeks of reassessment if a laboratory fails to improve performance on a major breach of standards within two weeks of reassessment.

In addition, we requested that the Government devise an appropriate mechanism to inform women of their option to choose the pathology laboratory for their smear test. We also requested that women be able to access information on gynecological examinations on the Department of Health and Ageing's web-site 'healthinsite'. Furthermore, we suggested that the General Practice Branch of the Department should encourage general practitioners to advise their patients that they have a choice of pathology laboratories and can access assessments of the laboratories on the designated web-site.

On 29<sup>th</sup> August the Minister announced that measures had been put in place to enhance standards of pathology laboratory testing and identify laboratories that pose a risk to public health and safety. The package of measures includes spot checks of pathology laboratories, public notification of laboratories that fail to meet standards and increased sanctions which the Health Insurance Commission (HIC) can use against non-performing laboratories.


This package was put in place in response to the comprehensive review of accreditation arrangements undertaken by Corrs Chambers. The review found that although accreditation arrangements are fundamentally sound, there are key areas where improvements are needed. These include:

- safety and quality - the Health Insurance Commission (HIC) will be able to undertake spot checks of laboratories;
- early warning system – NATA will get earlier information

on poorly performing laboratories and will provide this information to the HIC;

- public notification system – up-to-date information about laboratories' accreditation status will be placed on websites to let people know about their performance;
- streamlining the appeals process – NATA will speed up the review, action and appeal processes and HIC will be able to act independently of the NATA appeals system if it believes to do so would be in the public interest; and
- tougher sanctions – if laboratories fail to meet standards, access to Medicare benefits will be cut.

The Minister is to be congratulated on ensuring that the review led to reforms of the pathology accreditation system. It is to be hoped, however, that our suggestions about educating the public and general practitioners about the rights of individuals to choose which laboratory is used for their tests will also be adopted.

	<b>Menzie's Centre for Population Health Research</b> <b>University of Tasmania, Australia</b>
<b>Statistical Research Fellow</b> <b>Academic Level A or B</b>	
<p>The Menzie's Centre for Population Health Research is seeking to appoint a Statistical Research Fellow to join its Cohort Studies Unit. The successful applicant will liaise with epidemiologists and other scientific personnel to provide statistical support for projects including a large new study "Childhood Determinants of Adult Health".</p> <p>The Menzie's Centre is a major epidemiology research centre with research programs that involve both conventional and genetic epidemiology. The position is based in Hobart, Tasmania but the Centre's work and activities have extended throughout the Western Pacific region.</p> <p>The position is offered on a full-time, limited term basis for a period of one year in the first instance. Applicants should possess a masters or doctoral qualification in statistics, mathematics or a relevant field, or an equivalent combination of training and experience.</p> <p>Further information may be obtained from Raquel Osborne-Grace, email <a href="mailto:Raquel.Osborne@utas.edu.au">Raquel.Osborne@utas.edu.au</a> or telephone (03) 6226 7732. A Job Application Package for this position can be downloaded from the University's Human Resources website at the following address: <a href="http://www.admin.utas.edu.au/hr/jobs/">www.admin.utas.edu.au/hr/jobs/</a>. The closing date for receipt of applications is 13 December 2002.</p>	

# *Xenotransplantation – Need for debate around the public health and ethical implications.*

Xenotransplantation is the transplantation of living cells, tissues or organs from one species to another (for example pigs to humans). This includes transplantation of solid organs (such as the liver or heart); tissues (such as skin); and clusters of specialised cells (such as brain cells to treat Parkinson's disease or pancreatic cells to treat diabetes). It also covers the infusion or transplantation of body fluids, tissues or cells that have had contact with animal tissues or cells outside the transplantation recipient's body (for example, the infusion of blood through an artificial liver containing pig liver cells).

Xenotransplantation has become a focus area of biomedical research over the past few years and has been justified on the basis that there are insufficient organs to meet the demand for human to human transplants. The recent advances in genetic manipulation of animals and the mechanisms of transplant rejection have made xenotransplantation seem feasible. Many western countries have decided to proceed with research under strict guidelines, or are still considering the issue.

