intouch
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Communicable Disease Control Conference 2011 Abstracts closing 3 February 2011

We Will Be Better Off With a Price on Pollution - Canberra Climate Advocacy Day

Tania Hanzar, Australian Health Promotion Association (AHPA) National Secretary & ACT Branch President

Photo by Australian Conservation Foundation 2010

Climate and Health Alliance members, Canberra Climate Advocacy Day 15th Nov 2010, Parliament House Canberra.

In 2009, The Lancet described climate change as the biggest global health threat of the 21st century. This has been acknowledged in the National Climate Change Adaptation Framework but Australia is yet to develop a national plan that acknowledges or seeks to address the significant risks posed to human health from climate change. Australia needs a national plan that outlines how Australia will approach its share of the global responsibility to reduce emissions – this should include a plan to protect the community from further health risks from climate change. The shift from a pollution dependent economy to a clean economy requires investment in clean energy, promoting energy efficiency and, crucially, putting a price on pollution. Using the public health "frame" is a useful way to communicate about climate change and can lead to greater support for mitigation policies as it provides an individual context as well as offering a positive narrative in terms of potential benefits.

The Climate and Health Alliance (CAHA) was established in August 2010. It is an alliance of health care stakeholders which includes health care professionals from a

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We Will Be Better Off With a Price on Pollution - Canberra Climate Advocacy Day

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range of disciplines, health care service providers, institutions, academics, researchers, and health care consumers across Australia who wish to see the risk to human health from climate change addressed through prompt policy action. PHAA and AHPA are both organisational members of CAHA. On 15 November 2010, delegates from CAHA joined representatives from the Australian Conservation Foundation, the Climate Project, the Australian Youth Climate Coalition and Union Climate Connectors for the Canberra Climate Advocacy Day at Parliament House to urge parliamentarians to support a price on carbon. Together, the delegates represented hundreds of thousands of Australians from a broad cross section of the community, including youth, the labour movement, health professionals and business.

Advocacy skills were put to the test, with many right wing MPs and Senators holding strong to their respective parties' economic rationalisation for not taking action on climate change. The CAHA delegates in particular, were asked to provide advice on the health risks from climate change and environmental degradation, and to seek recognition of climate change as a priority public health issue. All delegates also emphasised the need for a price on pollution and urged the government to legislate a strong package of climate measures within this term of parliament. "*Whether it's creating jobs, improving public health, supporting regional development or maintaining Australia's international competitiveness, our message is clear and simple – we will all be better off with a price on pollution"*, said Don Henry, Executive Director of the Australian Conservation Foundation.

The health implications of climate change have for too long been left out of the climate change equation. "*We need to integrate the health implications of climate change into the equation and we need to be concerned and in turn make our MPs and Senators concerned"*, said Michael Moore, CEO of PHAA. Climate change is not new and neither are the health implications; however with extreme weather events becoming more frequent and temperatures becoming more erratic, the health implications are becoming more prominent and are and will continue to have, a growing burden on our health system into the future.

The results of the Advocacy Day were that approximately 30 delegates met with 56 Federal politicians throughout the day and provided a clear example of how an alliance of like-minded organisations can lobby en-masse to work towards achieving a common goal. CAHA is the perfect example of an alliance that can be used as a leverage point by both PHAA and AHPA for advocacy and information sharing on climate change.

Photos and video of the Canberra Climate Advocacy Day are available at: http://www.flickr.com/photos/34062767@N02/sets/72157625292302415 http://www.youtube.com/watch?v=k4tf9sPPSqI
More information about the CAHA is available at: http://climateandhealthalliance.blogspot.com/p/blog-page.html

References are available and can be obtained from the author at: **t.hanzar@y7mail.com**

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ANZJPH Editors

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Jeanne Daly: j.daly@bigpond.net.au
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Branch Presidents

ACT Ian White: Cathian77@hotmail.com
NSW Gabriel Moore: Gabriel.Moore@saxinstitute.org.au
NT Rosalie Schultz: Rosalie.Schultz@nt.gov.au
QLD Sara Gollschewski:
Sara.Gollschewski@dcs.qld.gov.au
SA Jackie Street: Jackie.Street@adelaide.edu.au
TAS Ingrid Van der Mei
Ingrid.vanderMei@utas.gov.au
VIC Helen Keleher: Helen.Keleher@med.monash.edu.au
WA Mike Daube: m.daube@curtin.edu.au

