School of Population Health

Newsletter

Volume 8 December 2010: Media appendix

This sub-volume contains the media stories only!
UWA is nursing postgrads through new offerings

The School of Population Health at The University of Western Australia teaches undergraduate health science and the first three years of undergraduate medicine, as well as postgraduate offerings.

The postgraduate Master of Public Health, which school manager Dr Peta Tilbrook says is used by many across various industries, including doctors and nurses, as a means for professional development or a career change.

“Certainly within the Master of Public Health there’s administrative and economic elements as well to blend into business areas along with epidemiology and biological stats, so graduates have a great variety as to where they can work,” Peta says.

“The beauty of the public health degree is it stretches across different sectors.”

Running regular courses as well as intensive units, there are flexible options for those that want to knock out a unit in a week, or for those who work full-time. The degree can be taken part-time with some classes taught in the evenings and there is the option for ‘seasonal school’ between semesters.

There is also the latest course, started in 2009 with just 20 students, postgraduate Nursing Science. UWA is branching into a new niche with nursing – and this course gives university graduates the opportunity to complete it in two years. Picking up an undergraduate nursing degree offered at other universities is four years minimum.

“Being at the Expo is offering people interested in health or a changeover into the health career an opportunity,” Peta says. “It’s about getting people to know UWA now does nursing.”

In fact, at the recent UWA Open Day offering information on both the undergraduate health science degree and the postgraduate degrees, Peta saw the daughters picking up the undergrad degree information and the mums grabbing the postgrad papers for themselves.

There have only been three nursing intakes so far. “We have people who have just finished their undergraduate degree through to people of 55 or 60 that have a lifestyle or career change,” Peta says.

“The market we’re focusing on is graduates that have already completed a three or four year degree and don’t particularly want to do another four years. In the scheme of things, other universities have hundreds of nursing students, but we are not competing with them as our market is different and smaller.”

Classes range from 20 to around 65 students, with 20 enrolled in the first intake in July 2009 and 20 once again in February this year. Already 15 are signed to start in February next year, so the numbers are gradually increasing.

At the expo, visitors will have the opportunity to speak to academics and students. There will also be information on other UWA options for postgraduates.
Study of 73 new neighbourhoods

RESIDENTS in Caversham, Ellenbrook, Henley Brook, The Vines and Bullsbrook will take part in a landmark study about the health and well-being of those in 73 new neighbourhoods across the metropolitan area.

Reside II comes six years after a study on 1000 people moving into new housing estates in Perth.

The University of WA researchers will re-interview three-quarters of the original participants, including those locally, to see how they feel about their neighbourhoods in 2011.

The research will assess the longer-term impacts of how neighbourhood design affected physical and mental health and community wellbeing by asking participants about cycle and footpaths, safety, pet ownership, community involvement, and access to local amenities including schools, food outlets, public open spaces, parks and sports facilities, and a pedometer will monitor their daily physical activity.

Suburbs in the spotlight

DETERMINING how residents in Melville housing estates feel about their neighbourhoods is at the heart of ongoing University of WA research.

The university recently received funding to continue the RESIDE study, which began in 2004, to find out why people moved from their old neighbourhoods and how their new environments affected their health and wellbeing.

The next phase, RESIDE II, commencing early next year, will focus on what happens as neighbourhoods evolve.

Participants from the first round, taken from Applecross, Bicton, Karrinyup and Mt Pleasant, will be asked how they feel about their neighbourhoods now.

They will receive a questionnaire asking about provision of cycle and footpaths, safety, pet ownership, community involvement and access to local amenities including food outlets.

Lead researcher Professor Billie Giles-Corti said this information would enable government bodies to make the right decisions about how to balance increasing housing density with high-quality lifestyles for residents.
Research family stays

The families of Western Australia – and indeed all over the world – will benefit from the work in UWA’s Centre for the Built Environment and Health.

And in keeping with the family theme, the research team at RESIDE, the Centre’s defining project, see themselves more as a family than a band of colleagues.

Over the five years of the initial RESIDE project, four co-ordinators kept the strands of research together. Three of them went on to do their PhDs in the project, with two of them submitting their theses just days before their first babies arrived. Another two project members have also completed their PhDs with the project. All of them are still with RESIDE II, with Claire Fuxton returning from the Health Department after two years there to manage the new project.

How much people’s health and wellbeing is dictated by the design of their neighbourhoods is the focus of the RESIDE studies.

CBEH director, Winthrop Professor Billie Giles-Corti, scored major Healthway and ARC grants in 2003 of more than $1 million for the first five year RESIDE project. That longitudinal study has recently been kept afloat with another injection of just over a million dollars: $730,000 from Healhtway for RESIDE II in collaboration with the Department of Planning, and $326,000 for the Life Course project. In partnership with the State Health Department.

And the RESIDE ‘family’, most of them early career researchers (four of them employed on a NHMRC capacity-building grant) and many with babies and young children, now has the opportunity to translate their research and communicate some results.

Originally, 1,800 participants agreed for their lives to be monitored as they built homes in new areas and moved into them. After several years, there are still 1,200 people in the study. "RESIDE II gives us more time to see changes among our participants," said Dr Hayley Christian. "They were building their new houses during the housing boom, which meant a lot of delays, with shortages in both bricks and labour. So it took a long time for some of our participants to move into their new areas, and even longer for

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facilities, such as shops, schools, parks and playgrounds to be established."

The study has families, couples and single people living in 74 different new housing estates around Perth. "They are not all the stereotypical young couples building their first homes," said Dr Sarah Foster. "We have lots of young families but also people in their 60s."

RESIDE II will focus on the effects of community design on health and wellbeing, this time also looking at mental health and sedentary behaviour.

Professor Gilles-Cori said one of the great features of the RESIDE project was the building of a Geographic Information Systems platform, built by Nick Middelton and Bridget Beerley, in collaboration with School of Earth and Environment GIS academics.

Dr Kimberly van Niel and Dr Bryan Boruff, the platform enabled the team to create measures of the built environment for this and a range of other projects.

"We’ve used it, for example, to do a ‘walkability’ study of areas," Dr Foster said. "We can use the GIS to identify well-connected streets, access to shops and facilities and housing densities, without actually having to pound the pavements."

But there has still been a need to get out there in the suburbs. Dr Christian said she had audited more than 1,500 parks in Perth, assessing them for proximity to housing and attractiveness for recreational walking.

"Getting out there means we get to see the graffiti, the litter, the vandalism that is deterring people from using the park," Dr Foster said. "Or the attractive features that encourage people."

