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Sick of Aboriginal & Torres Strait Islander Health Inequity

The major initiative of the SIG this year is driving towards a comprehensive policy to reduce Aboriginal health inequity. That we feel this is necessary in the 21st century points to the failure to make immediate and sustained global changes in Aboriginal health. The largest indicator is the discrepancy between what is being spent on health and what is needed. Although the evidence of need has been high for decades, in terms of overall morbidity and mortality, this didn't seem to be enough for massive funds injection. 'We die silently under these statistics' said former Aboriginal and Torres Strait Islander Social Justice Commissioner Michael Dodson.¹ So a number of economic studies were conducted to add weight to the debate – still not enough to stimulate the political deep pockets.²

So with anticipation we hoped that increased funding would occur through the (only until recently available) National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments.³ However, following its endorsement by Australian Health Ministers, there were no media releases and no announcements of funding to support its implementation. As such, and given the background above, a quote from the document seems somehow insincere:

At the beginning of the 21st Century, the devastating impact of poor health on Aboriginal and Torres Strait Islander peoples and communities cannot go on. It is timely for us to commit to a long-term collaborative approach to addressing the health status of Aboriginal and Torres Strait Islander peoples as a matter of urgency.

To this can be added international information that, at the end of the International Decade of the World's Indigenous People, this UN policy fails to tackle health needs of indigenous people.⁴ This summarised the release of a report Utz' Wach'il: health and wellbeing among indigenous peoples.⁵ The media release about the report from the London School of Tropical Hygiene and Medicine states:⁶

As the International Decade of the World's Indigenous people nears its close, a new study launched today reveals that, far from seeing improvements in their situation over the last ten years, the world's indigenous peoples feel their voices are not being listened to, and that their health needs and rights are continuing to be ignored and marginalised.

Furthermore, another article, *Health for all beyond 2000: the demise of the Alma-Ata Declaration and primary health care in developing countries*, suggests that the acceptance of access to basic health services as a fundamental human right in the Alma Ata Declaration of Primary Health Care is undermined by several factors.⁷ This includes 'the refusal of experts and politicians in developed countries to accept the principle that communities should plan and implement their own healthcare services'. The community based ethos is undermined in Australia where, in spite of commitments to reconciliation and the need for self-determination, the Western Australian Government defunded the Western Australian Aboriginal Community Controlled Health Organisation (WAACCHO).⁸

The ATSIH SIG discussion paper, *Aboriginal health inequality reduction through health policy*, and the ensuing policy and advocacy agenda will work to get to the core of essential actions, as political forces wearing hearts on sleeves and with figures crossed behind their backs continue to wander in a dense fog of insincerity.

(Footnotes)

¹ Dodson, M. (1995). Aboriginal and Torres Strait Islander Social Justice Commissioner - Second Report 1994. Canberra, Commonwealth of Australia.

² NACCHO (2000) 'Response to the draft report of the Commonwealth Grants Commission 's Indigenous Funding Inquiry' at

<http://www.naccho.org.au/GrantsCommission.html>

³ Available from <http://www.oatsih.com.au/>

⁴ Tayal, U (2003). UN policy fails to tackle health needs of indigenous people. *British Medical Journal* 327:413

⁵ Available from <http://www.healthunlimited.org/aboutus/indigenous%20peoples.htm>

⁶ Available from <http://www.lshtm.ac.uk/news/>

⁷ Hall, J. and R. Taylor (2003). Health for all beyond 2000: the demise of the Alma-Ata Declaration and primary health care in developing countries. *Medical Journal of Australia* 178: 17-20.

⁸ The Hon. Jim McGinty MLA, Attorney General; Minister for Health; Statement Released: 11-Aug-2003, "WAACCHO funding withdrawn" available at <http://www.mediastatements.wa.gov.au/media/>

Renting is bad for your health

Prompted by the growing concerns about housing affordability, Professor Andrew Beer, Professor Fran Baum and Dr Catherine Palmer have undertaken an investigation into the comparative well being of those who own or have mortgages over their home and those who rent.

Public housing investment, especially from the Federal Government has fallen in the past seven years, from about \$1billion in 1996 to \$850 million in the last Federal budget. In real terms the cut is likely to be more than 20 %. Between 80 and 90% of the people in public housing are now on government benefits, meaning more and more working poor are being pushed into the insecure rental market.

Homeowners tend to be wealthier than renters and have more resources to live healthier lives. Professor Beer stated “when you have more resources, you think about yourself in more positive ways and your body responds, in a molecular way, far better to the challenges it confronts. You’re more likely, for example, to recover from viruses and less likely to succumb to stress and disorders, which contribute to conditions like cancer.”

The research also shows that homeowners and mortgagees develop stronger links with their neighbours and deeper roots in their communities, factors that contribute to personal health.

This new research is backed by a recent study discussed in New Scientist, which reported that psychiatrists in Norway had found that people with a negative view of life – a view possibly influenced by economic factors, such as housing stress – were 25% more likely to develop cancer.

It was also noted that Australia’s relatively high level of home ownership has helped to keep a large number of the elderly out of poverty, unlike the United States, where the aged poor are literally choosing between their housing costs and their very expensive prescription drugs. In contrast, countries such as Germany, Austria and Italy seemed to have both high levels of renting and good public health. This has been attributed to the protections that tenants enjoy there including leases that last for decades and rents that are capped.

SOURCE: SunHerald, p 21, 24.8.03

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Ethics Convenor wins 2003 Australian Museum/Australian Catholic University Eureka Prize for Research in ethics



Craig Fry, Convenor of the Public Health Research Ethics SIG, has been awarded the 2003 Australian Museum/Australian Catholic University Eureka prize for research in ethics, for a program of research promoting applied and normative ethics in public health. Information on the Prize can be found at www.amonline.net.au/eureka.

Craig's research program explores key applied and theoretical questions for ethics in public health in Australia. It focuses on the special case of substance misuse to illustrate the need for development of ethical standards in public health, and proposes a framework for achieving this.

In contrast to the flood of academic and public debate in the fields of biotechnology and biomedical science, there has been relatively little dialogue in Australia about significant ethical challenges that exist in the public health field.

Craig's ongoing program of research aims to raise the profile of ethics in public health in Australia. Craig argues that what is needed is to engage public health professionals on questions of ethics is to highlight concrete issues relevant to everyone. His research program has explored:

- the ethics of paying research subjects (motivations for research participation, current payment practices and attitudes, existing ethical guidelines);
- everyday ethical challenges encountered by public health professionals (including substance misuse field), levels of training, current attitudes and practices, and workforce development opportunities; and
- ethics guidelines for the conduct of international drug abuse epidemiological research (particularly in developing countries).

Also, Craig's work has important theoretical implications. To date this has provided a platform from which to consider:

- current theories of autonomy and conditions of voluntary consent;
- the relevance of principles versus pluralistic approaches to ethical decision-making and the regulation of public health research; and
- opportunities for solving tensions between individual rights and community/societal rights.

Further, Craig's research encourages greater reflection within the substance misuse work, and serves to highlight the relevance of ethics knowledge to substance misuse workforce development.

A copy of the winning entry is available from Craig Fry.

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Women's Health SIG

Kelsey Hegarty
WHSIG convenor 2003

The WHSIG has been very busy this year responding to many issues that have been raised in the media. These include the recent controversies about the availability of emergency contraception over the counter; the findings of the Women's Health Initiative study into HRT; maternity leave issues; the joint custody debate; and the plight of women and children who are trafficked for prostitution. This last issue was helped by the SIG's existing policy statement on "Trafficking In Women And Children For Prostitution". Using the evidence from the policy, we actively lobbied The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA), the Attorney General, and other agencies with information about practices regarding women who are detained for trafficking.

Trafficked women and children experience gross human rights violations with grave physical and mental health implications. The recent well-publicised death of Phuongtong Simpalee and the coroner's findings that she died in detention because the medical care she received there was inadequate and inappropriate has highlighted this issue. Trafficking is a crime where there are significant obstacles to victim testimony. Only a small minority testify against their trafficker; the rest ask to be deported. More women testify in countries where there are specialist non-government organisations (NGOs) to offer support. Women and children trafficked to Australia are currently 'removed' from the country without being referred to NGOs here or in the sending country.

Furthermore, there have been no prosecutions under the 1999 Commonwealth legislation on sexual servitude and slavery. The only prosecuted trafficking case (against a Melbourne trafficker) resulted in an extremely light sentence for the trafficker: eighteen months, fully suspended, and an A\$33,000 fine, payable over a year. Recent media reports on the arrests in Melbourne of traffickers should be watched closely. We have recommended in our letters and submission that:

- Australia ratify the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children;
- Further research examines the prevalence and circumstances of trafficking in Australia and how it can be prevented;
- There be an inquiry into the efficacy of existing Commonwealth laws addressing trafficking for prostitution;
- Australia allow victims of trafficking for prostitution to stay in Australia;

- Specialist trafficking-related services are funded to provide support to victims of trafficking (counselling, health services or referral & emergency housing);
- Trafficked women who choose to return to their sending countries be referred to specialist services in that country, and that Australian development aid be given to such services;
- Health services for trafficked women address related women's mental and physical well-being, rather than taking a narrow Sexually Transmitted Infection approach.
- Trafficking be regarded as a higher priority policing issue, at both State and Federal levels, and sentencing guidelines should be developed that reflect the gravity of the offences involved. Extra funding is required to train and resource State Police to take a more active role in the protection of prostitutes.