However, transplanting animal organs to humans, or human organs grown on animals to humans raises ethical, safety and efficacy issues which need to be debated by experts and widely in the community.

The National Health and Medical Research Council (NHMRC) has released a draft set of guidelines for research into animal organ transplants. The NHMRC has stated that "After considering the issues carefully, the tentative conclusion of the working party [Xenotransplantation Working Party Chaired by Dr Kerry Breen], subject to community consultation, is to allow clinical research to proceed cautiously. This would be under centrally administered guidelines that take into account the ethical issues, protect the interests of research participants, ensure that animal welfare concerns are met and safeguard the public."

Further, the NHMRC noted "However, people have real concerns about such a step – a major worry is the possibility of animal infections being transmitted to humans. Other concerns relate to public acceptability, its efficacy and costs. The risk of infection may extend to close contacts, families and health workers and before the NHMRC finalises any guidelines, we want to consult widely with the community."

This issue needs to be debated by both professionals and the general community to a greater degree than has been the case so far. To that end the PHAA will continue to debate this issue via the Public Health Research Ethics Special Interest Group and will encourage other organisations and individuals to do the same.

## **Issues to be Considered**

The issues identified below do not include the scientific and technical issues in xenotransplantation research. Instead, we highlight a number of the issues that need to be discussed widely in the community before xenotransplantation research goes much further. This list of issues may not be comprehensive. We encourage others to contribute.

## **The Need for Xenotransplantation**

Xenotransplantation is proposed on the basis that demand for human organs currently outstrips demand, that there is also a shortfall of cell and tissue products and new knowledge is opening up new therapeutic avenues, further increasing demand.

## **Efficacy**

Xenotransplantation research can only become an option for human therapy through research that includes:

- animal to animal studies which test transplantation procedures; and,
- animal to human trials.

The NHMRC reports that "in most circumstances the initial evidence for efficacy will be based on relevant animal to animal studies, with pigs as the source animals and nonhuman primates as the recipients. Related experimentation and animal to animal studies, as well as any previous animal-to-human trials, may also provide helpful information. The decision about what defines a successful animal-to-animal transplant will vary according to the type of, and indication for, transplantation (for example, whether it is intended as a permanent or 'bridging procedure'). However, in general terms, the transplant should have the capacity to provide physiologically relevant and/or life-sustaining support for some months."

Rejection reactions occur when solid organs are transplanted and research would have to resolve overcome these responses. The most promising approach to date is genetic modification of the donor animal so that they do not cause such a strong immune reaction

## **Ethical and Social Issues**

Ethical and social issues need to be addressed independently of risks. First and foremost, is there anything wrong, in principle with obtaining organs and tissues from animals or in modifying animals to provide organs and tissues for transplantation to humans? Other ethical and social issues that may need to be debated include:

- How do we select transplant recipients?
- How will justice and equity issues be resolved given all

• *continued on page 19*

• *continued from page 18*

allografts are currently publicly funded, while xenotransplantation products will be sold commercially as therapeutic goods?

- Will the use of xenotransplantation products inevitably lead to an increase in demand for transplantation procedures and what will be the implications on health care funding and resource allocation?
- What is the likelihood of loss of identity of human recipients (psychological impacts and prospects for success)? and
- What are the potential impacts on human identity?

### Risks and Safety issues

Xenotransplantation is unusual among medical procedures because it carries risks for the wider community as well as for the individual patient. Consequently, there is a significant public health aspect to risk assessment. The following risks and safety issues need to be considered:

- What are the long term implications of mixing human and animal tissues?
- What is the likelihood that an agent from animal tissues might affect humans (e.g. porcine endogenous retrovirus, a virus that is dormant in pigs but can infect human cells in the laboratory)?
- How will we weigh such risks against the potential benefits?
- what are the management options (type of procedure, the source of animals and the possibility of infectious agents involved) to ensure that any infectious disease risks associated with a proposal are minimised and can be identified and contained should they occur?
- Is low or negligible risk low enough or is this an area in which the precautionary principle should be applied to the maximum extent?
- How can we ensure the genetic identity of the person receiving the transplant?
- How will the possibility of infectious disease be monitored in the patient and all of their contacts and over what period of time?