Dr Christian said the Centre is collaborating with the State Health Department on a new project, The Built Environment Across the Life Course, involving a cohort of about 19,000 people who completed a health and wellbeing survey in 2003. The Centre’s GIS data will be linked to these people to examine how the built environment is influencing their health and health behaviour.

RESIDE has attracted a lot of interest nationally and internationally. Four visiting scholars, from the Pennington Medical Research Institute (USA), the University of Grez (Austria), the Auckland University of Technology, and University of Queensland, have written papers on RESIDE research.

And a current PhD student with the project, Paul Hopper, won an Endeavour Award from the UK so she could travel to Australia specifically to work on RESIDE.
Gnome, sweet home

SAFEGUARD: Gnomes on a wall outside the Harwas home in Duncraig. Picture: ALF SORBELLO

ELABORATE letterboxes, pot plants and even the humble garden gnome are front-yard items that help build a sense of safety in the community, a University of WA study says.

Sarah Foster carried out the research to find what made residents feel safe in their street.

After walking through 60 Perth neighbourhoods and surveying more than 1000 people, the research associate found streets with a high number of well-maintained houses created safer, more “walkable” streetscapes.

She said personal touches, such as interesting letterboxes, garden gnomes or house names, made suburbs feel less “anonymous”.

“Aesthetics are quite important to people, so we looked at what it was about houses that created a friendly environment,” Dr Foster said.

“We found that residents themselves could improve the streetscape by improving their home, but it’s also important for councils and developers to maintain local areas.”

Duncraig residents John and Ewa Harwas said they felt the 15 gnomes and angel statues in their garden watched over them and kept them safe.

Housing Industry Association WA executive director John Dastlik said housing developers were aiming to create attractive streetscapes.

— ASHLEE MULLANY
EXPERT URGES PERTH TO FOLLOW EUROPE’S LEAD AND GET MOVING

Perth would become a healthier city where people would rely less on cars, even ‘green’ ones, and more on ‘active transportation’ – a combination of public transport, walking and cycling – if researchers at The University of Western Australia had their way.

After assessing active transportation in European cities including Copenhagen and Amsterdam, Winthrop Professor Billie Giles-Corti, Director of UWA’s Centre for the Built Environment and Health, said Perth could learn valuable lessons from places where land-use and planning promoted healthier and more environmentally friendly ways of moving around.

“Copenhagen is a quiet city with few cars and little pollution,” she said. “There are a lot of cyclists and a great underground transport system. In Amsterdam there are three storeys of parking for bicycles at the train stations. Cyclists are safely separated from pedestrians and cars on the roads and cycling is a way of life. There is even legislation that if a motorist has a collision with a cyclist the motorist is at fault.”

In a paper published recently in the NSW Public Health Bulletin lead author Professor Giles-Corti suggested active transportation was a better alternative to driving amid growing concerns about the impact of rising obesity and physical inactivity levels, climate change, population growth, increasing traffic congestion and anxiety about fossil fuel dependency.

“Globally, physical inactivity ranks second only to tobacco as a behaviour contributing to the burden of disease,” she said. “The societal benefits of even a small increase in the number of people who are physically active could be large. For example, a five per cent increase in the proportion of people doing 30 minutes a day of moderate activity could save around 600 Australian lives every year, with significant savings to the health system.”

UWA’s draft Campus Plan 2010 (was on track to further develop UWA as a model for the community, Professor Giles-Corti said. The draft plan, which will guide future development of the University’s Crawley campus, has just been released for public comment.

“The plan aims to encourage students to live close to the University, and to provide supportive infrastructure which would enable them to safely walk or cycle to and from campus,” she said. “If people can live close to where they work or go to school – an 8km radius could be considered the ‘no excuse zone’ – they could easily cycle - even wearing a suit and tie if they have to. Exercise then becomes a built-in part of the routine, instead of an extra half-hour people have to find.

Professor Giles-Corti said a study in London showed that switching to low-emission cars could reduce carbon dioxide levels by 35 per cent. Active transportation could reduce levels by 38 per cent. But a combination of ‘green’ cars and walking and cycling would decrease CO2 by 60 per cent.

And by doing more physical activity, people lower their risks of developing cardiovascular disease, diabetes, cancer, Alzheimer’s disease and dementia – and can enjoy safer, friendlier cities too.

Professor Giles-Corti is currently evaluating the State Government’s Liveable Neighbourhood Policy Evaluation and until recently was a member of its Physical Activity Task Force.

MEDIA REFERENCE

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Research being conducted within the Masters course

Christine Smith commenced studies in the Master of Health Professional Education in 2007. She has recently submitted her thesis entitled ‘The lived experience of Non English Speaking Background (NESB) Overseas Qualified Nurses (OQNs) working in the Western Australian Metropolitan Hospital Workforce’.

The reason for Christine’s study was driven by the current shortage of nurses worldwide that has taken its toll on the Australian health care system. As a result there is an increased and ongoing migration of OQNs, some of them coming from non English speaking countries. Studies of migrant nurses working abroad have been conducted in other countries and in the eastern states, however there is very little research on their employment experiences in WA. Based on Husserlian transcendental phenomenology the findings from this research highlighted the personal and professional journey of the participants as they integrated into the WA workforce. A feature of the outcomes of this study was the participants’ resilience and agency in terms of their willingness and determination not only to adapt and to learn from the new country and work practice, but also to maintain their integrity as unique professional individuals practising nursing.

Christine will be presenting some of the findings of her research study at the 1st International Conference on Qualitative Research in Nursing and Health in Chiang Rai, Thailand in early December.

UWA survey focuses on medicines

RESEARCHERS are investigating why harmful effects from prescription medicines are a common cause of hospitalisation among over 65s. The University of WA research team will be exploring why the harmful effects are occurring and how they can be prevented.

Researchers will be conducting two community focus groups on October 20 and are looking for anyone aged 65 and over who have been hospitalised in the past two years because of harm from prescription medicines, or their carers. Contact Michele on 9211 3422 or Anna on 6488 1281.
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RIGHT PRESCRIPTION
UNIVERSITY of WA researchers are investigating why harmful effects from prescription medicines are a common cause of hospitalisation among over-65s. Researchers will conduct focus groups on Wednesday, October 20 and are looking for anyone aged 65 and over hospitalised in the past two years because of harm from prescription medicines, or their carers. Call Michele on 9211 3422 or Anna on 6488 1281.

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Inquiry into side-effects
NEW research is being conducted into why so many seniors are being hospitalised because of side-effects to prescription medicine.
There has been an eight-fold increase in WA over the past 20 years and one in five seniors ends up being readmitted for subsequent harmful effects.
The University of WA researchers will hold two community focus groups on Wednesday, October 20.
For more information, or to attend the group, call 9211 3422 or 6488 1281, or email anna.kemp@uwa.edu.au.