The Commonwealth government response to our letters stated that they were pursuing the domestic requirements needed for ratification of the UN protocol, and were creating a new visa class which would enable women victims of trafficking to remain in Australia. It was essential that we had an existing policy to utilise for advocacy on this issue. We are currently working on three policies – lesbian health, gender and health and depression in women.

The WHSIG committee has been active this year and I would like to take this opportunity to thank Angela Taft, Mary Osborn, Dorothy Broom, Helen Kelleher, Vicki Lambert, Deb Colville and Jenny Eljak for their contributions to the debate on the issues facing women in our community.

WINNERS OF PHAA MEDIA AWARDS 2003

Radio

This Award was won by the Transcultural Mental Health Centre at the Department of Psychological Medicine, the Children's Hospital at Westmead. The Transcultural Mental Health Centre has coordinated a multilingual public health media campaign with SBS Radio targeting children and families from culturally and linguistically diverse backgrounds.

The project developed a four part series that explains the signs and symptoms of a range of mental health conditions and provides information about where families can access assistance from health care providers. The series includes information about health conditions such as childhood anxiety, disruptive disorders, depression and anorexia nervosa. This information has been made available in Arabic, Cantonese, Mandarin, Vietnamese, Filipino, Turkish, Spanish, Hindi, Farsi and English.

The NSW Alcohol Summit: A Step Forward for Alcohol Advertising?

*Sandra C. Jones
University of Wollongong*

The problem...

The current Alcohol Beverages Advertising Code (ABAC) includes requirements that, among other things, alcohol advertisements “present a mature, balanced and responsible approach to consumption...not suggest that drinking alcohol will lead to a significant change in mood or environment...and not feature anyone younger than 25.” The fact that we can all think of numerous alcohol ads currently airing which do not seem to meet these basic criteria that makes us nervous about the industry’s commitment to the self-regulatory code.

Of the 361 complaints about alcohol advertising on which the Advertising Standards Board (ASB) has adjudicated, all 361 have been dismissed. It is important to note that the ASB does not consider complaints under the ABAC, but rather under the more general AANA code which covers issues including discrimination, vilification, taste and decency. Even a cursory examination of some of the complaints which have been rejected suggests that the ASB is out of step with the community standards it purportedly represents. For example, a Tooheys New ad which shows a young man using the confessional to obtain the names of potentially ‘easy’ girls from a priest (and received 133 complaints); and a full-page ad for wine which showed a woman’s pubic hair shaved into stripes to match the product labeling was dismissed by the ASB.

The promise....

In the weeks leading up to the New South Wales Alcohol Summit, all eyes were on the advertising industry, with commentators anticipating the introduction of stricter regulation on alcohol advertising. Marketing columns of major Australian newspapers ran headlines warning that “first junk food, now alcohol ads face tight controls” (Sydney Morning Herald, July 31) and pleading “Don’t shoot the messenger: AANA” (Sydney Morning Herald, July 10). Advertisers were warned to brace themselves “for another barrage of criticism” and to expect similar reactions to those at the childhood obesity summit.

Health experts were perhaps buoyed by the focus on unacceptable alcohol advertising, particularly given its timing in relation to the British Medical Association’s call for a ban on alcohol ads. Unsurprisingly, the industry itself – represented by the Advertising Federation of Australia – asserted that the current system of self-regulation was effective. Further, the industry argued that the revised self-

regulatory alcohol advertising code, which would be finalised before the summit, would be acceptable even to critics of the current system.

Predictably, at least one spirits producer proactively developed its own “responsible drinking” campaign: the Smirnoff (Diageo) “intelligent night life” advertisement features a young man dropping his key is into a lady’s handbag so that he will not be able to find them and drive home once he has consumed an excessive amount of alcohol (i.e., responsible drinking = not drinking and driving, as opposed to drinking at a level not harmful to one’s health). This strange take on “responsible drinking” is reminiscent of Philip Morris’s anti-smoking campaign which implies that smoking is an adult behaviour (thus, arguably, far more attractive to teenagers).

The product...

However, once the smoke had cleared we discovered that once again the alcohol (advertising) industry escaped with minimal fire damage. In the words of the Australian financial review, “Summit loses its bottle over liquor ads”. Despite all the pre-Summit excitement, very few of the resultant recommendations related to alcohol advertising.

The summit endorsed the amended self-regulatory code for alcohol advertising – optimistically believing, we assume, that the industry will administer this code with far more objectivity than it has the existing code. The one thing in our favour is that the new code requires the inclusion of public health officials on the board which administers the code.

The proposal that alcohol producers commit a proportion of their advertising budget to promoting responsible consumption was not accepted, nor was the New South Wales police associations call for a ban on sports sponsorship or restrictions on alcohol consumption at sporting events.

In order for a complaint to be considered under the ABAC, the complainant needs to actually lodge the complaint with a reference to the ABAC – which results in the complaint being separately considered by the ABAC adjudication panel (which is operated by the alcohol industry). For example, in 2002 only two of the complaints about alcohol ads lodged with the ASB were referred to the ABAC panel! If this process continues, our “public health officials” on the ABAC panel may never see these complaints.

Even if the new code is more rigidly adhered to, and we do see complaints being upheld, there is a question of how

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Update – International Decade of the World’s indigenous People

The UN declared the International Decade of the World’s Indigenous People in 1994, with the goal of the decade being to strengthen international co-operation for solving problems faced by indigenous people in such areas as human rights, the environment, development, education and health.

There are 350 million indigenous people in the world representing over 5,000 languages and cultures in more than 70 countries on every continent. Yet indigenous people are still dying prematurely, are unable to access health services to which they are entitled and are routinely discriminated against and dismissed by health staff, who lack training and understanding of their needs.

The London School of Hygiene and Tropical Medicine (LSHTM) has released a study, *Utz’Wach’il: health and well-being among indigenous peoples*, which was conducted by Health Unlimited, a British non-governmental organization that supports poor people in their efforts to achieve better health and well-being, with support from LSHTM. This report attempts to document, in indigenous peoples own words, their views and concerns about their health and well-being and that of their communities. The views of indigenous people living in Namibia, Guatemala, Burma, Laos and Cambodia are included in the study.

Dr Carolyn Stephens of LSHTM has stated “Indigenous peoples represent an astonishing diversity of cultures, religions and languages and a priceless reservoir of knowledge and skills, but the future for many of these groups is bleak.

As the Decade of the World’s Indigenous People draws to a close, indigenous people, far from seeing any real improvements in their situations, are facing a constant struggle in the face of poverty, ill health and social disintegration.”

In the report, indigenous people from many countries tell of their lack of access to health services, constrained by financial, geographic and cultural barriers. Indigenous people know that they are seen as a low priority, especially when they live in remote areas where services are costly to provide. Where services are available, they are often reluctant or afraid to use them because staff can be insensitive, discriminatory, or unfriendly.

Professor Andy Haines, Dean of LSHTM and Patron of Health Unlimited writes in the forward of the report: “The increasing marginalisation of indigenous peoples makes their health ever more fragile. The destruction of ecosystems on which they rely and pressures on land on which they depend often threatens whole communities, languages and peoples. Yet indigenous peoples’ health and rights are not high on the international health agenda and their voices are rarely, if ever, heard in national and international health decisions. Supporting indigenous peoples to articulate their own concerns and priorities is an ethical and logistical challenge.”

Copies of the report can be downloaded from www.healthunlimited.org.

Update from the Primary Health Care SIG

Helen Keleher, Primary Health Care SIG

The PHCSIG is now well established into the PHAA landscape with a good core of members and an active work program. The SIG welcomes Laurann Yen as the SIG Convenor for 2003-4. Our aim is to work towards a truly collaborative process to develop a National Primary Health Care Policy for Australia. To inform this process, members are compiling a scoping paper of primary health care in each state/territory. A fully revised draft PHAA policy on Primary Health Care will be published in the next intouch.

PHCSIG members are seeking ways to bring representatives from the People’s Health Movement to the upcoming IUHPE conference. Information is coming through about the People’s Health Assembly-2 which will be held in Porto

Allegre in 2004. Email Fran Baum (fran.baum@flinders.edu.au) or David Legge (d.legge@latrobe.edu.au), Regional Coordinators for PHM, if you would like to support the PHM and become more involved. Details of PHA-2 will be posted to the PHCSIG website as it is made available.

If you have your PHAA membership on automatic deduction, you may not have elected to join the PHCSIG. It isn’t too late to join! Please email membership@phaa.net.au if you would like to join the SIG in order to contribute to primary health care advocacy and development activities.

Happy 25th Anniversary to the Alma Ata Declaration on Primary Health Care!

Mental health – bipolar disorder

In late August, Access Economics published its report, undertaken for SANE Australia, analysing the burden of bipolar disorder and related suicide in Australia. The report notes that the burden of disease – the pain, suffering, disability and death – is greater for bipolar disorder than for ovarian cancer, rheumatoid arthritis or HIV/AIDs, and is similar to schizophrenia and melanoma. It is estimated that, in 2003, 24,001 years of healthy Australian life will be lost to the illness, including 4,843 years lost to suicide and self-inflicted injury. Fifty-six percent of the burden of disease is borne by males and 90% by young people aged 15-34 years.