SIG Convenors

Aboriginal & Torres Strait Islander Health Co-convenors
Jessica Stewart: jess.stewart.m@gmail.com
Vanessa Lee: v.lee@griffith.edu.au
Alcohol
Mike Daube: M.Daube@curtin.edu.au
Child Health Co-convenors
Naomi Priest: npriest@unimelb.edu.au
Colin Macdougall: Colin.macdougall@flinders.edu.au
Environmental Health
Peter Tait: aspetert@bigpond.com
Food & Nutrition Co-convenors
Andrea Begley: A.Begley@curtin.edu.au
Christina Pollard: C.Pollard@curtin.edu.au
Health Promotion
Peter Howat: p.howat@curtin.edu.au
Injury Prevention
Richard Franklin: rfranklin@rlssa.org.au
International Health Co-Convenors
Jaya Earnest: j.earnest@curtin.edu.au
Mental Health
Susan Humphries: susanhumph@hotmail.com
Oral Health Co-convenors
Bruce Simmons: bruce.simmons@ozemail.com.au
Andrea de Silva-Sanigorski: Andrea.Ds-Sanigorski@dhsv.org.au
Political Economy of Health
Deborah Gleeson: dgleeson@latrobe.edu.au
Primary Health Care Co-convenors
Rachel Tham: rachel.tham@monash.edu.au
Jo Walker: jojowalker@bigpond.com
Justice Health
Tony Butler: tbutler@curtin.edu.au
Women's Health Convenor
Angela Taft: a.taft@latrobe.edu.au

Chief Executive Officer
Michael Moore: ph (02) 6285 2373, mmoore@phaa.net.au

A New Look for Public Health

Tarun Weeramanthri, Executive Director, Public Health Division, WA Health

Public health suffers an image problem, and needs a make-over. We (as in public health professionals) often describe public health in terms such as 'the overall organisation of society to promote health and well being'. But whilst we think about prevention and 'big picture' social determinants, most of the public and many of our health system colleagues still equate public health with public hospitals!

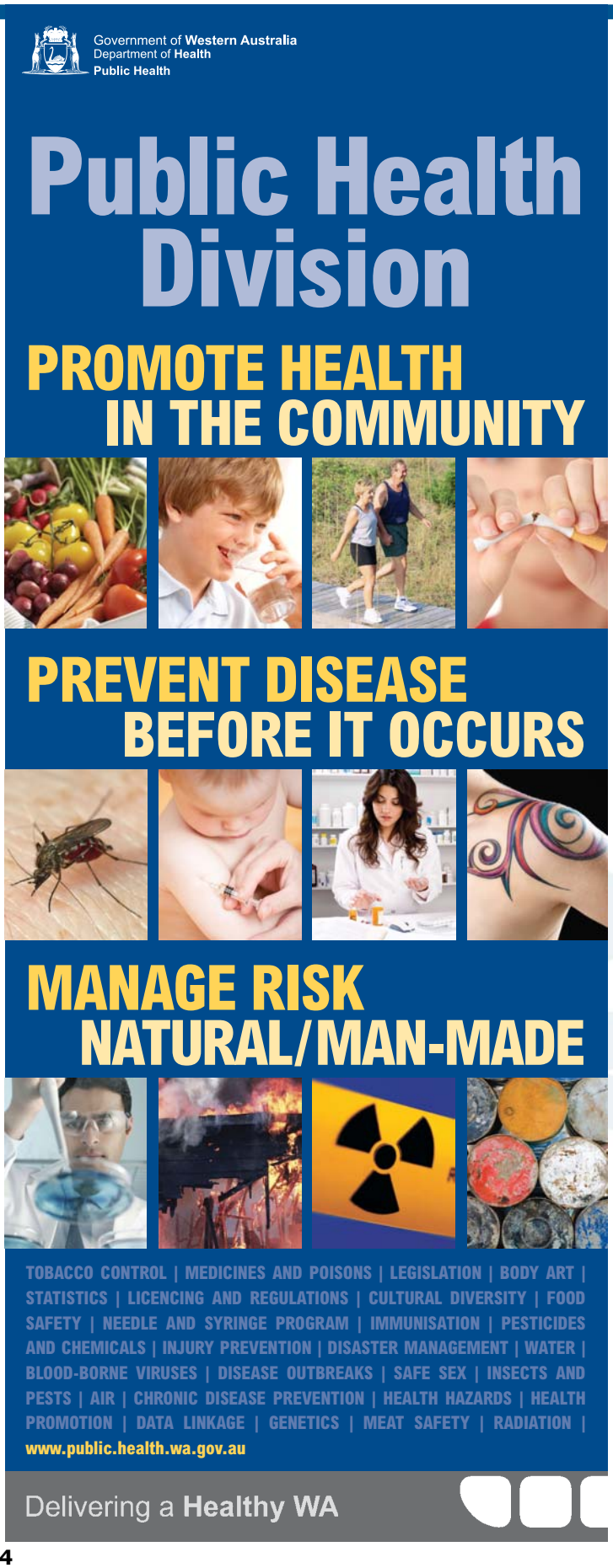
In an effort to address this, Public Health and Communications staff in WA Health have recently worked together to identify three pragmatic, and hopefully more memorable, functions (see public.health.wa.gov.au and go to 'About Us').