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Teens slack with pill
AUSTRALIAN research has investigated the factors that contribute to rapid-repeat pregnancy, those teenage mums who fall pregnant within two years of giving birth.
A Perth-based study, published in the Medical Journal of Australia, took in almost 150 first-time teenage mums and it found one-third of them fell pregnant again within the short time frame, usually the result of “inconsistent” contraception use.
“A surprising finding in our study was that teenagers using an oral contraceptive were as likely as those using barrier methods (condoms) or no contraception to experience rapid-repeat pregnancy,” reports Lucy Lewis, research midwife for the School of Women’s and Infants’ Health at the University of WA.
“Teenagers can be poor users of oral contraception and condom use in the population is often inconsistent.”
Consumer co-payments for medicines: impact on use and the role of the pharmacist

Dr Anna Kemp

The problem of medicines costs

Health care access and cost of living pressures were major issues in the recent Federal election. These two important issues converge for the seven million Australians who have at least one chronic illness, many of whom require ongoing pharmaceutical therapy.

International research has found that patients under financial stress commonly underuse their prescription medicines with cost-saving strategies such as reducing or skipping doses to make a prescription last longer, delaying having prescriptions refilled, or ceasing use entirely. A 2006 survey of chronically ill patients in eight industrialised countries found that 20% of Australian patients reported having previously skipped doses of prescription medicine or delayed having a script filled due to cost. The proportion of patients reporting such underuse of medicines due to cost in Australia was second only to the United States (US) (43%), and exceeded the underuse reported in Canada (18%), New Zealand (18%), France (13%), Germany (12%), the United Kingdom (7%) and the Netherlands (3%).

Similar findings have been reported in studies of the general adult population, not just the chronically ill, with 13% of Australians reporting underuse due to cost. Again, these levels exceeded those in all other surveyed countries except the US. This underuse of medicines has numerous implications and compromises individual patient health outcomes and increases the overall burden on the health care system.

The international context

These findings raise the question of why so many Australian patients are struggling to afford prescription medicines. In a country with universal pharmaceutical insurance and additional subsidies for patients with low incomes or high annual medicines costs, why would cost be a problem?

Prescription co-payments in Australia are high by international standards, particularly for low-income patients without concessional entitlements (general beneficiaries). General beneficiaries in Australia currently pay up to $33.30 for each Pharmaceutical Benefits Scheme (PBS) prescription; substantially higher than the co-payments faced by general beneficiaries under the public insurance schemes in Germany (€10), the United Kingdom (£7.00), New Zealand (NZ$3) or the Netherlands (generally free).

Cooperation and Development (OECD); i.e. Canada, Czech Republic, Denmark, Finland, France, Germany, Japan, Korea, Luxembourg, Poland, Slovak Republic, Spain, Sweden, Switzerland and the United States) routinely release data on prescription medicines expenditure by patients. Patient out-of-pocket spending on prescription medicines in Australia is moderate—high range compared to these other OECD countries. Australian patients paid the equivalent of $134 per person for prescriptions in 2007, placing Australia as the sixth highest of the 16 countries. Further, when countries which do not possess a universal pharmaceutical insurance scheme are removed (i.e. Canada and the US), Australia ranks fourth of 14 countries. Australia also ranks highly in terms of the proportion of national medicines costs borne by patients relative to the community. For instance, in 2005 patients paid for nearly one-third (28%) of all prescription medicines costs in Australia, exceeding patient contributions in Korea (27%), the Slovak Republic (26%), Sweden (22%), France, Japan, Luxembourg and Switzerland (17%), Germany (15%), the Czech Republic (11%) and Spain (8%). Only in Denmark, Finland and Poland did patients pay for a greater portion of national prescription costs.

The PBS balancing act

The PBS was established to provide Australians with access to affordable medicines at a responsible cost to the community. There are finite resources available for health, and funds directed to the PBS mean less spending in other sectors of the health system. However, patients who underuse essential medicines are more likely to experience disease progression and
poorer outcomes, which increases costs to the health system through the need for additional medicines, GP contacts, hospitalisations and other health services. This balancing act between the needs of patients and the community is made more difficult because of Australia’s ageing population and the increasing use of medicines for chronic disease management. Expenditure under the PBS grew rapidly throughout the 1990s and early 2000s, often exceeding 10% annually, with PBS expenditure reaching $7.7 billion in the last financial year. PBS co-payments have traditionally increased with inflation, but in 2005 co-payments were increased by 24%. Co-payments have continued to rise with inflation since 2005. In addition, the safety net thresholds have increased by the equivalent cost of eight prescriptions since 2005. As a result of these policies, patients are paying more for each of their prescriptions, and fewer patients with high annual costs are eligible for additional subsidies toward the end of the calendar year. These policies are unlikely to have burdened occasional prescription users and those with moderate-high incomes. However, there is reason to be concerned that the cost shift to patients is impacting on medicines access for disadvantaged groups in the community, such as low income earners and the chronically ill, many of whom have multiple comorbidities requiring more robust pharmacotherapy regimes. The impact of cost increases on utilisation To determine the impact of cost increases in co-payments and number of prescriptions required to reach the safety net, my colleagues and I examined PBS records for the whole of Australia between 2000 and 2008. We focused on 17 classes of medicines, representing essential and discretionary medicines used for symptomatic and asymptomatic conditions. The results showed that dispensing levels had fallen significantly for 12 of the 17 groups of medicines. Compared with the period before the 2005 co-payments increase, the number of prescriptions filled fell by between 3-11% for anti-epileptics, anti-Parkinson’s treatments, combination asthma medicines, eye-drops, glaucoma treatments, insulin, muscle relaxants, non-aspirin antiplatelets, osteoporosis treatments, proton-pump inhibitors (PPIs), statins and thyraxine.

When we compared records for concessional and general patients, we found decreases between 2-9% larger for concessional patients. The medicines which decreased the most following the 24% co-payments increase were those used in treating asymptomatic conditions or those with over-the-counter (OTC) substitutes (i.e. non-aspirin antiplatelets, osteoporosis treatments combination asthma medicines and PPIs). It may be that patients opted to reduce their use of medicines which do not bring symptom relief when faced with increasing pharmaceutical costs. These findings suggest that increases in patient costs do not impact on patients equally. Rather, they have the greatest effect on the portion of the population who have the lowest income and the poorest health. To determine factors that may be contributing to underuse due to cost, we accessed data from one of the previously mentioned international studies of patients in seven OECD countries. We examined the patient and health system characteristics associated with the underuse of medicines due to cost. There were large differences in the number of participants reporting cost-related underuse of medicines in the different countries surveyed, from 3% in the Netherlands to 20% in the US 13% in Australia reflecting patients’ cost for medicines in these countries. Across countries, patients with high out-of-pocket medicine costs compared with patients with lower costs. Underuse was between two and three times more likely for patients with below average incomes and between four and 16 times more likely for younger adults compared with those aged over 65 years. Indigenous patients were between two and three times more likely to report underusing medicines because of cost. Finally, patients who reported that they did not feel involved in decisions made about their treatment were significantly more likely to underuse their prescribed medicines compared with patients who felt involved in the decision-making process.