The direct and indirect costs of bipolar disorder and associated suicides are substantial. The real costs are estimated to total \$1.59 billion in 2003. This equates to 0.2% of GDP and over \$16,000 on average for each of nearly 100,000 Australians with the illness. Around half of this cost is borne by sufferers and their carers. Direct costs to the health system are estimated at \$298 million in 2003, with two-thirds being hospital expenditure, 13% medical expenditure (GPs and specialists), 11% residential care, 2% pharmaceuticals and the remainder on allied health, pathology, research and administration.

The real indirect costs are estimated at \$833 million, including \$464 million of lost earnings from people unable to work due to the illness, \$145 million due to premature death, \$199 million of carer costs and \$25 million of prison, police and legal costs.

Bipolar disorder suffers from 'orphan syndrome' relative to unipolar depression. Bipolar disorder is largely misdiagnosed

and under-treated, leading to unacceptably high rates of suicide and costs to society. The report suggests that directions for public funding, worthy of more dedicated future investment to reduce expensive hospitalisations and improve quality of life, would include:

- health worker education for better diagnosis and earlier intervention;
- enhanced suicide prevention and community awareness programs;
- support, education and training programs for people with bipolar disorder, their family and carers;
- greater adherence to medications and use of psychotherapies, in particular through assertive community psychiatric intervention and augmentation of specialist outpatient services;
- treatment of co-morbid substance abuse and other disorders;
- research for cause, cure and care.

The report concludes by stating that, without such investment in the coming decade, real direct hospital costs alone for bipolar disorder will approach \$400 million per annum, while indirect costs of lost productivity, carer burden and welfare payments outnumber these costs fourfold. Moreover, if the gross under-treatment of Australians with bipolar disorder is not addressed, its heavy suicide toll will persist.

Copies of the report are available from the Access Economics web-site. The report was funded from an unrestricted grant from GlaxoSmithKline PTY Ltd, who had no part in the direction, analysis or findings contained in the report.

Public Health Association of Australia Annual Conference Sponsors

The Public Health Association of Australia's 35th Annual Conference, 2003, Essentials, Differentials and Potentials in Health wishes to thank the National Health & Medical Research Council, NSW Health Department & Queensland Health for their generous conference support

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National Carer Counselling Program



Carers are now able to access a new counselling service specifically designed to meet their needs. The Government is providing \$3.6m to fund the National Carer Counselling Program (NCCP) up to June 2004. Continuing funding will depend on the outcome of the Community Care Review currently underway.

The Counselling Program provides counselling and related emotional and psychological support services for carers, in order to reduce carer stress, improve carer coping skills and facilitate continuation of the caring role. The program is not intended to address deep-seated problems requiring long-term analysis or therapy for resolution.

In particular, NCCP aims to:

- provide short term counselling through professionally qualified counsellors
- target the provision of counselling services to the specific needs of carers
- facilitate the establishment of group counselling services for carers
- ensure that the counselling service is well integrated with all other forms of education and support services offered to carers.

Counselling is available for such issues as:

- Stress management
- Coping skills and strategies (for example, in coping with a major deterioration in the well-being of the person in care)
- Bereavement and loss for former carers on the death of the person they supported

- Transition issues relating to the person being supported moving to a residential care facility, assisted accommodation or to another primary carer in the community
- Practical problem-solving techniques.

The focus of services is on the particular needs of the individual carer in relation to the caring role, and assistance may be provided on a one-off basis or over several counselling sessions. Services are provided in a location to suit the carer, eg in-home or at the counselling service. For carers in rural and remote areas, telephone services or face to face counselling through a local service provider will be available. The possibility of internet-based services will be explored in some areas.

Face to face counselling is subject to a fee administered in accordance with Home and Community Care (HACC) fee policies. Telephone and e-counselling are free of charge.

The Counselling Service is delivered by Commonwealth Carer Resource Centres in every State and Territory and managed by Carers Australia. Existing counselling organisations and individual counsellors are being contracted to provide services in some areas.

Further information is available from the national program manager, Mary Reid, at mreid@carersaustralia.com.au, telephone 02 6122 9904 or from state and territory Commonwealth Carer Resource Centres, telephone 1800 242 636.

Real Forum on Public Health

9th International Health Summer School—17-21 Nov

QUT's School of Public Health invites you to the 9th International Health Summer School, 17-21 November, Kelvin Grove campus.

The Programs feature contemporary and challenging health issues including:

- program development in public health and health promotion
- lifecourse perspectives on health: building theory, evidence and practice
- understanding quantitative research methods in health – linking design to analysis
- analytical basics for longitudinal research
- understanding mortality data: reaping the rewards

Keynote Speakers

Professor Anuar Zaini – Former Vice-Chancellor, University of Malaya and President, Asian Pacific Academic Consortium for Public Health; John Mendoza – Chief Executive, Australian Sports Drug Agency; and Xiaozhen Zhen, Beijing Organising Committee for the Games of the XXIX Olympiad, China

More Information and Registration

Contact Julie-Anne Carroll on (07) 3864 5611, email jm.carroll@qut.edu.au or visit

www.hlth.qut.edu.au/ph/international/summer_school.jsp

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HLT-03-241

Why exercise is important to diabetics

Australian and US researchers have uncovered the mystery of why exercise is crucial in preventing and controlling disease. The team, headed by Professor Michael Clark, has found that the muscles of people with type 2 diabetes cannot absorb glucose or insulin, which regulates glucose in the blood. Professor Clark described the flow of blood through the muscles of diabetics “like a sprinkler system that is not delivering properly”.

Type 2 diabetes, which is reaching epidemic proportions in the developed world, occurs when people are unable to produce enough insulin to control blood glucose levels and convert glucose into energy.

The research shows the muscles of diabetics who are inactive adapt to being underused and can no longer react with insulin to take up glucose. Blood flows through the wrong pathways in these underused muscles, so the blood does not make contact with the muscle— a non-nutritive pathway in

which insulin and glucose are not absorbed. Exercise reversed this process and sends the blood back on the right track.

By adapting ultrasound technology to enable them to measure blood flow, Professor Clark’s team measured the activity of blood through the muscles – something that has only been done before during autopsy.

The research was funded by the National Heart Foundation, and raised the possibility of new ways of early diagnosis and treatment – before the condition became permanent. More than 1 million Australians have type 2 diabetes – half of them unaware that this is the case. It usually occurs in people over 50 who are overweight and have a family history of the disease.

SOURCE: Weekend Australian, p 3, 23.8.03

The NSW Alcohol Summit: A Step Forward for Alcohol Advertising? - continued from page 5

much impact this will actually have on the messages young people are exposed to. The recent NCRAA review found that the current self-regulatory system takes an average of 57 days to resolve complaints, long enough for many ad campaigns to run their full life-cycle.

The public and the press...

Once again, the industry escapes serious attention, and we – the public health community – can be safely relegated to the role of “wowsers.” You may have noticed that when the idea of “safe drinking rooms” was raised at the Summit, there was an outburst of public reaction – undoubtedly spurred by the media focus on this “outrageous” proposal. However, aside from the sighs of relief in the trade press, there was far less interest in the outcomes of the discussions about alcohol advertising. In the words of Robert Koltai, chair of the ASB, “The public is not complaining about these sorts of issues. The public does not give a hoot.”¹

It is unlikely that we will be able to bring about serious change until we effectively communicate to the general public the effects on young people of irresponsible alcohol advertising.

About the author:

Dr Sandra Jones is a Senior Research Fellow with the Health and Productivity Research Centre at the University of Wollongong. Sandra has published a number of papers on the regulation of alcohol advertising, including:

1. Jones, S.C. (in press) Sexism is in the eye of the beholder: Does the Advertising Standards Board reflect “community standards”? Proceedings of the Australian and New Zealand Marketing Academy Conference 2003.
2. Jones, S.C. & Donovan, R.J. (2002) Self-regulation of alcohol advertising: is it working for Australia. *Journal of Public Affairs*, 2/3, 153-165.
3. Jones, S.C. & Donovan, R.J. (2001) Messages in alcohol advertising targeted to youth. *Australian and New Zealand Journal of Public Health*, 25(2), 126-131.

(Footnotes)

¹ B&T Weekly, 05 Sep 2003, p. 6

Organic Gardening

The Spanish government this week boosted its support for organic farming, announcing new funds worth \$80m to accelerate sector growth. Most of the money will be used to tackle problems such as the shortage of human resources and experts, complex regulations and insufficient investment, as well as training for farmers and information for consumers.

The growth of the organic movement is one driver of the increased demand for urban allotments in the UK. Unable to afford to buy organic fruit and vegetables, and perhaps encouraged by the renewed popularity of gardening programmes, consumers are increasingly returning to the garden to grow their own food. In larger cities only the very fortunate have their own gardens, so council-run allotments are a hot commodity.

The stereotypical allotment tenant is male and most definitely post-retirement age, but this is changing. The demographic profile of tenants is evolving as people from different ethnic backgrounds, younger people and families turn to allotment gardening. Sadly councils have seen fit to sell off much of the land

formerly devoted to allotments, often to developers in an attempt both to meet the demand for new housing and generate much-needed income. During World War II there were nearly two million allotments in the UK; today there are just 300,000. Some areas have waiting lists of up to ten years for people wishing to rent an allotment.