The three functions are

- Promote health in the community
- Prevent disease before it occurs, and
- Manage risk, whether natural or man-made.

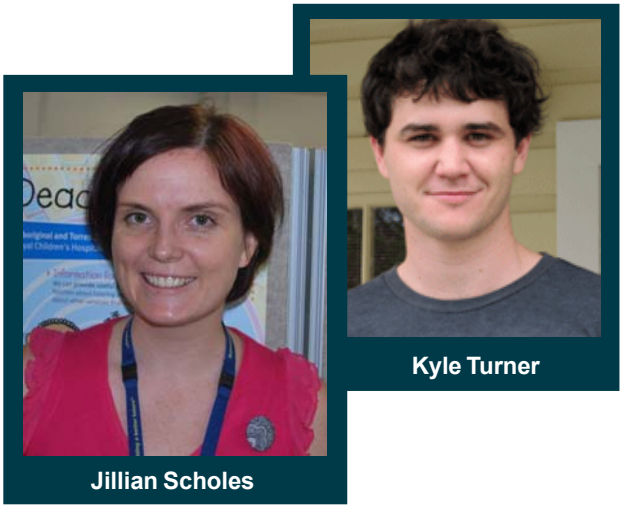
The 'promote health' function is obvious (and includes those broader determinants of health outside the health sector), and the 'prevent disease' function links us explicitly with our clinical colleagues. The 'manage risk' function is particularly important to emphasise as it includes many of the 'invisible' parts of public health (particularly legislative and environmental health), that are carried out on a day-to-day basis to protect the public, and which only attract attention when they fail.

We have produced a banner (see attached image), posters and other visual material to reinforce the messages. The banner is designed to be colourful, unapologetic, and in your face. It has the three main functions tied to a set of striking images (somewhat limited by license and copyright considerations). It is meant to encompass the breadth of public health tasks, and the diversity of the public health workforce. There is a dash of the pirate as well as the professional - you should be able to find or imagine yourself somewhere within this set of images and words. Does it work? Your feedback would be appreciated and should be sent to tarun.weeramanthri@health.wa.gov.au



Where is Ear Health on the 'Close the Gap' Agenda?

Jillian Scholes & Kyle Turner
Deadly Ears*, Queensland Aboriginal & Torres Strait Islander Ear Health Program*



A recent workplace discussion on the merits of the current Council of Australian Governments (COAG) priorities to 'Close the Gap' between Indigenous and non-Indigenous mortality ended abruptly when a Norwegian colleague exclaimed 'Selge skinnet foer bjoernen er skutt!' Naturally, as the rest of us are not fluent Norwegian speakers, this was followed by a prompt request to please explain. 'It means to sell the fur before you have killed the bear…We have got our priorities the wrong way around'. Whilst unsure about how or when to skin a bear, let alone negotiate the sale of its fur, the idea that

current COAG investments targeting adult chronic disease management are focussed at the wrong end of the health lifespan did strike a chord.