Supporting medicines use in vulnerable groups The Australian evidence suggests that patient co-payments may act as a barrier to access for patients, particularly those with poor health, high medicines costs, and low incomes. Indigenous Australians and patients who do not feel involved in decisions about their treatment are also at increased risk of cost-related underuse. Striking the right balance between the needs of patients and the community will be an ongoing challenge for policymakers, but pharmacists are already in a position to support medicines use for many patients. Evidence suggests that patients in financial difficulty
A compliance calamity

A new health report has concluded that eight in 10 Australians take their medicine incorrectly.

The Pfizer sponsored Medicine Compliance survey of 2,511 participants in Australia found that 53% of participants take prescription medicine on a long-term basis. Conducted in April 2010 by independent research agency StollzNow, Pfizer’s research found that almost two out of five Australians surveyed (38%) at some stage choose not to have a prescription filled at all. Common reasons include the cost of medicine (24% of respondents); fear of becoming dependent on the medicine (20%); and mistrust of a doctor’s diagnosis (10%).

More worrying, only one in two (55%) “always” finished their course of medicine – even when directed to do so. The majority (57%) of people said they didn’t complete the course of medicine because they “got better”.

32% ‘forgot’ to take their prescribed medicine; 14% believed it wasn’t working and 17% admit they “couldn’t be bothered” taking their prescribed medicine. The survey also revealed one in 10 people who fail to finish a course of medicine are stockpiling for the future.

Almost 80% of Australians surveyed have, in some way, not taken their medicine properly. Almost one in four (23%) take their prescription medicines with alcohol, 41% mix and match their doses in an ad hoc way and 16% take medicine past its expiry date.

Dr Bill Kerelby, Country Medical Director at Pfizer Australia said, “There are often valid reasons why people question their prescription medicine – and this is every patient’s right, however, many fears and concerns can often be overcome simply by airing the issues with a GP or pharmacist. It’s important that anyone being prescribed medicine should feel comfortable having an open and frank discussion with their doctor about what is best for their health.’

Taking a do-it-yourself approach to prescribed medicine a step further, around 10% of those surveyed bypassed their doctor altogether, and used online pharmacies based overseas to purchase medicines that would normally require a prescription here in Australia.

Dr Kerelby said, “This is an especially worrying practice, and one we caution against. Indicating just how risky this can be for personal health, 8% of Australians say they know someone who has required medical treatment after taking medicines purchased from overseas online pharmacies.

All medicines involve some risks. However consuming prescribed medicine in the way your doctor has advised offers the greatest benefits for our health. Anyone who has concerns about their prescribed medicine should discuss these with their doctor or pharmacist.

The important thing is to avoid taking matters into your own hands. Personal health and well-being is too important to merit a do-it-yourself approach.”
‘Community’ is good for us

LISA WOOD
Guest Columnist

ALTHOUGH we live in an increasingly global and technologically connected society, research shows the local community still matters to people and affects our health.

A sense of community can influence mental wellbeing, and the extent to which people walk around their suburb or feel safe. Conversely, social isolation and loneliness are risk factors for poor mental health.

Often when talking about community people reminisce about an era when they knew most of their neighbours, children roamed freely and safely, and local shopkeepers knew you by name.

But this is harder to re-create amid today’s busy lifestyles, urban sprawl, long work hours and fearfulness about strangers and crime.

So what might “community” feel like in modern suburbs? It might be knowing some of the neighbours and keeping an eye out for each other; or a sense of pride and care for houses, streets and public places.

“Community” is also evident when residents rally to prevent a park or local amenity from being taken away, or people choose to stay in the same house or suburb.

Mounting research indicates sense of community is influenced by how we plan, build and move about our suburbs. This includes well-connected streets that encourage walking; things for people of all ages to do socially and recreationally; nearby nature, parks and open space; local shops, eating places and public spaces where people can mingle and socialise.

And while community safety is vital, a lot of visible security (such as houses surrounded by high walls or barbed-wire fencing) sometimes results in people feeling that an area is less safe, less trusting.

Conversely, research suggests that well-maintained properties and seeing people “out and about” walking helps build a sense of community.

So yes, “community” can survive and even thrive in modern suburbs – and as research shows, it is not just a social nicety, but good for our health and wellbeing.

Associate Professor Lisa Wood
deputy director, Centre for the Built Environment and Health, UWA
Social work given fresh research focus

The right person can play a leadership role in social policy issues

Pursuing social justice and helping individuals and communities reach their full potential is an ambitious workplace goal.

For social workers, it is part of their everyday brief as they tackle issues such as child abuse and domestic violence.

Elizabeth Geelhoed, deputy head of the school of population health at the University of Western Australia, says social workers are driven to make a difference.

“They’re responding to inequity or injustice and that’s really the essence of what social workers do,” the professor says.

“They have that deep sense of fairness and wanting to see any situation with inequity or injustice addressed.”

The Australian Association of Social Workers, the peak body for the profession, highlights the range of areas that fall under the watch of social workers, from domestic violence and indigenous education and employment, to mental health issues, homelessness and assistance for people with disabilities.

“Social work is so broad and it works from the person-based psychosocial interactions across to social policy planning and development, and it also works across different situations to everyday social problems,” Geelhoed says.

The University of Western Australia has been teaching social work since 1965. It was the first tertiary institution in the state to offer the degree. The Perth-based university is now changing the structure of its social work degree to include postgraduate study and a masters degree.

The discipline will also move from the school of social and cultural studies to the school of population health as part of a restructuring that will take effect in 2012.

In line with the overhaul, UWA is seeking a new professor of social work to bolster the university’s academic rigour in the area.

Geelhoed hopes the restructuring will allow the university to have a greater influence in the social work field, especially in its research capabilities.

“There’s a university commitment to build the discipline of social work within UWA and that by the end we’re seeking someone who is innovative and keen to take on a leadership role and help us develop that,” she explains.