However, allotments are valuable assets and their decline is a source of huge concern. Gardeners tend to be more physically and mentally healthy than non-gardeners, while those who grow food on their allotments enjoy affordable, fresh produce and eat more fruit and veg than average. The physical activity involved in gardening is also beneficial to health. Taking a broader view, locally produced food also helps cut down food miles and pollution from transport.

This week the government ordered a national audit into the use of allotments which is likely to lead to a shake-up of laws governing their use. It is to be hoped that the audit will lead to greater protection for existing allotments, and to the creation of new allotments on brownfield sites.

SOURCE: just.food.com

Injuries – a prevention plan sorely needed

Researchers from the Monash University's Accident Research Centre have called on the Victorian State Government to develop an injury prevention plan, after they found that the cost to Victoria of injuries over a single decade is in excess of \$28.3 billion. The State's previous injury prevention plan lapsed in 1997 after just three years.

That is the estimated lifetime cost, including the direct medical costs of injuries suffered during the ten years to 2001. The direct medical costs of injuries for that decade were about \$8.4 billion. The number of visits to hospital emergency departments by injured patients rose 19% in the five years to 2001, when 189,735 patients were seen.

The Monash research also shows that injury-related deaths rose 8% and injury-related hospital admissions rose 7% in the ten years to 2001. Child injury fell by 24% in the decade. By 2001, annual hospital admissions for injury had reached 93,208 while in 2001 there were 1,638 deaths from injury.

The number of men who died of specifically accidental injuries rose 15% in the decade to June 2001. The lifetime cost of these injuries, both direct and indirect, could exceed \$3.1 billion, while the direct medical cost was \$952 million.

Victoria is party to the national Injury Prevention Plan signed in 2001. This national plan is run under the auspices of the National Public Health Partnership. However, Victoria has no "whole of government" approach to injury prevention.

Source: Age, p 6, 11.8.03

JAPAN: Functional food craze extends to clothes

First Japan couldn't get enough of functional foods, where healthy additives such as vitamins are added to regular foods, now the fad for food additives in clothing has hit the big time. Food companies such as Ajinomoto have seen their business supplying clothes makers with food ingredients grow massively since the Japanese public started buying food impregnated clothes last year. Amino acids, vitamins, and regular foods such as caffeine and seaweed are some of the ingredients that have found their way into T-shirts and other garments. The makers claim that such ingredients can be absorbed through the skin but warn that they are no substitute for a regular diet. Doctors and scientists meanwhile remain highly sceptical that the clothes have any nutritional value.

Source: Michael Fitzpatrick

History + Salinity - Strategy of Denial and Deception

Source: New York Times

Salt of the Earth

By PAUL KRUGMAN, NYT, Aug 8 2003 @
<http://www.nytimes.com/2003/08/08/opinion/08KRUG.html>

Since we're stuck in Iraq indefinitely, we may as well try to learn something. But I suspect that our current leaders won't be receptive to the most important lesson of the land where cities and writing were invented: that manmade environmental damage can destroy a civilization.

When archaeologists excavated the cities of ancient Mesopotamia, they were amazed not just by what they found, but by where they found it: in the middle of an unpopulated desert. In "Ur of the Chaldees," Leonard Woolley asked: "Why, if Ur was an empire's capital, if Sumer was once a vast granary, has the population dwindled to nothing, the very soil lost its virtue?"

The answer? The reason 'the very soil lost its virtue' is that heavy irrigation in a hot, dry climate leads to a gradual accumulation of salt in the soil. Rising salinity first forced the Sumerians to switch from wheat to barley, which can tolerate more salt; by about 1800 B.C. even barley could no longer be grown in southern Iraq, and Sumerian civilization collapsed. Later 'salinity crises' took place further north. In the 19th century, when Europeans began to visit Iraq, it probably had a population less than a tenth the size of that in the age of Gilgamesh.

Modern civilization's impact on the environment is, of course, far greater than anything the ancients could manage. We can do more damage in a decade than our ancestors could inflict in centuries. Salinization remains a big problem in today's world, but it is overshadowed by even more serious environmental threats. Moreover, in the past environmental crises were local: agriculture might collapse in Sumer, but in Egypt, where the annual flooding of the Nile replenished the soil, civilization went on. Today, problems like the thinning of the ozone layer and the accumulation of greenhouse gases affect the planet as a whole.

On the other hand, today we have the ability to understand environmental threats, and act to contain them. The Montreal Protocol, signed in 1989, shows how science and policy can work hand in hand. Research showed that certain chemicals were destroying the ozone layer, which protects us from ultraviolet radiation, so governments agreed to ban the use of those chemicals, and the ban appears to be succeeding. But would the people now running America have agreed to that protocol? Probably not. In fact, the Bush administration is trying to reinterpret the agreement to avoid

phasing above all, global warming? America's ruling party is pursuing a strategy of denial and deception.

Before last year's elections, Frank Luntz, the Republican pollster, wrote a remarkable memo about how to neutralize public perceptions that the party was anti-environmental. Here's what it said about global warming: "The scientific debate is closing [against us] but is not yet closed. There is still an opportunity to challenge the science." And it advised Republicans to play up the appearance of scientific uncertainty. However, as a recent article in Salon reminds us, this appearance of uncertainty is 'manufactured.' Very few independent experts now dispute that manmade global warming is happening, and represents a serious threat. Almost all the skeptics are directly or indirectly on the payroll of the oil, coal and auto industries. And before you accuse me of a conspiracy theory, listen to what the other side says. Here's Senator James Inhofe of Oklahoma: "Could it be that manmade global warming is the greatest hoax ever perpetrated on the American people? It sure sounds like it."

The point is that when it comes to evidence of danger from emissions as opposed to, say, Iraqi nukes the people now running our country won't take yes for an answer.

Meanwhile, news reports say, President Bush will spend much of this month buffing his environmental image. No doubt, he'll repeatedly be photographed amid scenes of great natural beauty, uttering stirring words about his commitment to conservation. His handlers hope that the images will protect him from awkward questions about his actual polluter-friendly policies and, most important, his refusal to face up to politically inconvenient environmental dangers.

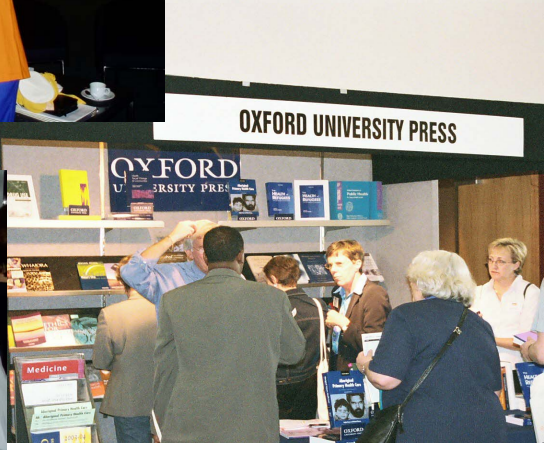
So here's the question: will we avoid the fate of past civilizations that destroyed their environments, and hence themselves? And the answer is: not if Mr. Bush can help it.

Winners of PHAA Media Awards 2003

Television Award

The award for this category was awarded to Ms Sheryl Taylor, a Health Reporter for National Nine News. Ms Taylor has met the difficult challenge of putting complex public health issues into the short news format. She has reported on complex issues such as childhood obesity, problems of drug combinations, passive smoking near children and immunization. As a consequence of the public reaction to Ms Taylor's stories, Channel Nine instigated a website – Healthwatch – which provides more information on the issues raised in the healthy reporting on the news.

35th PHAA Annual Conference Snapshots





And lastly a special award was given to Frank Meany, who makes all our conferences

Polycystic ovary syndrome and Type 2 diabetes

Spring 2003, Conquest 21, Newsletter for Diabetes Australia

What is polycystic ovary syndrome? What is a syndrome?

Polycystic ovary syndrome is a group of conditions that affects 5–10% of women. Women can suffer from a variety of symptoms and have a range of different physical signs, all of which can be due to a number of different causes. It is important not to regard polycystic ovary syndrome as one disease in itself, but rather as a starting point for finding the underlying cause of the symptoms and problems.

Polycystic ovary syndrome is a situation that requires two out of three sets of conditions:

- (1) The finding of polycystic ovaries on an ultrasound examination of the ovaries or at laparoscopy, an operation where a gynaecologist inserts a laparoscope, a telescope and light, into the abdomen or tummy;
- (2) Anovulation, the medical term for lack of regular ovulation, which results in irregular and usually infrequent menstrual periods (a few women who are not ovulating regularly, however, will have regular periods); and
- (3) increased male hormone production—this may be detected as increased blood levels of male hormones. However, it is usually first noticed by the effects of male hormones such as acne, excess body hair growth or accelerated loss of hair from the scalp. It is therefore possible for a woman to be diagnosed with polycystic ovary syndrome without polycystic ovaries having been observed on ultrasound or on laparoscopy.