### Animal Ethics

- Is it ethical to use animals this way?
- How do we ensure animal welfare for research, trials and beyond?

### Regulatory Systems

Under current arrangements the NHMRC has responsibility for research involving humans through its Australian Health Ethics Committee (AHEC). All proposals involving human research must be approved and monitored by an institutional human research ethics committee (HREC). Similarly the NHMRC is also responsible for animal research through its Animal Welfare Committee. In addition the Therapeutic Goods Act, the Gene Technology Act and the Quarantine Act could all play a part in regulating xenotransplantation.

Three models for regulation have been offered by NHMRC— an extension of the existing regulatory framework, formation of a national xenotransplantation committee and the use of the TGA as the sole regulatory agency.

We need to consider whether any of these models or any combination of these models will provide sufficient and appropriate regulation of the research, the trials and the use of xenotransplantation instead of or to supplement allotransplantation.

None of these models appear to address the public health issues - where is the connection to communicable disease regulation and management?

Copies of the NHMRC Draft Guidelines and Discussion Paper on Xenotransplantation can be found on the NHMRC website at <http://www.nhmrc.gov.au/issues/xeno.htm>

While the official deadline for providing submissions to the NHMRC process has closed, the period for public debate has not. If you are interested in being part of this debate, please contact Craig Fry (Convenor, Public Health Research SIG) on [craigf@turningpoint.org.au](mailto:craigf@turningpoint.org.au)

## Public Health Association of Australia Incarceration Conference Human Rights,...Human Wrongs,...Human Costs



## Call for Papers

2 -3 April 2003, MERCURE HOTEL, BRISBANE  
for further information visit our website at: [www.phaa.net.au](http://www.phaa.net.au)

# Items of Interest

## \$2.5 Million for Mental Health Research

---

Following recommendations from the National Health and Medical Research Council (NHMRC), Commonwealth Health Minister Kay Patterson has announced that a team of mental health researchers headed by Professor David Kavanagh of the University of Queensland will receive \$2.5 million under the Health Research Partnership grants initiative. The project, entitled Evaluation of an Integrated Strategy to Promote the Health of People with Chronic or Recurring Mental Disorders, includes researchers from the University of Wollongong in NSW, La Trobe Regional Hospital in Victoria and Forensic Mental Health Services in the Northern Territory.

Senator Patterson said: "The project will apply evidence-based health promotion strategies in a sustainable fashion to people with chronic or recurring mental disorders in an attempt to improve mental health status, reduce physical risks and promote social functioning. The project will also assess the maintenance of changes in communities and in the practices of health practitioners, consumers and carers."

Further information on the project can be obtained from David Porter at NHMRC on (02) 6289 9107.

## \$3 Million for Hearing Research

---

The National Health and Medical Research Council has allocated more than \$3 million to 34 hearing related research grants across Australia. The research was funded on the basis of a competitive peer-reviewed process.

Some of the research has a population and preventative health focus. For example, Dr Deborah Lehmann, from Telethon Institute for Child Health Research, is investigating the major risk factors associated with otitis media (middle ear infections) and why some children, Indigenous and non-Indigenous, get more ear infections than other children. Dr Lehmann's project is following children from the Kalgoorlie-Boulder area of Western Australia from birth to 24 months to try to determine the major risk factors for otitis media with a view to developing effective interventions. It is believed that environmental factors, such as overcrowding or passive smoking, may encourage bacterial transmission. This project will also try to determine whether a combination of different factors increases the risk of the disease.

Details of the 34 grants can be found at [www.nhmrc.gov.au/media/index.htm](http://www.nhmrc.gov.au/media/index.htm)

## Drug Induced Deaths

---

The Australian Bureau of Statistics (ABS) has released in-depth data on drug-induced deaths between 1997 - 2000 along with a comprehensive information paper, Drug-Induced Deaths: A Guide to ABS Causes of Death Data, to assist researchers.

The data shows that there were 1,569 deaths recorded as drug-induced deaths registered in 2000. This is a 9.8% decrease on the record 1,739 drug-induced deaths registered in 1999. According to the ABS the majority of these deaths were from mental and behavioural disorders and accidental overdoses (81%) with a further 273 being suicide by drugs. Men accounted for over two-thirds (69%) of all drug-induced deaths. New South Wales had the largest number of drug-induced deaths registered (532) followed by Victoria (485) and Queensland (245).