She says the appointed professor will help shape the university’s new program. “We would hope that it would be somebody who would be keen to make a difference through the opportunity to drive the direction of the research, in particular,” she adds.

While the social work education program largely reflects industry accreditation requirements, there is greater flexibility for research elements.

“The research is much more of an open book,” Geelhoed says. “There are a lot of collaborations already set up and PhD students, of course, but there is an opportunity for somebody to bring their own mark and make a difference in the way that they think that social work should progress.”

Geelhoed says a lot of research in the social work arena stems from social policy research. PhD researchers have been covering themes including honour crimes legislation and practice in Jordan, the permanency planning for children policy in WA and social development in Sri Lanka.

UWA hopes to build on the existing research capacity, particularly in areas such as mental health, child welfare, community research, domestic violence and child protection.

The restructuring will see a greater emphasis placed on the practical components of the social work degree, in line with accreditation requirements.

Geelhoed says the move to the school of population health reflects a broader trend for social work to be more aligned with allied health services and other professional degrees.

“For instance, we’ve got a master of nursing science in our school which was recently developed and we’ve also got a master of public health and both of those have a practical component [that] fits with the master of social work.”

The new professor will need to be accredited by the Australian Association of Social Workers. Geelhoed says candidates need industry connections, an extensive research portfolio and practical experience.

“The most important thing is that they are prepared to make an innovative contribution to the discipline and they have original thought and they have published extensively,” she says.

In addition to professional qualities, she identifies passion as an integral asset for candidates: “passion for the discipline, passion for development, passion for taking on a challenge and embracing change and running with it and helping to guide the process, putting your mark on where it’s going and making a difference”.

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Medicine, Dentistry and Health Sciences
Perth’s air pollution choking our children

DANIEL HATCH

Perth’s air pollution is affecting children’s health, with those aged four and under most at risk of asthma attacks from traffic-related smog, a study reveals.

The University of WA research shows that the likelihood of an asthmatic child under four turning up at a hospital emergency department increased 70 per cent if there had been heavy background air pollution the previous day.

The study, published in the Australian Medical Journal today, analysed the more than 600 instances where children and teenagers showed up at WA hospital emergency departments between 2002 and 2006, comparing the figures against nitrogen dioxide and carbon monoxide data for the same period.

UWA epidemiologist Gavin Pereira said the results were surprising because people tended to think Perth’s air was quite clean.

He said the results were recorded at a time when national air quality was being met, indicating that the effects may be because of a mixture of toxins in vehicle emissions rather than the specific pollutants that were measured.

The findings were not a surprise to mother Carol Nugent, whose daughter Jayla was diagnosed with asthma six months ago.

Mrs Nugent said she had to constantly monitor the conditions to which Jayla — who celebrates her third birthday today — was exposed and on days with heavy pollution, she kept her daughter indoors. “For instance, if we go anywhere where I can see smoke, I know the next day she is going to get really sick,” Mrs Nugent said yesterday.

Asthma Foundation WA chief executive David Johnson said the study showed action was needed on the root causes of air pollution.

“All these clean-fuel cars coming on to the market are going to be beneficial to people with asthma and this research is only going to strengthen that case,” he said.

The Department of Environment and Conservation has for the past two months been testing various vehicles using a portable roadside monitoring station to find the worst polluting cars and measure the effect they have on Perth’s air quality.

More than 225,000 West Australians and a quarter of all children in WA have asthma, which is the most common cause of visits to hospital by children under 12. Of the 603 people admitted to emergency departments during the study period, 66 per cent were under 10.
Traffic-related air pollution can trigger Asthma in children under five

31 October 2010 - 12:00pm

Children aged four and under are most at risk for asthma attacks from traffic-related air pollution, according to a study published in the *Medical Journal of Australia*.

Gavin Pereira, epidemiologist at the University of Western Australia and CREC for Asthma and Airways, and co-authors conducted a study to determine whether changes in background ozone, nitrogen dioxide, carbon monoxide, and particulates increase the risk of hospital emergency department presentations for asthma among children.

The authors conducted a time-stratified case-crossover study of 603 children and young adults aged 0-19 years, who were exposed to background air pollution and presented to emergency departments with asthma from 2002 to 2006.

Mr Pereira said that children under 4 years of age with previous day exposure to the traffic-related pollutants, nitrogen dioxide and carbon monoxide, showed the most significant risk of presentation with asthma at an emergency department.

"The odds of an emergency department visit among the youngest age group increased by 70 per cent for an interquartile increase in the previous day's traffic-related air pollution."

"These results were surprising because they were observed for a period in which the national air quality standards were met, indicating that the effect may be due the mixture of pollutants in vehicle emissions rather than the specific pollutants that were measured," Mr Pereira said.

"Further research is required in order to better understand the adverse health effects of this toxic mixture, particularly because it is our very young children who seem to be highly vulnerable."

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University Media Manager at University of Western Australia
UWA study reveals city traffic pollution triggering severe asthma attacks in kids

- From: AAP
- October 31, 2010 10:02AM
- 34 comments

An Australian study into childhood asthma has sounded an alarm over city living, with even apparently safe levels of traffic pollution found to exacerbate the respiratory condition.

Researchers assessed the cases of more than 600 children and adolescents who were rushed to hospital with complications from a serious asthma attack from 2002-06.

Air-quality levels leading up to each attack were checked - and revealed a strong trend of rising traffic-related pollutants ahead of each hospital trip.

Atmospheric levels of nitrogen dioxide and carbon monoxide were often elevated on the day before a child suffered the asthma attack.

University of WA epidemiologist Gavin Pereira said the study showed traffic pollution was a major factor in the “worsening of this respiratory condition” in children.

There were other troubling implications, he said, as Australia had far more traffic-intensive cities than Perth and the effect was seen even as air quality was deemed to meet safety benchmarks.

“This study was conducted in Perth, Western Australia ... pollution levels are generally quite good in Perth,” Mr Pereira said.

“I’ve looked at studies from California, for example, and their pollution levels are much higher than here.

“And for our study to have observed an effect when we have met air-quality guidelines is quite remarkable.”

The effect was most pronounced in asthmatic children aged under four, according to the research as detailed in the latest edition of the Medical Journal of Australia.

Mr Pereira said he hoped the finding would stimulate more research into this area, and it was too soon to suggest parents of asthmatic children consider moving to areas with less traffic.

“It’s not a cause for panic among parents, but policy-setters should be incorporating these sorts of factors into their decisions,” he said.

“For parents, traffic pollution is ubiquitous in an urban environment - it is essentially unavoidable.