Diabetes and insulin resistance

Over the past decade, it has become apparent that women with polycystic ovary syndrome have a markedly increased risk of developing Type 2 diabetes or an in-between category called impaired glucose tolerance. This carries an increased long-term risk of heart disease, stroke and blocked leg arteries like Type 2 diabetes, even though the increase in glucose level in the blood is not as high. By the age of 44, some 40% of women with polycystic ovary syndrome have developed either Type 2 diabetes or impaired glucose tolerance. The youngest woman I have found with Type 2 and polycystic ovary syndrome was aged 16 at the time of diagnosis. Women with polycystic ovary syndrome also have an increased risk of gestational diabetes (pregnancy diabetes). Many people with insulin resistance develop diabetes because, after many years of producing greatly increased amounts of insulin, the insulin-producing cells in the pancreas begin to die. Insulin levels then fall, blood glucose levels rise through the phase of impaired glucose tolerance, and diabetes develops later. Many women with polycystic ovary syndrome have abnormal blood fats, most often a low

level of HDL (protective) cholesterol or an increase in the level of triglycerides, increasing their risk of stroke and heart disease before the age of 60. Women with polycystic ovary syndrome should never smoke cigarettes because it will further increase their risk of heart attack and stroke.

Diabetes prevention in polycystic ovary syndrome

Diabetes prevention can be achieved by improving insulin resistance and reducing the need for the pancreas cells to produce large amounts of insulin. The recent Diabetes Prevention Program has shown that a diet and exercise program can delay diabetes in people who have already developed impaired glucose tolerance. Metformin can also delay diabetes but it is not as effective by itself as diet and exercise, although it will probably further reduce the chances of diabetes when added to diet and exercise. The most success in diabetes prevention can be expected if insulin-resistant women commence a diet and exercise program, possibly with metformin, before they have lost any insulin secretion and before developing impaired glucose tolerance. The greatest success preventing Type 2 diabetes will occur if we identify those women whose polycystic ovary syndrome is due to insulin resistance. They are the daughters and granddaughters of people with Type 2.

Conclusion

Many questions about polycystic ovary syndrome still need to be answered by scientific medical research. However, our understanding of the syndrome has advanced dramatically over the past 10 years.

Many women with Type 2 diabetes have suffered from polycystic ovary syndrome for 20 or 30 years before developing diabetes. They often recall that menstrual irregularity, acne or excess body hair improved during their forties. This apparently good sign was actually caused by falling levels of insulin as the pancreas cells failed, reducing the overproduction of male hormones from the ovaries and adrenal glands. As insulin levels fall further, diabetes develops. All women with polycystic ovary syndrome should be tested for impaired glucose tolerance and diabetes with a glucose tolerance test. Many women with Type 2 diabetes will have daughters and/or granddaughters who suffer from polycystic ovary syndrome, not realising they are at high risk of developing Type 2 diabetes. Now is the time for their parents to warn them about this risk.

Dr Warren Kidson, MB BS, FRACP, is Visiting Endocrinologist at the Prince of Wales and Sydney Children's Hospitals, Sydney.

Australia's Water Champion Is....

The best-tasting drinking water in Australia comes from Melbourne. At the end of a fiercely-fought contest, the Gold Medal award for the best water in the first National Water Olympics was today given by a national panel of judges to a sample from the Victorian capital city.

The silver award for runner-up went to Darwin, and the Bronze award to Hobart. The panel of expert wine judges, scientists, sportspeople and celebrities commented that the winning water was "fresh, really appealing, like a good Riesling," adding that it was "an outstanding drop, clear, with good quality and smell. Very refreshing." The judges said the standard of the drinking waters - taken from each of the capital cities - was on the whole very good, though they commented on a strong "swimming pool" (chlorine) smell in some waters.

Chief judge Dr Tony Priestley, from the Co-operative Research Centre for Water Quality and Treatment, said that the first four waters - Melbourne, Darwin, Hobart and Canberra - were so close they were hard to separate, and really stood out from the others. This reflected the quality of their individual catchments, he said. "In Melbourne the quality of the catchment is the best in the country - and that's a big take-home message to all of us to look after our catchments."

"But the catchments of Canberra, Hobart and Darwin are also in good condition, and face less population pressure than do others. The key message is that we can never take quality water for granted, and we can all do something to help protect it."

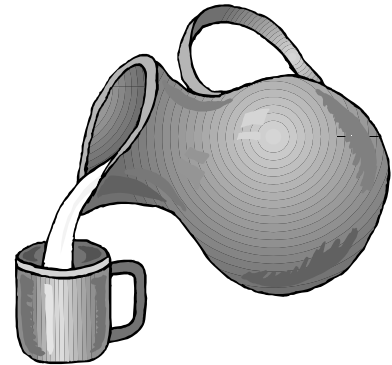
But two of the 10 waters tasted were strongly condemned by the judges. These "futuristic samples" were prepared by CSIRO and represent what Murray River water will taste like in the year 2050 if salinity continues to rise, and the kind of groundwater many city and rural Australians may have to drink if demand continues to exceed surface supplies.

Judges comments included: "Frightening", "Horrible - like rotten eggs", "Nasty and brackish", "Terrible", "Tastes like a lot of rural water," "Tastes like school bubbler water".

The Chief of CSIRO Land & Water, Dr John Williams, said the saline sample - 1100 parts per million salt - was the level of salinity at Morgan on the South Australian Murray 15 per cent of the time now. Without action against salinity, by 2050 the Murray could be this salty half the time, he warned "Basically, it's undrinkable. The salt level is well above the limit set by world health standards," Dr Williams said.

Dr Priestley said that while the Water Olympics had focussed on the aesthetics of Australian drinking water, the real focus should continue to be on safety.

"You can't taste or see the microbes and toxins that cause disease, and it will require constant vigilance by all our water authorities - who are doing a truly excellent job - to keep it safe."



Dr Priestley said another major issue was the cost of drinking water in Australia. "What other commodity can you have delivered to your home for less than a dollar a tonne?"

This cost did not truly reflect the real value of water, and it was likely that in years to come Australians would face escalating charges. Germany is already pricing its water prices 2-3 higher than ours, reflecting the true value of water to the environment, he said.

The Director of the Bureau of Resource Sciences, Dr Peter O'Brien, said that water was now everyone's business in Australia. "Too many people seem to think that water simply comes out of a tap. The message of this tasting is that we all have a responsibility to look after our water."

The National Water Olympics were sponsored by the Bureau of Resource Sciences and ACTEW, and were a key event in the lead-up to National Science Week (Aug 16-24).

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NATIONAL SCIENCE WEEK MEDIA RELEASE
For more information about National Science Week 2003
www.scienceweek.info.au

Blocks on cheap drug imports to developing countries

Nick Mathiason has written an article published in the August edition of *Medecins Sans Frontieres*, that, while too long to reproduce in *intouch*, is worthy of summarising here.

The on-going arguments about access for developing nations to lifesaving medicines were supposed to have been laid to rest in the wake of September 11. The US, desperate to build an international coalition against terrorism, signed on to the Doha declaration which confirmed that public health supersedes intellectual property rights. Notwithstanding, pharmaceutical companies have been reluctant to allow countries that are unable to manufacture cheap copies of brand name medicines to import them from countries that can. This is a Catch-22 nightmare for developing nations – those without the capacity to manufacture drugs can't find a country prepared to supply them.

Agreement between drug firms, Western Governments and developing nations on allowing developing nations to import generic drugs was scheduled to have been reached last December. However, pharmaceutical companies have fought in the past for the capacity to limit the scope of countries to import cheap copies of patented drugs, and they continue to argue that generic producers compromise the research and development of drugs, that there is a risk that cheap drugs could leak back into Western health care systems, and that poor countries' health systems need to be robust, with more

money devoted to health provision. However, huge amounts of public funds are made available for research in the Western nations on cures for diseases, developing nations account for a miniscule proportion of pharmaceutical company turnover, and drug leakage is relatively easily controllable.

Negotiations have centered on the offer to allow the provision of generic drugs to treat a limited number of diseases. This was rejected by the developing nations, as most of the named diseases did not have any patented drugs to counter them. Negotiations have now shifted to developing nations, citing national emergency as the trigger to win the right to import generics. However, a declaration of a national emergency is likely to have wider negative economic implications (e.g. SARS) for a developing nation. Developing nations are still under huge pressure to relent on their demand for generic drugs, and trade sanctions have been deployed against nations producing cheap copies.

While the US appears to be the biggest stumbling block to agreement post-Doha, the UK Government has also lobbied against legitimising access to cheap generic drugs. It seems that despite Doha, the millions of ill in developing nations will continue to take second place to the potential profits that pharmaceutical companies can make in this market.

Governments introduce new alcohol advertising requirements

Rigorous new requirements for alcohol advertising were introduced by the Commonwealth and State/Territory Governments in mid August.

Five years ago, the industry devised a voluntary code and set up its own self-regulation body, the Alcohol Beverages Advertising Committee. However, criticism of alcohol advertisements in bus shelters, youth magazines and on the internet led to the Australian Government review of the industry's self-regulation. The Australian Government's National Committee for the Review of Alcohol Advertising (NCRAA) highlighted the social power of alcohol advertising in promoting alcohol misuse, especially among young people.

The marketing of drinks that blur distinctions for young children, such as alcoholic flavoured milk, and advertisements that link drinking alcohol to social and financial success were of particular concern to the Committee.