There is no questioning that the disproportionate rates and severity of chronic disease experienced by Indigenous Australian adults is unacceptable. You only need to travel to Aboriginal and Torres Strait Islander communities to hear the stories from Indigenous clients, their families and community members about accessing health services, or compare health outcomes for Indigenous and non-Indigenous Australians to appreciate the immense impact chronic diseases have on Indigenous health inequality today. For these reasons, the COAG 2008 'Close the Gap' commitment to improve Indigenous health outcomes related to cardiovascular disease, Type 2 diabetes and chronic kidney disease represented a much needed and welcome development.

However, unpacking the processes that led to the socio-cultural distribution of these chronic diseases, we found ourselves pondering the question: where is the commitment to reduce Indigenous child health inequality on the COAG agenda? Take the childhood disease Otitis Media (middle ear disease), for instance. There is growing evidence that when compared to their non-Indigenous counterparts, Aboriginal and Torres Strait Islander children experience Chronic Suppurative Otitis Media (CSOM) from a much younger age, for longer periods and at higher rates of re-occurrence.

At the population level in rural and remote Queensland, the rates of CSOM in Aboriginal and Torres Strait Islander communities the *Deadly Ears* program has engaged with, are estimated to be anywhere between 14 and 80 percent. This is well above the four per cent prevalence in a defined child population considered by the World Health Organization to constitute a major public health problem.

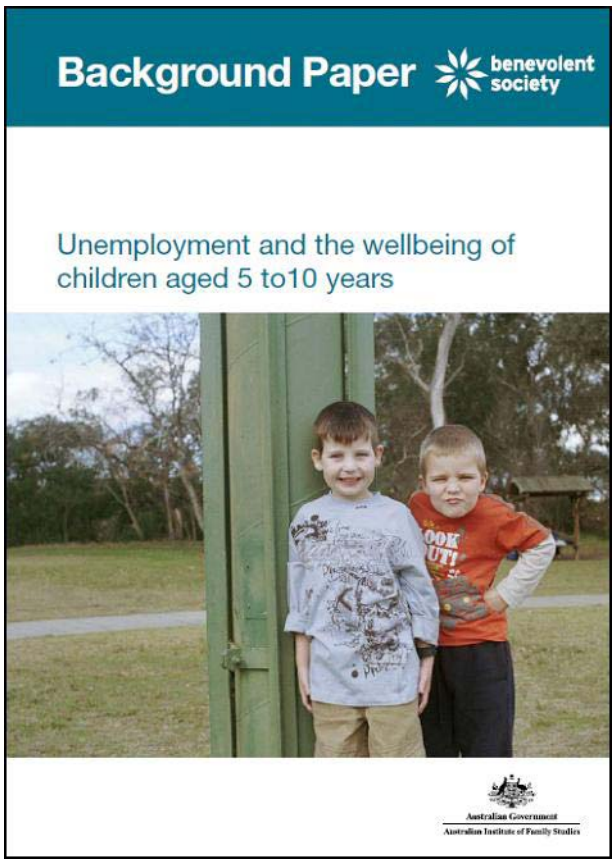
The negative impacts of recurrent and chronic Otitis Media on Aboriginal and Torres Strait Islander children, families and communities are profound and long-term. These include delayed and disordered development across the domains of hearing, listening, speech, language and literacy skills. These outcomes lead to poor educational attainment, which, in turn, increases the risk factor of poor overall health, unemployment and entering the Australian justice system.

It is hardly necessary to emphasize the increased risk of adult chronic disease associated with poor educational outcomes stemming from endemic rates of Otitis Media in Indigenous rural and remote communities. The message we would like to make clear, however, is that the foundations of chronic disease in Indigenous adults today were, in fact, laid many years ago. If we are intent on closing the gap in health inequality, shouldn't COAG's commitments include targets to reduce the inequality in Indigenous health outcomes for children too?