The topics covered in the paper include:

- registration and coding of deaths in Australia;
- ABS definition of drug-induced deaths;
- relevant ICD Classifications used to code these data;
- an explanation of the concepts of underlying causes of death and multiple causes of death;
- issues affecting classification of data; and,
- issues affecting data availability.

A companion data file Drug-Induced Deaths, Australia, 1997-2000 (Cat. No.3303.0) has been developed for researchers to accompany this information paper and is available only on the ABS Website ([www.abs.gov.au](http://www.abs.gov.au)). The data file reports the number of drug-induced deaths as well as a range of demographic information relating to the deceased person.

For further details contact Peter Burke on (07) 3222 6069.

## Northern Territory - Chief Minister's Study Award

---

The Chief Minister's Study Award for Women is again being promoted. The Award makes available \$14,000 to a woman studying a tertiary program and \$6,000 for a woman undertaking vocational studies. Applications close December 2002 and the Chief Minister announces recipients on International Women's Day each year. (Source: Women's News August 2002)

## Priority Actions for Ovarian Cancer – Framework Released

---

The National Breast Cancer Centre has released the report Priority actions for ovarian cancer control: a framework for a national approach. The document can be downloaded from [www.nbcc.org.au](http://www.nbcc.org.au) under the "What's New" section.

## Home Medicines Review

---

Last year Department of Health and Aged Care announced the start of a program called Domiciliary Medication Management – Home Medicines Review. The service funds doctors and pharmacists to work together to achieve significantly improved outcomes for people at risk of medication related problems. A home medicines review

## *Items of Interest*

involves a doctor referring their patients to a community pharmacist. The pharmacist then arranges for a home interview by a pharmacist who is trained to do the review. The pharmacist then discusses the findings with the patient's doctor. For more information or to order brochures about the scheme call the PBS info line on 1800 020 613.

### **Release of NSW Child Death Review Team's Report**

---

The NSW Commission for Children and Young People has released the report of the NSW Child Death Review Team: Fatal Assault of Children and Young People. The report examines all deaths of children and young people from fatal assault over a three and a half year period. For more info contact Ruth Lawrence or Toby Fattore at the Commission on 02 9286 7204 or 9286 7207.

### **Meningococcal jabs could be routine**

---

The Australian Technical Advisory Group on Immunisation will meet today to discuss the proposal to introduce Australia-wide immunisation against the meningococcal disease for children. ATAGI chairman George Rubin said the group would consider whether the cost of the program, estimated to be at least \$40 million, can be justified. The committee is also considering vaccines against chicken pox and pneumococcal bacteria. (The Age, 4/7)

### **Medicines for coughs debunked**

---

Consumers have been advised not to waste money on cough medicines as they do not appear to work any better than placebos. Spokeswoman for the Australian Consumers' Association, Gail Kennedy, said that some cough medicines contained a suppressant to reduce coughing, which if used for a chesty cough, could even delay recovery. (West Australian, 9/11)

### **Health Expenditure Report**

---

A new report has been released today by The AIHW has recently released its report on Health Expenditure Australia 2000-2001. The report examines expenditure on health in Australia. It revises estimates from 1991 to 1998-99 to reflect new estimates of GDP and household expenditure on health. Preliminary estimates for 2000-01 are also included. Health Expenditure Australia follows the Health Expenditure Bulletin in presenting this and other essential information and analysis of the Australian health system. Cat. No. HWE 20, available on the web or from AusInfo (toll free 132 447) for \$21.50

### **Depression Support**

---

A new website, the first to offer a secure letterbox and chat room enabling people suffering from depression to seek help from trained medical professionals and share their experience with others has opened at [www.depnet.com.au](http://www.depnet.com.au).

Depression has emerged as a growing problem, affecting one in five Australians. Research conducted by the Australian Bureau of Statistics shows that, in the majority of cases, people who suffer from a mental illness do not seek help.