The review focused on strengthening the existing alcohol advertising self-regulatory system, particularly in regard to

investigating complaints. Recommendations from the findings of the national alcohol advertising review included:

- Extending the definition of advertising to include the internet;
- More transparent reporting to government on alcohol advertising;
- Faster adjudication of complaints – and inclusion of public health experts on adjudication panels;
- More proactive signing-up of alcohol beverage manufacturers to the industry's advertising code; and
- Setting protocols on promotion of alcohol beverages at events targeting young people.

Ms Trish Worth, the Commonwealth Parliamentary Secretary for Health, said "Any failure by the alcohol beverage manufacturers to comply with these recommendations will lead the Ministerial Council to consider regulation of the industry's alcohol advertising."

Copies of the report are available on request from Ms Worth's office – 08 8223 1130 or 0401 147 558.

Australian Food Safety Centre Announced

A new food safety centre announced today will help Australia produce the safest food in the world.

The new Australian Food Safety Centre, to be based at the Institute of Agricultural Research at the University of Tasmania, and in conjunction with Food Science Australia, will use its world-class expertise in food safety and integrity to advance Australia's position and reputation as a producer and manufacturer of 'clean, green' – and safe – food, according to the Managing Director of the National Food Industry Strategy (NFIS) Ltd, Richard Brooks.

"It's estimated that Australia experiences up to 11,500 cases of preventable food borne illness every day at an annual cost to our community of \$2.6 billion," said Mr Brooks.

Mr Brooks said the new Centre will receive \$4.5 million over four years from the Australian Government via the NFIS, as well as direct industry contributions from major food groups such as meat, seafood and dairy.

"The industry knows that food safety is an absolute prerequisite to entry into the food industry, right across the food chain from 'paddock to plate'" said Mr Brooks.

"A US study has shown that there are more than 200 known diseases that can be transmitted through food ranging from mild disturbances through to life-threatening liver and kidney conditions.

"If we are to improve our position as an exporter of great Australian foods to the rest of the world, we have to be leaders

in guaranteeing the safety of our food products along each step of the production process."

Australian food exports were almost \$26 billion in 2002 which accounts for almost a quarter of all Australian products sold overseas.

The Australian Food Safety Centre is one of two 'food centres of excellence' to be announced by the NFIS – the other being in functional foods based at the University of Wollongong.

"The concept behind the two food centres of excellence is for Australian food science and the industry to consolidate its efforts and focus to establish Australia as an international centre of expertise and excellence for food industry innovation and to support the Australian food industry to be world-class," Mr Brooks said.

The Australian Food Safety Centre will be led jointly by Professor Tom McMeekin of the University of Tasmania and Dr Martin Cole of Food Science Australia.

The National Food Industry Strategy Limited (NFIS Ltd) is an industry-led, Commonwealth-funded company which drives the national food strategy, a five-year blueprint for growth in the Australian food industry. It is overseen by a joint government-industry council comprising six Commonwealth Ministers and leading figures from the food industry.

For further information contact Bonita Mersiades on 02 6270 8800 or 0416 071 000.



Pets – a hidden health risk

An Australian study by NSW epidemiologist Tony Merritt has confirmed that ducklings and chickens can transmit the potentially deadly salmonella infection to children. It was

Tony who discovered a salmonella infection outbreak associated with chicks and ducklings at childcare center last year. He was able to link a cluster of salmonella infection cases in children to visits to four childcare centers by one hatchery.

At each show, children saw an egg hatching, watched day old ducklings swim and had a chance to hold a day-old chick or duckling and to touch an adult chicken. Six children and one staff member became ill within a week of the traveling animal show's visit. Salmonella was found at the hatchery in egg incubators, feed and faeces. The outbreak was stopped after hygiene measures were enforced, including hand-washing with soap after contact with animals.

This is not, however, the only source of zoonotic infections (infections transferred from animals to people). There are

about 60 recognised zoonoses in Australia. Only those cases with epidemic potential and occupational risk are reported to the National Notifiable Disease Surveillance System.

The Australian Bureau of Statistics found in 1994 that there were 17.8 million household pets in Australian homes. Cats and dogs are still by far the most common family pets, although 'pocket pets' such as rats, mice and guinea pigs are still popular.

The most common diseases passed on by domestic pets include the ringworm fungus and the tummy worm parasite. Keeping pets clean, healthy and well trained and taking a few simple precautions will keep families safe. Regular and thorough hand washing remains the best protection against disease.

Pregnant women, children under five and the elderly are among the most at risk of contracting zoonoses. In 2001, there were 1091 notifications of zoonoses – about 1% of all the disease notifications.

Director of Australian Longitudinal Study on Women's Health Wins Sidney Sax Public Health Medal

At the 35th Annual PHAA Conference Dr Peter Sainsbury, President of the Public Health Association of Australia (PHAA), awarded Professor Annette Dobson, Director of the Australian Longitudinal Study on Women's Health, the prestigious Sidney Sax Public Health Medal in recognition of her work with the World Health Organisation, her efforts as Director of the Australian Longitudinal Study on Women's Health and her on-going commitment to education and training in public health at the highest levels.

Dr Sainsbury said, "The Public Health Association bestows this competitive award annually on a person who has provided a notable contribution to the protection and promotion of public health, solving public health problems, and advancing community awareness and the ideals and practice of equity in the provision of health care."

"Professor Dobson's career has been based on tireless and committed efforts for the protection and promotion of public health. She has invested herself in the training and development of hundreds of public health workers and researchers across Australia through her academic roles in the Centre for Clinical Epidemiology at the University of Newcastle, and through her teaching and management roles for the Rockerfeller Foundation's International Clinical Epidemiology Network." said Dr Sainsbury.

Further Dr Sainsbury stated "Professor Dobson has an extensive history of involvement in major public health projects including the World Health Organisation MONICA project. She is strong proponent of multidisciplinary approaches to designing public health solutions and it is this approach that has made her most recent project, the Australian Longitudinal Study on Women's Health, such a success. Under Professor Dobson's direction, this project has brought together professionals in dietetics, epidemiology,

medicine, physiology, psychology, social work, sociology and statistics."

"The breadth of this project is phenomenal, with topics as diverse as - experiences of recent widows, the precursors and correlates of urinary incontinence, the family formation plans of young Australian women, the relationships between social roles, weight and physical activity, the uptake of mammography in rural and remote areas, and the effects of pregnancy and motherhood on smoking among young women. Professor Dobson's work in directing this project is indicative of both her long-term and integrative vision for public health and her practical approach to providing multidisciplinary solutions to complex public health problems," said Dr Sainsbury.

Dr Sainsbury concluded "Professor Dobson has provided a unique contribution to the on-going 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 is a deserving winner of the Public Health Association's Sidney Sax Public Health Medal."

In receiving the Sidney Sax Public Health Medal, Professor Dobson stated, "Dr Sidney Sax made a huge contribution to public health in Australia. It's a great honour to receive this award named after him, and I'm delighted to see the work of so many public health professionals involved in the Australian Longitudinal Study on Women's Health recognised this way."

The Public Health Association is a non-party-political organisation with a membership drawn from more than 40 health-related professions. The Association makes a major contribution to health policy in Australia and has branches in every State and Territory.

Coffee – an oral health issue

Coffee has joined the pantheon of vices. The Australian Dental Association has warned that caffeine interferes with natural saliva production, causing dry mouth, which can lead to tooth decay.

Dr Don Wilson, chairman of the Association's oral health education committee has said "We are not asking Australians to give up caffeine, but, for the sake of their teeth, they should limit their intake of coffee and other caffeine based drinks."

Australians consume more than 55,000 tonnes of coffee a year, so this could be a hard ask. However, the good news is

that the risk of tooth decay is reduced by drinking a glass of water along with your coffee. The water replenishes the fluid that is drawn out of the body by the caffeine.



Of course coffee isn't the only drink that will dry your mouth and make teeth more susceptible to decay. Any soft drink that contains caffeine, such as cola and some energy drinks can have the same effects.

SOURCE: Sun Herald, p 31, 24.8.03



Letter to the Editor

Dear Editor

Stephen Leeder sent me a copy of *intouch* for comment and, tacit agreement about public health notwithstanding, my essential comment was and is that it's preaching to the pre-converted.

Which is on a par with my comment about Healthcover exhibiting *Argumentum Ad Autoritatum*, of course, but having said that the Lord of said journal did see fit to publish my impatient views. May that was Leeder's plan in sending me a copy for comment? I don't know, but I do know that he's as leery of said classical fallacy as I am.

Still, it's even worse in the greater neighborhood of ideas where so-called critical journals don't publish health pieces. Something to do with 'market share', vested interest etc, though anything to do with health being not in anybody's vested interest remains a mystery.

Recuerdos

E D Webber

Response from Editor

May I respond with the comment that *intouch* is probably only read by the converted as it is a newsletter for members of PHAA. Further, I am sure that our readers are not prone to *Argumentum ad verecundiam* (Ed).

NHMRC Approves New Immunisation Handbook

The National Health and Medical Research Council has approved a new Australian Immunisation Handbook that includes five changes to the Immunisation Schedule, updated disease chapters, updated travel vaccine information and an updated section on special risk groups.