In the case of Otitis Media, the gains from improving Indigenous ear health today will surely be reaped tenfold through the health, well-being and educational outcomes of all Aboriginal and Torres Strait Islander peoples tomorrow. Evidence from our state-wide ear health program to date would certainly support this assertion. By failing to re-align priorities to take on a holistic life-span view of Indigenous health, there is a serious risk that current investments will be unable to meet COAG targets. And, like the Norwegian hunter selling bear fur that he was unable to procure, health professionals could be left trying to explain to future generations why they were unable to deliver on one of the greatest health needs facing Australia today.

Impact of Family Joblessness on Children

Kate Furst, Senior Policy Officer, The Benevolent Society



While many people in Australia are experiencing unprecedented wealth, not all families are sharing in this prosperity. Compared to most other OECD countries, Australia has a relatively high proportion of households with children where there is no parent in paid employment. Research has long shown that unemployment can negatively impact on individuals in a range of ways. Apart from the financial implications, unemployment can also affect people physically and emotionally. This impact flows on to children in affected households both financially and through the effect of unemployment on the mental health and parenting of the adults.

The Benevolent Society recently commissioned the Australian Institute of Family Studies to examine the impact of an increase in family joblessness on children's wellbeing.

The study explores an important, but not well understood, question: what impact is an increase in family joblessness likely to have on children's wellbeing, and are there differences between geographic areas? The study specifically looks at the impact on behavioural and emotional problems of NSW children aged 5 to 10 years.

The study found that children living in jobless families are 13% more likely to develop behavioural or emotional problems than those living in families where at least one parent is employed.

At the time the research for the report commenced it was projected that the Global Financial Crisis (GFC) would lead to Australia's unemployment rate increasing substantially. Fortunately it appears that Australia has avoided a major increase in unemployment which peaked at 6% in June 2009.

If, however, NSW had experienced an increase in the unemployment rate similar to that of the 1990s recession, the findings suggest that this would have led to a 0.8% increase in the number of children with behavioural and emotional problems in the clinical range. This percentage may seem small but it is equivalent to an additional 3,095 NSW children aged 5 to 10 years experiencing problems.

It is important to note that while unemployment did not increase, as predicted there are still a large number of children living in jobless families at any one time. In 2007/08, 13% of Australian children were living in a household without an employed parent.

The study highlights the need for governments to continue to invest in long-term solutions to combat joblessness through education, training and job creation and to focus their efforts on the most vulnerable geographic areas with high numbers of children. The need for programs that support children living in disadvantaged families is also crucial to minimise the negative impacts of joblessness.

For a copy of the full report, ***Unemployment and the wellbeing of children aged 5 to 10 years,*** or to download a Research Snapshot summary of the report, visit www.bensoc.org.au.

Coal as the Canary in the Mine

Peter Tait
Convenor, Environmental Health Special Interest Group (EHSIG)


Peter Tait

When we look at the drivers of ecological destruction and a lot of human poverty and illness we find that they are joined by a common factor: how we arrange our society. By "arrange society" I mean the political and economic arrangements that set up who has power and influence, a share in the wealth, gets respect and recognition, and equally who does not. The arrangement is underpinned by a world view. This world view can be described as one that affords positive attribution to progress, individualism, privatism, commercialisation for profit, and views 'nature' as a resource to be exploited for these ends. The belief is that by transforming the planet's natural resources into products to sell, everyone's prosperity increases and so humanity is better off. We know now that transforming essentially free resources, from the global commons, into profit for those who control the means of transformation creates the environmental and health problems currently facing humanity.

The problems are social and ecological. Wealth disparity and respect disparity drive illness. Endless exploitation of the environment by extraction and waste infusion beyond the capacity of systems to cope leads to environmental degradation.

Government has always been about how society is arranged in a way to balance the competing interests of all citizens so everyone has a share in the governance and the benefits and the costs. Society prospers and people are healthy when the balance is approximately even. Currently the balance is off. Increasing wealth and health disparities and ecological problems attest to this.