DepNet's objective is to bridge this gap by providing information in an appealing, easy to use format that addresses every aspect known about depression. It aims to sensitively empower people to know enough about their condition to seek appropriate help. The site has been written and reviewed by psychiatrists, psychologists, general practitioners and patients to ensure it meets the needs of people affected by depression. This site has been set up by the Lundbeck institute and has been endorsed by the World Health Organisation and the World Psychiatric Association.

For further information on the site, or to provide comment on the site please contact 0413 059 582 or (02) 9629 0631 or via email to [info@depnet.com.au](mailto:info@depnet.com.au)

### **Genetic link to the eating disorder anorexia nervosa**

---

Researchers in Australia believe they have discovered a genetic link to the eating disorder anorexia nervosa. The researchers, who work at the Department of Psychological Medicine at Westmead Children's Hospital, investigated norepinephrine, a chemical in the brain which causes anxiety. They discovered a new chunk of DNA which was present in a number of families of anorexic patients. Lead clinician Kenneth Nunn told United Press International that anorexics might be super-metabolisers of norepinephrine. "When they go on a diet, these super-metabolizers with the longer form of DNA could use up their supplies too quickly and go into a negative spiral of norepinephrine depletion from which they cannot escape. Once they begin to shut down and eat less, they become even more depleted of norepinephrine," Nunn said.

The study is published in the journal *Molecular Psychiatry* (Source: [just-food.com](http://just-food.com))

### **New Release Alert Service**

---

For the latest facts and figures on the health and welfare of Australians, subscribe to the Australian Institute of Health and Welfare's free new release alert service. This e-mail service will automatically notify you of any new AIHW publication on the very day it is released. It is an announcements-only list with low volume - averaging one message a week. To subscribe to the health alert list, send an e-mail to: [join-health-release-notice@lists.aihw.gov.au](mailto:join-health-release-notice@lists.aihw.gov.au) To subscribe to the AIHW welfare list, send an e-mail to: [join-welfare-release-notice@lists.aihw.gov.au](mailto:join-welfare-release-notice@lists.aihw.gov.au)

## *Items of Interest*

### **NHMRC Targets Glaucoma**

---

Glaucoma is one of the leading causes of adult blindness in the world, affecting approximately 70 million people. In Australia alone, glaucoma and diseases of the retina cause more than 80% of adult blindness. The NHMRC has recognised the importance of continuing research into the causes of glaucoma and the on-going effort that is needed to develop new treatments for the disease and has provided grants totalling \$1.7 million for this work.

The grants have been awarded for the following projects:

- Investigation of newly discovered nerve pathway in the visual system - Professor Paul Martin, University of Sydney;
- Further development of experimental clinical eye tests - Mr Andrew White, University of Sydney;
- Modulating retinal glutamate transport in health and disease - Dr Nigel Barnett, University of Queensland;
- The genetics of glaucoma - Dr Paul Baird, Centre for Eye Research, Vic;
- A functional magnetic resonance imaging and behavioural investigation of visual disfunction in migraine - Dr Allison McKendrick, University of Western Australia; &
- Robotic micro-drainage surgery for glaucoma - Professor Dao-Yi Yu, University of Western Australia.

### **ANU Grant for Environmental Health**

---

The Australian National University has received a grant of \$2.47m to study the local urban and global environmental impact on human health. The grant, which was provided by the National Health and Medical Research Council through its Capacity Building Grants in Population Health Research Program, will be administered by the National Centre for Epidemiology and Population Health. The Centre's Director, Professor Tony McMichael, described the project as a long term investment in strengthening population health research in Australia. Professor McMichael noted that "there is a continuous stream of new environmental health problems which need to be assessed for their impact on human health." The project will cover several areas including childhood asthma and infant health, physical activity and health, urban air pollution and mortality and diseases which could be attributed to climate change.

### **Report: Women of the World: Laws and Policies Affecting Their Reproductive Lives, Anglophone Africa Progress Report 2001**

---

This is an extensive review of developments that occurred since CRLP's groundbreaking 1977 study which examined the laws and policies related to women's reproductive health and rights in seven African countries.