“The message should go to our planners who might be building childcare centres and schools alongside roads, and children exercising by the street all the time.”
Traffic pollution 'makes childhood asthma worse'

An Australian study has pointed out that traffic pollution, particularly in urban areas, exacerbates asthma in children.

The study, conducted by University of Western Australia epidemiologist Gavin Pereira, showed how traffic pollution was a major factor in the 'worsening of the respiratory condition' in children, reports News.com.au.

"This study was conducted in Perth, Western Australia ... pollution levels are generally quite good in Perth," Pereira said.

There were other troubling implications, he said, as Australia had far more traffic-intensive cities than Perth and the effect was seen even as air quality was deemed to meet safety benchmarks.

Researchers assessed the cases of more than 600 children and adolescents who between 2002 and 2006 were rushed to West Australian hospitals suffering a serious asthma attack.

Air-quality records for the period leading up to each attack were checked, and this revealed a strong trend of rising traffic-related pollutants ahead of each hospital trip.

Atmospheric levels of nitrogen dioxide and carbon monoxide were often elevated on the day before a child suffered the asthma attack.

The effect was most pronounced in asthmatic children aged four and under, according to the research.

Pereira said he hoped the finding would stimulate more research into this area, and it was too early to suggest parents of asthmatic children consider moving to areas with less traffic.

"It's not a cause for panic among parents, but policy-setters should be incorporating these sorts of factors into their decisions. For parents, traffic pollution is ubiquitous in an urban environment - it is essentially unavoidable," he said.

"The message should go to our planners who might be building childcare centres and schools alongside roads, and children exercising by the street all the time," he added.

The research is published in the latest edition of the Medical Journal of Australia. (ANI)
Traffic fumes can trigger asthma in very young children

Monday, 1 November 2010

Children aged four and under are most at risk of asthma attacks from traffic-related air pollution, according to a researcher at The University of Western Australia.

Gavin Pereira, an epidemiologist and lecturer in UWA’s School of Population Health, and his co-authors conducted a study to determine whether changes in background ozone, nitrogen dioxide, carbon monoxide and particulates increased the risk of hospital emergency department presentations for asthma among children. The study was published today in the Medical Journal of Australia.

The team studied 603 babies, children and young adults aged less than one year to 19 years, who were exposed to background air pollution and presented with asthma at emergency departments from 2002 to 2006 in Perth.

Mr Pereira said children under four who had been exposed to the traffic-related pollutants nitrogen dioxide and carbon monoxide showed the most significant risk of presentation with asthma at an emergency department.

“The chance of a young child visiting an emergency department with asthma increased by as much as 70 per cent for a modest increase in traffic-related air pollution,” he said.

“These results were surprising because they were observed for a period in which the national air quality standards were met, indicating that the effect may be due to the mixture of toxics in vehicle emissions rather than the specific pollutants that were measured,” Mr Pereira said.

“More research is needed to better understand the adverse health effects of this toxic mixture, particularly because it is our very young children who seem to be highly vulnerable.”

Mr Pereira also works for the Cooperative Research Centre for Asthma and Airways, and the Telethon Institute for Child Health Research. The CRC is a Commonwealth Government funded initiative to support the development of new diagnostic tests and novel treatment for asthma and airways disease.

Traffic fumes trigger asthma in children

CHILDREN aged four and under are most at risk of asthma attacks from traffic-related air pollution, according to a researcher at the University of WA (UWA). UWA’s School of Population Health epidemiologist and lecturer Gavin Pereira and his co-authors conducted a study to determine whether changes in background ozone, nitrogen dioxide, carbon monoxide and particulates increased the risk of hospital emergency department presentations for asthma among children.

The study was published today in the Medical Journal of Australia. The team studied 603 babies, children and young adults aged less than one year to 19 years, who were exposed to background air pollution and presented with asthma at emergency departments from 2002-2006 in Perth. Mr Pereira said children under four who had been exposed to the traffic-related pollutants nitrogen dioxide and carbon monoxide showed the most significant risk of presentation with asthma at an emergency department.

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Traffic-Related Air Pollution Can Trigger Asthma In Children Under Five

01 Nov 2010  Click to Print

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FED: Traffic linked to 'worsening' child asthma

EDS: THIS STORY IS FOR PUBLICATION AFTER 1200 AEDT SUNDAY, OCT 31.

By Danny Rose, Medical Writer

SYDNEY, Oct 31 AAP - An Australian study into childhood asthma has sounded an alarm over city living, with even apparently safe levels of traffic pollution found to exacerbate the respiratory condition.

Researchers assessed the cases of more than 600 children and adolescents who between 2002 and 2006 were rushed to West Australian hospitals suffering a serious asthma attack.

Air-quality records for the period leading up to each attack were checked, and this revealed a strong trend of rising traffic-related pollutants ahead of each hospital trip.

Atmospheric levels of nitrogen dioxide and carbon monoxide were often elevated on the day before a child suffered the asthma attack.

An epidemiologist at the University of WA, Gavin Pereira, said the study showed how traffic pollution was a major factor in the "worsening of this respiratory condition" in children.

There were other troubling implications, he said, as Australia had far more traffic-intensive cities than Perth and the effect was seen even as air quality was deemed to meet safety benchmarks.

"This study was conducted in Perth, Western Australia ... pollution levels are generally quite good in Perth. "Mr Pereira told AAP.

"I've looked at studies from California, for example, and their pollution levels are much higher than here. "And for our study to have observed an effect when we have met air-quality guidelines is quite remarkable."

The effect was most pronounced in asthmatic children aged under four, according to the research as detailed in the latest edition of the Medical Journal of Australia.

Mr Pereira said he hoped the finding would stimulate more research into this area, and it was too soon to suggest parents of asthmatic children consider moving to areas with less traffic.

"It's not a cause for panic among parents, but policy-setters should be incorporating these sorts of factors into their decisions," he said.

"For parents, traffic pollution is ubiquitous in an urban environment - it is essentially unavoidable. "The message should go to our planners who might be building childcare centres and schools alongside roads, and children exercising by the street all the time."

AAP via mp
Traffic trigger for asthma

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There were other troubling implications, he said, as Australia had far more traffic-intensive cities than Perth and the effect was seen even as air quality was deemed to meet safety benchmarks.

"Pollution levels are generally quite good in Perth," Mr Pereira said. "I've looked at studies from California, for example, and their pollution levels are much higher than here."

"And for our study to have observed an effect when we have met air quality guidelines is quite remarkable."

The effect was most pronounced in asthmatic children aged less than four, according to the research as detailed in the latest edition of the Medical Journal of Australia.

Mr Pereira said he hoped the finding would stimulate more research into this area, and it was too soon to suggest parents of asthmatic children consider moving to areas with less traffic.