The evolution of corporations along with an industrialised means of production and distribution has introduced a powerful force into the mix and this force is unbalancing the societal arrangement. People in the corporate sector tend to carry the world view, described above, which are causing the problems.

However an alternative world view exists that recognises the unsustainability of that first world view. It values people and relationships, respect, collective and mutual support and care, the equal distribution of benefits and costs, and recognition that the environment is also finite and the services it provides to support human and non-human life need to be respected and there are operating boundaries for human activity. Human action, in this view, is based in a set of moral and ethical principles grounded in these values. Within this world view is the recognition that prosperity and wellbeing are achievable and maintainable within these boundaries, and there is a belief that arranging society to achieve expression of this world view is practicable. The focus becomes sufficiency and qualitative development instead of ongoing material growth.

To move from a society with the current dominant world view and set of arrangements to the other will require a reform in societal governance. The transformation will require increasing the role and participation of citizens and community members at the personal level directly and by reform of parliamentary electoral processes. The values and ethics of both world views and the effects and outcomes of their implementation will need comparing and contrasting. One outcome of the reform will be increasing accountability of corporations to society and balancing their current influence on government.

Because of the long two century association of coal with industrialisation and socioeconomic development, wealth and material prosperity an initial project to reveal to the wider community this deep nexus between coal and government as a foundational example of corporate influence against the common good, is critical. Exposing the consequences, and publicising the short term benefits of coal use against the long term social and environmental costs, seems a key action in beginning the transformation from the current to a new societal paradigm. In analysing the changes required to move away from coal as an energy source, then impacts for other transformations can be assessed.

Health Groups call for Needle & Syringe Program in ACT Prison

Melaine Walker, Deputy CEO, PHAA

The Public Health Association of Australia (PHAA) and the ACT Hepatitis Resource Centre are among a growing coalition of national and jurisdictional organisations calling on the ACT Government to introduce a needle and syringe program (NSP) in the Alexander Maconochie Centre in 2011. Both health groups believe the introduction of an NSP in the gaol would have far-reaching public health benefits for the broader community.

"Rates of injecting drug use among prisoners and the availability of clean injecting equipment need to be considered in the prison context because most prisoners spend relatively short periods of time behind bars and then return to their families and communities. Rates of blood-borne viruses among prisoners therefore impact on our ability to reduce their spread in the broader community, and also create an occupational health and safety concern for prison staff," explained Melanie Walker, PHAA Deputy CEO & ACT Hepatitis Resource Centre Spokesperson.

"While the ACT prison has worked hard to deliver best-practice drug rehabilitation programs, there will always be some prisoners who choose not to engage with these programs at any given time. These people may well go on to engage in rehabilitation in the future, have families and live long and productive lives. It is vital that these people, their families and the broader community are protected from the spread of blood-borne viruses.

"PHAA and the ACT Hepatitis Resource Centre support a harm reduction approach to policy in relation to minimising the harms from illicit drug use. Harm reduction measures, such as the establishment of an NSP in the prison, coupled with complementary demand reduction and supply reduction measures, make up a comprehensive approach to addressing drug-related problems in both prisons and the Australian community.

"Unfortunately, research worldwide has consistently shown that despite the best efforts to ensure that drugs do not get into prisons, small amounts will slip through the cracks in the system and it is important that contingency plans are in place to deal with this. Many other countries have managed to implement successful NSPs in prisons and the ACT Government should be supported to do the same in 2011," said Ms Walker.

Other organisations and groups that have declared their support for a trial of NSPs in prison include:
Alcohol and Other Drug Council of Australia; Alcohol Tobacco and Other Drugs Association ACT; Anex; Australian Drug Foundation; Australian Injecting and Illicit Drug Users League; Australian Medical Association; Australian Health Ministers Conference; Australasian Society for HIV Medicine; Australasian Therapeutic Communities Association; DIRECTIONS ACT; Drug and Alcohol Nurses Association; Hepatitis Australia; National Centre in HIV Social Research; Family and Friends for Drug Law Reform; Family Drug Support Australia; The Pharmacy Guild of Australia; and Royal Australian College of Physicians.