To download or order copies of the report see CRLP's website at <http://www.reproductiverights.org/>

[pub\\_bo\\_wowafrika.html#progreport](#)

(SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002)

### **Women 2000: An Investigation into the Status of Women's Rights in Central and South Eastern Europe and the Newly Independent States**

---

This report examines a broad array of issues on the status of women in 29 countries of this region, including: discrimination against women; educational opportunities; participation in public life, politics, media and the private sector; and trafficking. The full text is available from <http://www.ihf-hr.org/appeals/001109b.htm>

(SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002)

### **Table of Teenage Births in Rich Nations**

---

The third UNICEF Innocenti Research Centre Report Card, "A League of Tables of Teenage Births in Rich Nations", presents the most up-to-date and comprehensive survey so far of teenage birth rates in the industrialised world. It attempts at least a partial analysis of why some countries have teenage birth rates that are ten or even fifteen times higher than others. To download or order a copy of the full report visit <http://www.unicef-icdc.org/publications/>

(SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002)

### **EC and Medical Abortion**

---

The Abortion Access Project has produced a wallet sized card that explains the difference between EC and Medical abortion and gives national hotline resources. The "What's the Difference" card is available in English, Spanish, Portuguese, Haitian-Creole, Vietnamese, and Russian. The card can be viewed at [www.abortionaccess.org](http://www.abortionaccess.org). The Abortion Access project are happy to send the artwork at no charge to anyone wishing to reproduce the card.

(SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002)

### **Potential Economic Impact of an HIV/AIDS Epidemic in Papua New Guinea**

---

This is a report by the Centre for International Economics for AusAID, Feb 2002. It is available at [http://www.ausaid.gov.au/publications/pdf/hivaid\\_s\\_png.pdf](http://www.ausaid.gov.au/publications/pdf/hivaid_s_png.pdf)

(SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002)

### **Global Reproductive Health Forum**

---

The Global reproductive Health Forum at Harvard is an internet networking project that aims to encourage the proliferation of critical discussions about reproductive health and gender on the net. The forum provides interactive electronic forums, global discussions, distributes reproductive health and rights materials from a variety of perspectives through its clearing house as well as maintains an extensive, up-to-date

## *Items of Interest*

research library. Its goal is to reach out to, involve and meet the needs of underserved groups globally, the reproductive health community worldwide, academics and people who are dedicated to women's rights and gender issues. You can visit this site at <http://www.hsph.harvard.edu/grhf/main.1.html> (SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002) DSW English Web Site

The German Foundation for World Population (DWS) has just launched a new website in English. It contains up-to-date information on DSW's activities in Germany and in developing countries - development projects, advocacy campaigns, special events and publications. This site can be accessed at <http://www.dsw-online.de/english/index.html> (SOURCE: ARHA Newsletter Vol 6 Issue 3, May-June 2002)

### **ADCA has a New CEO**

The Alcohol and other Drugs Council of Australia (ADCA), the peak body for the alcohol and other drugs sector has appointed Cheryl Wilson as its new CEO.

Cheryl has had clinical experience in the alcohol and other drugs field as a nurse, and has worked in a senior policy capacity in the alcohol and other drugs area in NSW, the ACT and the Commonwealth. In NSW Cheryl was involved in the development of policies to address infectious disease transmission among injecting drug users. In the ACT she was responsible for the development of policies to address a wide range of drug issues, including the development of sobering-up places and options for the expansion of the ACT methadone program. In the Commonwealth Department of Health and Ageing, Cheryl played a major role in the development and implementation of the National Drug Strategy and was also a member of the Illicit Drugs Diversion Task Force in the Department of Prime Minister and Cabinet.

### **Avoiding Health Hazards of Grilling**

The American Institute for Cancer Research has issued a brochure, The Facts about Grilling. It advises consumers on the potential health risks of grilling meat, poultry and fish. Vegetables and fruits and 'blackened' dishes have a substantially lower risk if only the seasoning is blackened. It also notes that marinating meats before grilling can significantly reduce the amount of carcinogen they may otherwise form. The web-site <http://www.aicr.org/action.lasso?Database=ww005aicr.fp3&Response=pubsearchdetail.html&DoScript=articletext&MaxRecords=1&index=1304&Search=includesadvice> on how to avoid or reduce these risks. (Source: Wongi Yabber newsletter of the Australian Cancer Network, Vol9, No2 May 2002).