"It's not a cause for panic among parents but policy-setters should be incorporating these sorts of factors into their decisions," he said.

Asthma linked to traffic pollution

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"This study was conducted in Perth ... pollution levels are generally quite good in Perth," Mr Pereira said.
Perth's air pollution choking our children

Daniel Hat Oi, The West Australian
November 1, 2010, 2:20 am

Perth's air pollution is affecting children's health, with those aged four and under most at risk of asthma attacks from traffic-related sources, a study reveals.

The University of WA research shows that the likelihood of an asthma-related child order four turning up at a hospital emergency department increased by 70 per cent if there had been heavy vehicle exhaust air pollution the previous day.

The study, published in the Australian Medical Journal today, analysed the more than 600 instances where children and teenagers showed up at WA hospital emergency departments between 2002 and 2006, comparing the figures against nitrogen dioxide and carbon monoxide data for the same period.

UWA epidemiologist Gavin Pereira said the results were surprising because people tended to think Perth's air was quite clean.

He said the results were recorded at a time when national air quality was being monitored, indicating that the affects may be because of a mixture of trains and vehicle emissions rather than the specific pollutants that were measured.

The findings were not a surprise to mother Carol Nugent, whose daughter Jayde was diagnosed with asthma six months ago.

Ms Nugent said she had to constantly monitor the conditions to which Jayde, who celebrates her third birthday today, was exposed and on days with heavy pollution, she kept her daughter indoors. "For instance, if we go anywhere outside, I know the next day she's going to be really sick," Ms Nugent said yesterday.

Adstra Foundation WA chief executive David Johnson said the study showed action was needed on the root causes of air pollution.

"All these clean-fuel cars coming on to the market are going to be beneficial to people with asthma and the research is only going to strengthen that case," he said.

The Department of Environment and Conservation has for the past two months been testing various vehicles using a portable roadside monitoring station to find the worst polluting cars and measure the effect they have on Perth's air quality.

More than 220,000 West Australians and this year of all children in WA have asthma, which is the most common cause of visits to hospital by children under 12. Of the 603 patients admitted to emergency departments during the study period, 95 per cent were under 10.

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Traffic linked to asthma
Higher pollution found to increase attacks

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An epidemiologist at the University of WA, Gavin Pereira, said the study showed how traffic pollution was a major factor in "worsening of this respiratory condition" in children.

There were other troubling implications, he said, as Australia had far more traffic-intensive cities than Perth and the effect was seen even as air quality was deemed to meet safety benchmarks.

"For our study to have observed an effect when we have met air-quality guidelines is quite remarkable," he said.

Mr Pereira said it was too soon to suggest parents of asthmatic children consider moving to areas with less traffic.

"We are not making a case for panic among parents, but policy-makers should be incorporating these sorts of factors into their decisions," he said.

"The message should go to our planners who must be building childcare centres and schools along side roads and children exercising by the street all the time."
Breast in show

October is breast awareness month. Time to look at what's new in breast cancer prevention, treatment and breast care.

By Helen Sandstrom

Make way for magnificent M cups

Forget implants: Australian women are bigger than ever and there's a mega-sized cup to prove it. Plastic lingerie stores are stocking M cup bras, with an N cup on its way. The arrival is long overdue, say Keith Mason, from Brisbane's Big Girls Don't Cry anymore.

"Until now, bigger women have had to resort to having M cup bras custom-made at double the price," says Mason. "A 100% in our biggest-selling size but we still wear at least two in three women a week in need of sizes as large as an M."

What's the main reason for these ever-increasing sizes? As obesity levels increase, so do our bra sizes.

Breasts are basically fat and glands, so if you increase your percentage of body fat and go up a dress size, you should count on going up a bra size too," says Dr Donald McGhee, a sports physiotherapist at the University of Wollongong, who specialises in bra design and breast support.

Getting the right bra fit is important. Many of us are in too small a cup, but McGhee's research, published in the Journal of Science and Medicine in Sport, found many women overcompensate in the band size. "If the band is too big, the breasts are not being supported so the secondary support, the straps, take most of the weight," she says. "This causes straps to press on nerves going down the arm, which can cause upper limb pain." A band that's too small also causes the underside to sit on breast tissue, rather than on the ribs and breastbone.
Preventative measures

Breast cancer affects one in nine women, but remission rates have never been higher, and new innovations promise even better news.

Feasibility

More than 90% of women are being diagnosed with breast cancer, according to a recent study in the International Journal of Preventive Medicine. With improvements in detection and treatment, most affected women are expected to recover and almost 90% are survivors five years post-diagnosis.

Starting tomorrow...

Step more mushrooms into meals and unwind with a tea of green tea. In southeast China—where tea is high in these two foods—the incidence of breast cancer is four to five times lower than in developed countries.

Green tea and mushrooms have an anti-carcinogenic effect, says Dr. Min Zhang of the University of Western Australia's School of Population Health. "We found that the combination of these foods decreased breast cancer risk and the malignancy of cancer that did form."

One-shot step

Imagine if breast cancer patients could replace weeks of daily post-operative radiotherapy with a single blast when their tumour is removed. The long-awaited results of the Target trial, published in The Lancet, proves this is possible for low-risk tumours and means the treatment could be the new standard of care within five to ten years.

The global trial, involving more than 2000 patients, found that Target (targeted intraoperative radiotherapy) is just as effective as a grueling six-week course, with the added bonus of less radiation. "As well as the obvious benefits of completing all the necessary radiotherapy in a single session at the time of surgery, this method also almost completely avoids irradiation of other parts of the body such as the heart, lung and oesophagus," says Professor David Joseph, head of radiation oncology at the Queen Elizabeth II Medical Centre in Perth.

The single-shot therapy is delivered via a special probe called an iridium, which is inserted into the breast and directs radiation straight at the tumour bed. However, there are only two Iridiums in Australia, so it will be a few years before the treatment is more widespread.

Vaccine, one step closer

A first-of-its-kind vaccine to prevent breast cancer could be on the market within a decade. The vaccine targets a protein—alpha-lactalbumin—not typically found in healthy women but common in most breast cancers. The vaccine triggers a woman’s immune system to target alpha-lactalbumin, stopping tumours from forming without damaging healthy breast tissue.

"The vaccine is intended for women who have never had breast cancer but are at risk of it developing, but it would also be useful for women who already have breast cancer," says its creator, Dr. Vincent Tushy from the Cleveland Clinic's Lerner Research Institute.