PHAA's campaign to secure support for an NSP in the AMC has been highly successful so far, with both the ACT Chief Minister and Deputy Chief Minister, along with the ACT Greens having already declared their support publicly. PHAA will continue to engage in advocacy activities designed to facilitate the implementation of an NSP in the AMC, along with its partner organisations in 2011.

The Gudaga Study

Elizabeth Comino, Jenny Knight & Cheryl-Jane Anderson

The latest TV advertisement for a well known bottled water company features Indigenous kids cavorting in a swimming hole somewhere in the Top End. They look to be healthy, happy Aboriginal kids having a fun time. Those of us working in the area of Aboriginal child health research know there is more to the life of these kids than the ad suggests.

Trying to gain an understanding of the complex picture that is Aboriginal child health is not always easy and is often hampered by insufficient and incomplete data, particularly comparative data over time. Aboriginal child health studies at State and national levels are attempting to redress this shortcoming. They will eventually give an overall, big picture of the health of Aboriginal children across Australia.

Delving down into specific communities and studying individual families over time provides another, more detailed, picture. This is what the Gudaga Study is attempting to do. Gudaga is a longitudinal birth cohort study describing the health, development and service use of Indigenous infants and children in south west Sydney. Between October 2005 and May 2007 over 150 infants were recruited at birth. Since then they have been visited in their homes every six months. When the children turn one and three, and now as they are about to start school, they have a full health and developmental assessment conducted by the study's paediatric registrar.

One of the challenges of longitudinal studies is retaining the cohort over time. In setting up the research design in the early 2000s, many people told us we wouldn't be able to recruit or retain Aboriginal mothers: that these mums were notoriously mobile and wouldn't commit to the long term. Gudaga is unique in that our attrition rate is exceptionally low. We have successfully retained close to 80% of the mothers recruited at the birth of their child. Of the families we have lost, three infants died as a result of SIDS and 11 have been placed in out-of-home care by the State's welfare agency. Others have been lost as families relocated.

The work of Project Officer Cheryl-Jane Anderson, a young mother from the local Aboriginal community, is a crucial factor. Jane has become the face of Gudaga on the ground. She is very well connected to her community, having lived in the area all her life and attended the local schools. Her grandmother is an elder of the Tharawal community and her mother is also well known and highly respected. Jane has become a key strength of the study and she is responsible for keeping mothers in the study. Over the years, Jane has refined a number of strategies to keep in touch with our mums. She visits large shopping malls on pension day or drives around the neighbourhood following bus routes to see if she can find mums out waiting for the bus. She regularly uses Facebook as a way of staying connected and making appointments. Because she works at the grassroots level, she is aware of little trends that could make a big difference. After the Global Financial Crisis in late 2008 Jane noticed many mothers lost their mobile phones as money became tight. As a high proportion of our families are in public housing and don't have land-lines, losing mobile phone contact was potentially very detrimental to the study. Once she understood what was happening and why, Jane was able to look for other ways of connecting with the mums.

The first of the Gudaga kids start school in February 2011. For those of us who have watched these children since birth it is hard to believe they have reached this stage in their development. The study was to conclude with school entry. As we near what we once anticipated would be the end of our time with the children, many mothers are asking us to continue. They have come to value the study and are reluctant to lose contact with Jane. We are being urged to continue working with these children to see how successfully they transition to school and perform in the early years of school. We will be applying for additional funding in the new year to continue working with these children until they complete Year 6.

References are available and can be obtained from the author at: e.comino@unsw.edu.au

PHAA 41st Annual Conference

Sustainable Population Health

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Acronyms that are regularly used in the PHAA Newsletter

PHAA - Public Health Association of Australia Inc.
SIG - Special Interest Group
AIHW - Australian Institute of Health & Welfare
WHO - World Health Organization
ACT - Australian Capital Territory
NSW - New South Wales
VIC - Victoria
WA - Western Australia
TAS - Tasmania
SA - South Australia
NT - Northern Territory
QLD - Queensland

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The Editor, *intouch*, PHAA
PO Box 319, Curtin ACT 2605, or email publications@phaa.net.au

How to join PHAA

Membership enquiries to:
Membership Coordinator, PHAA
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
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