NHMRC CEO, Professor Alan Pettigrew, said the Handbook was a very important resource for immunisation provides, as it brought together scientific evidence and practical advice.

"The NHMRC has unanimously approved the Immunisation Handbook developed by the Australian Technical Advisory Group on Immunisation (ATAGI) which provides evidence based guidelines for the administration of vaccines now and into the future," Professor Pettigrew explained.

The five changes made in the new edition of the Schedule are:

- An adult formulation pertussis-containing booster vaccine (dTpa) for adolescents and adults. It is recommended as a single dose at 15 to 17 years of age.
- The fourth dose of DTPa, (Diphtheria, Tetanus, and Pertussis) which was previously given at 18 months of age, is no longer required. Instead, the fourth dose of DTPa is now recommended at 4 years of age:
- That Inactivated Polio Vaccine (IPV) containing combination of vaccines at 2, 4, 6 months and four years is preferable to Oral Polio Vaccine (OPV), subject to the availability of IPV-combination vaccines, but both IPV

and OPV are acceptable for use in the Australian Standard Vaccination Schedule.

- Varicella-zoster (chickenpox) vaccine is now recommended for all children at 18 months of age, with a catch-up dose for adolescents 10 to 13 years of age without a history of either varicella or varicella vaccination;
- The 7-valent pneumococcal conjugate vaccine (7vPCV) is recommended for all Australian children as a 3-dose series at 2, 4 and 6 months of age.

The Immunisation Handbook is revised and reprinted every two to three years and provides background scientific support for the vaccines listed on the vaccination schedule, including information about risks, benefits and dosage regimens for each vaccine. It also contains advice on vaccination for international travel, special risk groups, occupational hazard, and Aboriginal and Torres Strait Islander people.

The 8th Edition of the Australian Immunisation Handbook, as well as a CD ROM version, will now be published and is expected to be distributed to immunisation providers by the Australian Department of Health and Ageing in October/ November. The Handbook will also be made available as soon as possible on the Immunise Australia website.

Please contact: Jeanne Klener, NHMRC Communications Unit, (02) 6289 5796

PHAA Advocacy Update - August/September

Medicare

The PHAA was represented at the Health Care Summit by Dr Peter Sainsbury, Dr Angela Taft and Ms Ilse O'Ferrall. In addition there were a significant number of other PHAA members who attended 'wearing other hats'. The Summit was by all accounts innovative, exciting and highly productive. It received excellent press coverage and messages from the summit have been taken forward to the Commonwealth Government. The Summit Communiqué has been sent by e-mail to all members and can also be found on the PHAA web-site under latest news.

In addition, Dr Sainsbury has been interviewed on both radio and television about Medicare and reform of Medicare both before and after the Health Care Summit.

Obesity in Children

Ms Pieta Laut has continued to represent the PHAA on the Taskforce on Obesity Consultative Forum, which has held two meetings in Canberra. In response to the issues discussed and the Commonwealth's call for submissions, a submission has been provided to the Commonwealth Government after each forum meeting. These can be found on the PHAA web-site under Advocacy, Submissions. Critical issues covered include the need to address inequalities, the need for the home to be addressed as a setting and the need to adhere to the WHO's priorities in dealing with obesity (i.e. prevent weight gain, maintain weight, address co-morbidities and then address weight loss).

In addition, a short submission has also been lodged with the Director, Commercial Television Industry, in response to the television industry's Draft Television Code of Practice. Critical issues covered were addressed by forwarding a copy of the Association's policy on television advertising. Other issues addressed in the submission included the use of premiums, including toys, in advertising to children, the excessive promotion of junk food, and the disappointing proposal to reduce the period declared as G viewing time.

Aboriginal and Torres Strait Islander Health

The Aboriginal and Torres Strait Islander SIG concentrated on the development of the Annual Conference Workshop on health inequalities over the past two months. However, Mr Mark Lutschini and others found time to provide comments on the possibility of a Medicare item being implemented for Aboriginal and Torres Strait Islander adult health checks. A copy of the submission made to the Commonwealth Government can be found on the PHAA web-site under Advocacy, Submissions. In addition, a letter raising the PHAA's concerns over the removal of funds from the Western

Australia Community Controlled Health Organisation was sent to both the WA Health Minister and Premier. A copy of the letter and responses can be found on the PHAA web-site under Advocacy, Letters. A media release on the same issue is at Advocacy, Media.

Emergency Contraception

The Women's Health SIG and the Vice President (Policy) have maintained their on-going advocacy around emergency contraception, via a media release condemning the AMA's call for a national register for all women who purchase emergency contraception directly from a pharmacy. A copy of the media release is on the PHAA web-site under Advocacy, Media.

Food and Nutrition

The Food and Nutrition SIG has provided Food Safety Australia New Zealand with a submission on the Review of Food Type Dietary Supplements. A copy of the submission and the reply and response sheet can be found on PHAA's web-site under Advocacy, Submissions. The critical issue addressed was the need for safety and efficacy testing of foods that have been 'enhanced' with supplements and for which producers are seeking to make 'health claims'.

Refugees

The major focus of the PHAA's work on refugees continues to be the participation of the International Health SIG in the ARC Linkage Grant, "An Examination of Refugee Women at Risk in Australia's Refugee Policy". Our contact on this work is Dr Anna Whelan.

Tobacco

A media release welcoming Parliamentary Secretary Trish Worth's push to review the role that advertising and vending machines play in attracting younger addicts to smoking was provided to the media. The media release praised the Commonwealth Government for its initiative in this area and called for input from a variety of community services and for a bi-partisan approach to be taken. A copy of the media release can be found on the PHAA web-site under Advocacy, Media.

Alcohol

The PHAA endorsed the Medical and Community Group Action Plan for the NSW Alcohol Summit, 2003. The Action plan outlined the top priorities and a series of actions that need to be undertaken. A copy of the Action Plan is on the PHAA web-site under Advocacy, Submissions.

Items of Interest

Older Patients Attending General Practice in Australia 2000-02

This report is the first study of GP encounters with older patients in Australia. It is a secondary analysis of data from the third and fourth years of the BEACH program. It describes the characteristics of older patients and the content of their GP encounters. Comparisons are made between the encounters with patients aged 65-74 years, and those aged 75 years or more. Results are also compared with an earlier study conducted in 1990-91. This report examines the management rates and prevalence of the most common chronic conditions. The characteristics of the patients, their problems and management are also examined for encounters at which an Enhanced Primary Care (EPC) item was recorded.

Catalogue No. GEP-12. Available from Info Access (toll free 132 447) for \$25.00.

Interventions in the Social Environment to Improve Community Health: A Systematic Review”

.... Social determinants of health are societal conditions that affect health and can potentially be altered by social and health policies and programs. Three broad categories of social determinants are social institutions - including cultural and religious institutions, economic systems, and political structures; surroundings - including neighborhoods, workplaces, towns, cities, and built environments; and social relationships - including position in social hierarchy, differential treatment of social groups, and social networks.

The Task Force on Community Preventive Services has conducted systematic reviews of interventions that address social determinants of health disparities:

- comprehensive early childhood development programs
- affordable family housing in safe neighborhood environments
- culturally and linguistically competent healthcare systems

These reviews show that interventions to increase these social resources in neighborhoods and communities have a measurable impact on community health outcomes....”

From the US Task Force on Community Preventive Services
Published in the American Journal of Preventive Medicine
in April 2003.

Available at: <http://www.TheCommunityGuide.org/social>

Disability: the Use of Aids and the Role of the Environment

The environment has a direct impact on the experience of disability, either as a positive or enabling force, improving the opportunities for people with disabilities to undertake activities and participate in the economic and social world, or a barrier to these pursuits. This report provides a broad-scale picture of the association between disability and the environment in Australia, by providing information on some of the environmental factors important to people with disabilities in Australia. These environmental factors include the use of aids and equipment, support arrangement in educational and workplace settings, access to public transport, assistance with daily activities, and home modifications.

Catalogue No. DIS 32, Available from Info Access (toll free 132 447); \$23

Admitted Patient Palliative Care in Australia 1999-00

The National Palliative Care Strategy seeks to achieve consistent reporting on palliative care services across all service delivery settings. National information about community-based palliative care is not yet available, however, this report presents part of the picture by providing an overview of palliative care delivered in Australian hospitals during 1999-00. Admitted Patient Palliative Care in Australia 1999-00 describes hospital establishments that provide palliative care, and includes information on the demographic characteristics of patients, diagnoses, procedures undergone, and average lengths of stay.

Catalogue no. HSE-27, available from Info Access (toll free 132 447) for \$12.00.

New Health Workforce Website

Over the last few months the National Health Workforce Secretariat has been working on a new health workforce website. This site covers the activities of each of the Australian Health Ministers' Advisory Council health workforce committees (AHWOC, AHWAC, and AMWAC) and the National Health Workforce Secretariat. The new site is known as Health Workforce Australia and its address is www.healthworkforce.health.nsw.gov.au

National Medicines Policy Website

Check out the National Medicines Policy Website for information such as the Strategic Plan for the Australian Pharmaceutical Advisory Council (APAC), on which RCNA has representation. The site is: www.nmp.health.gov.au and carries a wealth of information including outcome statements of APAC meetings so that you can keep abreast of issues being addressed.