### **LaTrobe Aged Care Documents Released**

The Aged Care Workforce Committee of LaTrobe University has released two documents: The LaTrobe Report on Recruitment and Retention of Nurses in Residential Aged Care and the Quality of Working Life for Nurses. These documents can be downloaded from <http://www.health.gov.au/acc/workforce/recruit.htm> and <http://www.health.gov.au/acc/workforce/nurses.htm>

### **Legionella Papers Now Online**

Thanks to a special licensing arrangement between the American Society for Microbiology (ASM) and HC Information Resources Inc, ASM Press publication LEGIONELLA, edited by Richard Marre et al, is now available online at <http://hcinfo.com>. The 85 chapters, each of which is a paper presented at the International Conference on Legionella held in Ulm, Germany, in September 2000, are available for US\$6 each. The files can be read online, saved on your computer and printed.

## **Menzies Centre for population health Epidemiologic Principles and Methods**

# What's on

## 15 October 2002

Short Course Intake  
Adolescent Health & Welfare  
RCH Melb.  
For info call Rachel 03 9345 6673  
email [etu@cryptic.rch.unimelb.edu.au](mailto:etu@cryptic.rch.unimelb.edu.au)  
[www.rchmelb.org/cah](http://www.rchmelb.org/cah)

## 12-31 January 2003

6th Summer School: Introduction to  
International Health and Development  
for Christian Health Professionals.  
Adelaide.  
Contact: [ajr@health.on.net](mailto:ajr@health.on.net)

## New Members

### NEW SOUTH WALES

Central Sydney Division of General  
Practice

Dominique Barnard  
Lauren Weller  
Paul Matters  
Catherine Sky  
Megan Black  
Melinda Black  
Carlie Nayer  
Claire Monger  
Andrew Gow  
Leissa Pitts  
D. Campbell

Archibald Aspinall Morton  
J. Forester  
Julie Symons

### VICTORIA

Pamela Snow  
Marie Donnelly  
Vanessa Brotto  
Andrew Cochrane  
Kerryn O'Rourke  
Jane Greig  
Rose Barletta  
Helen La Fontaine  
Emily Petherick  
Ann Krastev  
Melbourne Division of General Practice  
Penny Heale  
Jullian Dunbar  
Malcolm Riley  
Eileen Darby  
Faline Howes  
Michelle Kealy

### SOUTH AUSTRALIA

Shuhong Wang  
Elizabeth Elliot  
Cynthia Reynolds  
Kendall Goldsmith  
Tessa Hillgrove  
Kevin Bucket

Alice Rumbold

### QUEENSLAND

Peta Picton  
Toni Redman  
Kymelle Athorn  
QLD University of Technology  
L. M. Hill  
Michael O'Brien  
JoLieke Van Der Pols  
Terry Moore  
Sue Conrad  
Miss Chen

### WESTERN AUSTRALIA

Charles Watson  
Kerryn Coleman  
Donna Cross  
Denis Sullivan  
Sarah Zilko  
Maria Chan

### AUSTRALIAN CAPITAL TERRITORY

Buddhima Lokuge  
Shareen Lata  
Hassall & Assoc International

### TASMANIA

Jennifer Ejlak  
Anneli MacDonald

### OVERSEAS

Emily Banks  
Public Health Association of New Zealand

## Advertising in



### 1/4 page

Members ..... \$215  
Non-members ..... \$302

### 1/2 page

Members ..... \$338  
Non-members ..... \$473

### Full page

Members ..... \$607  
Non-Members ..... \$836  
*camera-ready copy preferred  
but PHAA staff can prepare your  
advertisement (rate of \$20 p/h)*

### Conference listing (5cm column)

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

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

Members ..... \$440  
Non-members ..... \$550

\*after booking, send to PHAA,  
attention:

Vicki Thompson  
20 Napier Close  
Deakin ACT 2605

Costs for larger/thicker inserts are  
available on request. Copy  
deadline is for the 23th of the  
month for publication on 10th of  
the following month. If further  
information is required please  
contact PHAA via email:

[publications@phaa.net.au](mailto:publications@phaa.net.au)

or phone 02 6285 2373

EDITORS: Elizabeth Proude and Susan Stratigos