Items of Interest

SOURCE: RCNA Nursing Leaders Bulletin, July, 2003

Arsenic timber ban bid

The Australian Pesticides and Veterinary Medicines Authority chairman, Kevin Sheridan, has said that scientific opinion on whether or not copper chrome arsenate (CCA) treated wood poses a significant hazard. Such wood is frequently used in children's playgrounds and in home decks. Existing playground equipment, steps and fences treated with CCA may be removed if tests prove that it is harmful. CCA inhibits rot and discourages termites. The Timber Preservers Association of Australia claims international studies prove treated pine does not pose an unreasonable health risk. However, concerns have been raised in regard to surfaces that are frequently used by children. Children's hand-to-mouth habits are more likely to put them at risk than adults.

The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003

The fourth edition of The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples provides a unique overview of the health and welfare of Australia's Indigenous population. The report draws on the extensive surveys and censuses conducted by the Australian Bureau of Statistics and the range of data held by the Australian Institute of Health and Welfare. The result is a publication that covers topics as diverse as population statistics, housing and infrastructure, community services and housing assistance, health status, death and sickness, and the availability, resourcing and use of services.

ABS Catalogue No. 4704.0, AIHW Catalogue No. IHW 11. Available from ABS for \$60

Interface Between Hospital and Residential Aged Care: Feasibility Study on Linking Hospital Morbidity and Residential Aged Care Data

Knowledge of the interface between acute hospital care, community care and residential aged care is important in order to ensure that older people receive the most appropriate care. However, existing national data provide poor information on the movements of clients between the sectors. During 2001 and 2002 the Australian Institute of Health and Welfare explored the feasibility of linking - without using names - the currently available national hospital morbidity and residential aged care collections to produce a linked data set for examining key policy issues. This report presents the results of these investigations. The study was carried out under the auspices of the Australian Health Ministers' Advisory Council Working Group on the Care of Older /

Australians.

Catalogue No. AGE-31. Available from Info Access (toll free ph: 132 447) for \$22.00

Safety Evaluation of Certain Food Additives.

The Fifty-ninth Joint FAO/WHO Expert Committee on Food Additives has published its 50th report in this series. The toxicological monographs in this volume summarise the safety data on a number of food additives, including alitame, cross-linked sodium carboxymethyl cellulose, mineral oils (medium and low-viscosity) and paraffin waxes, nitrate and nitrite, and salartrim. Monographs on six groups of related flavouring agents evaluated by the Procedure for the Safety Evaluation of Flavouring Agents are also included.

This volume, ISBN 92 4 166050 3 can be obtained from the World Health Organisation via publications@who.int or by telephone at (41 22) 791 24 76

National Diabetes Register: Statistical Profile, December 2001

Diabetes affects the health of many Australians - an estimated one million Australians have the disease and these numbers are expected to increase dramatically over the coming decades. National Diabetes Register: Statistical Profile, December 2001 is the second statistical report of the National Diabetes Register. It describes the characteristics of registrants, including type of diabetes, age at diagnosis, sex, geographical location, country of birth, Indigenous status and mortality and also provides incidence estimates. This report is a valuable information resource for researchers, policy makers, health professionals and anyone interested in diabetes in Australia. *Catalogue No. CVD-24, Available from Info Access (toll free 132 447); \$20*

AUSTRALIA: Could doggie bags soon be a thing of the past?

As portion sizes grow, consumers are increasingly requesting restaurants to pack up their leftovers in 'doggie bags' so they can enjoy a second helping at home.

However, the Western Australian Health Department is advising restaurant owners to be cautious about this practice, as it fears that many consumers are not aware of how to store food taken home. The government department is concerned that consumers will leave the food unrefrigerated or sitting about for too long to be safely consumed, leading to food poisoning.

As a result, the Restaurant & Catering Industry Association of Western Australia has requested that the department help fund stickers and guidelines to inform customers of the

Items of Interest

proper procedure to be taken with food carried home in doggie bags. This has already happened in Queensland, reports the Western Australian
Source: just-food.com

ARGENTINA: Supermarket checkout staff forced to wear nappies – reports

In a story that almost defies belief, it is claimed that several supermarkets in the Argentinean province of Mendoza are obliging employees to wear nappies (diapers) while working to cut down on time spent in the bathroom.

According to reports published by ABC News and the Adelaide Advertiser, local government officials have denounced the policy as degrading and humiliating. It is reported that the supermarket chain in question is foreign-owned, although the identity of the company involved has not been disclosed.

One union official is quoted as saying that the policy has been in place for years, with female supermarket employees afraid to go public on the issue for fear of incurring the wrath of their employers.

Mendoza's labour sub-secretary, Sandra Varela, is investigating the allegations

Environmental Health in Emergencies and Disasters (WHO).

This volume is a practical guide that distills what is known about environmental health during an emergency or disaster. It draws on the results from the International Decade for Natural Disaster Reduction, and on experience with sustainable development between the two Earth Summits. It is intended for practitioners as well as for policy makers and researchers, and thus covers both general and technical aspects of environmental health.

This volume can be obtained for 60 Swiss francs from WHO Marketing and Dissemination, CH-1211 Geneva 27 Switzerland. *Source: just-food.com*

National Housing Assistance Data Dictionary Version 2

The National Housing Data Dictionary Version 2 has been compiled by the National Housing Data Development Committee (NHDDC) under the broad direction of the NHDAMG. Version 2 of the Dictionary is more extensive than the previous version, with the incorporation of new data items, such as those related to private rent assistance and community housing programs. In addition, it also includes updated data standards and data items from version 1.

Catalogue No. HOU-89, Available from Internet Only; Free.
<http://www.aihw.gov.au/publications/index.cfm?type=new>

Young Homeless People 2001-2002: NSW Supplementary Report

This supplementary report to Young Homeless People in Australia 2001-02 provides data specifically for New South Wales. Both reports provide information on young people aged 12-24 years who are homeless or at imminent risk of becoming homeless.

Catalogue no. HOU-88, Available from Internet Only; Free.
<http://www.aihw.gov.au/publications/index.cfm?type=new>

Australian Health Map now live on ABC Online

Health Matters, ABC Online's gateway to health, has launched the Australian Health Map. It's a comprehensive state by state look at health in Australia. With vital health statistics for each state and territory, information about health resources and links to local radio regional health stories, the Health Map is a valuable resource for all Australians. The site is packed with useful links and interesting information so take a peek today at <http://abc.net.au/health/healthmap>
The Health Map is the latest addition to the Health Matters website, which delivers quality information on consumer health issues, health news and features, fact files, health ethics and policy, medical research, personal stories and more.
Visit Health Matters at <http://abc.net.au/health>

As from Monday 13 October 2003, all Institute publications (available for sale) will be sold through CanPrint Pty Ltd. We will cease operating through Info Access (and the Government Bookshop network) as from COB today 10 October).
As from 13 October 2003, customers wishing to purchase AIHW publications have the following options:

Over the counter at the Australian Institute of Health and Welfare, 6A Traeger Court, Fern Hill Park Bruce ACT 2617
Contact: Publications officer, AIHW, tel. 02 6244 1032
AIHW publications purchased from AIHW reception will receive a \$10 discount (AIHW Bulletins \$5 discount)
Over the phone (CanPrint), tel. 1300 889 873, CanPrint Mail Order Sales: PO Box 7456, Canberra MC ACT 2610
Fax order Tel. 02 6293 8333, E-mail: support@canprint.com.au
We will of course continue to have our publications available on-line and free from our website at www.aihw.gov.au

What's on

24 November 2003

The School of Population Health at the University of Western Australia is hosting its 2003 Summer School. Check out the interesting 2-day and 5-day courses on offer at <http://summerschool.sph.uwa.edu.au/>

5- 24 January 2004

7th Summer School in International Health & Development for Christian Health Professionals. Optional 4th week and 2-week OUTREACH. At Flinders Medical Centre and Tabor College, Adelaide, SA. Further enquiries: Intermed.SA, PO Box 223, Torrens Pk, SA 5062. Email: intermed@radford.id.au. Tel 618 8271 9558.

26 – 28 August 2004

National SARRAH Conference (rural & remote allied health) Alice Springs Convention Centre, NT c/-National Rural Health Alliance PO Box 280 DEAKIN WEST ACT 2600. Ph: 02 6285 4660 Fax: 2 6285 4670 Email: conference@ruralhealth.org.au Web: www.sarraah.org.au

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publications@phaa.net.au

or phone **02 6285 2373**

Eberhard Wenzel [Online] Media Award

This 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 a recognition of Eberhard's unique public health online forum.

The Award for this category is bestowed on The ABC OnLine Health Matters production Team for the OnLine website. The website <http://abc.net.au/health> is the health gateway on the ABC's website. The Health Matters website has successfully provided Australian consumers with health information that is reliable, accurate and engaging, with weekly access to the site growing from 13,648 in late August 2002 to 64,243 at the end of June in 2003.

The site has provided information on a wide variety of subjects including farm safety, Trachoma, migrant health services, child obesity, health anxiety, immunisation and regional health. The site also includes a free mailing list, a health events page and a page called quizzes that directs users to an online questionnaire about depression symptoms.

EDITORS: Elizabeth Proude and Susan Stratigos