"The vaccine has only been trialled on mice, but human trials will begin within two years. If it works in humans the way it works in mice, this will be monumental," says Tushy. "It will prevent breast cancer in the same way that childhood vaccination has prevented childhood diseases."

Ref: 8199
Sporty and smart

Does more sport and physical activity improve academic performance and attitudes to learning? Dr Karen Martin at UWA’s School of Population Health thinks the answer is a resounding yes.

Dr Karen Martin’s PhD at UWA saw her visiting randomly selected government schools to assess their capacity to encourage physical activity. In her professional life, she has also studied the international literature on the correlation between academic performance and physical activity participation.

“My study looked at how the physical, social and policy environments of a school are associated with physical activity of students,” says Dr Martin, a mother who laments the amount of time her children spend (“it’s an addiction”) on non-physical activities that centre on computer screens, ipods and play stations.

Dr Martin heard parents urging schools to spend more time on academic learning, yet all her research indicates that a greater focus on physical education (PE) delivered by trained teachers – at school, in clubs or on the local oval – would bring a string of benefits, from improved concentration in class and better scholastic results, to increased self-esteem, less absenteeism and more attention to homework.

In 2007 the Federal Government made it mandatory for schools to offer at least two hours a week of physical activity during school hours. It also provides funding for after-school sports run by community groups and supervised by the Australian Sports Commission.

Dr Martin says that while the Department of Education has been supportive of this mandate, it can be difficult to implement due to the “crowded curriculum” and a lack of funding, equipment and appropriate areas for sport. “And of course the situation is exacerbated as many specialist PE teachers were taken out of all primary schools several years ago,” she adds.

“WA schools with small student enrolment now choose either a PE, art or music teacher. The result is that many are without a specialist and while they may train a generalist teacher to supervise PE, it’s not as good as having a specialist to teach children skills for motor activity. Many children do not feel they are good at sport and our study results indicate this is also associated with lower physical activity.”

Another factor exacerbating the decline in physical activity among children is that children appear to be less active after school; and given the number of families in which both parents now work, that’s only likely to increase. Also to this what has been described as the obesity ‘epidemic’ and it’s easy to see why researchers are so concerned.

“The premise of my PhD was that school is the ideal environment to increase the physical activity of children,” says Dr Martin. As part of the study, she and co-investigators Winthrop Professor Gias-Corti, Dr Bremner, Associate Professor Rosario and Professor Saimon, looked at 87 randomly selected government schools located in low to high socio-economic areas.

Dr Martin’s research indicates that lack of space is a big restriction for schools that would like to do more sport.
"A big problem in newer suburbs is high enrolments that result in transportable classrooms being located on grassed areas that could be used for recreation. In contrast, in older suburbs where the number pressures are reduced there are adequate grassed areas per child," she says.

"The most successful schools have high grassed areas per student, a physically active PE teacher, adequate sports apparatus and a teacher who focussed on fitness."

In the schools surveyed, less than half (13 out of 27) had a PE specialist and two didn’t have any teacher co-ordinating PE activities.

"Our focus groups revealed that both children and parents would like more sport and physical activity at school and were frustrated by the lack of opportunities."

"Children are inherently active but our society inhibits them – they’re driven to and from schools; spend too much time sitting in the classroom and at home there are all those sedentary attractions. My children would spend the entire day going from one screen to another if I let them, so I appreciate the problem. It’s almost like a screen addiction and it generates a lot of conflict. So parents have to create opportunities for physical activity in the backyard or at the local park."

Dr Martin’s report for the Department of Sport and Recreation, Improved Learning Through Physical Activity, revealed that the majority of university-based international research in this field indicates a positive link between academic performance and participation in physical activity.

"Study groups receiving extra physical education from a trained specialist or a specially-trained generalist teacher rated better in academic performance and classroom behaviour than control groups. And higher school academic ratings were associated with higher physical fitness, physical capacity and physical activity," says Dr Martin.

Several studies highlighted that children can spend less time in academic learning sessions and more time being physically active without affecting academic progress – in fact increased physical activity has a positive effect on learning.

Has the link between the learning advantages from more physical activity been appreciated by authorities? Dr Martin thinks not, and says that there has been limited intervention research to indicate that increase physical activity leads to better learning – although she has identified mechanisms discovered in other research fields that are likely to facilitate this relationship.

"A review of literature on the effects of physical activity on cognitive functioning concluded that physical activity may bring short term benefits on concentration," says Dr Martin. "Exercise can increase levels of a brain growth factor and increase blood flow to the cortex of the brain. Furthermore, research indicates that physical activity can cause an increase in nerve growth in the hippocampus, an area of the brain important for learning and memory."

The State Government Physical Activity Taskforce’s Child and Adolescent Physical Activity and Nutrition Survey, 2008 completed by Dr Martin, with Associate Professor Michael Rosenberg and Marg Miller, reveals that in Australia only 41 per cent of primary school boys and 27 per cent of primary school girls reported participating in the recommended 60 minutes of physical activity a day for seven days in a row. Furthermore, more than three quarters of primary school children reported they did not meet the guidelines of two hours or less of screen-based recreation activity on all seven days prior to the survey.

Dr Martin says there was a marked decline of physical activity in girls at high school. "One problem could be that schools and teachers tend to choose the activities offered without consulting students. Perhaps girls would be more active if given the option of activities like dance or yoga."

In winding up her PhD research, Dr Martin says they found a huge disparity in what was offered to children at schools she visited. "Some schools had inadequate playgrounds, and others were fantastic. We need to ensure we have great school facilities and sufficient space for physical activities in local parks."

Dr Martin’s PhD research was supported by UWA, Healthway and the Department of Education, and she hopes to secure Healthway funding for ongoing research in the area. Her call for improved parks is echoed by another UWA researcher, Assistant Professor Lisa Wood, Deputy Director of UWA’s Centre for the Built Environment and Health. Dr Martin is contributing to Centre research by working with Dr Wood on a project involving community consultation relating to the design and provision of parks and playgrounds.
Food insecurity in India remains stubbornly high for a country that has experienced more than a decade of strong growth and robust levels of agricultural production.

"There is enough food in India to feed everybody," said the Business School's Professor of Economics, Anu Ramrathan. "In fact, India even exports food. But politics and administrative problems mean that the food isn't distributed properly."

Professor Ramrathan and researchers from Sydney, Griffith universities and the Tata Institute of Social Sciences have an ARC grant to examine the factors that impact on food security in rural Indian villages.

The four-year study will gather detailed household-level data for 600 households from six strategically-selected border districts to analyse the links between access to food and human capital outcomes at the household level.

The team will share their findings with the International Food Policy Research Institute and the Bill and Melinda Gates Foundation, which is funding a food security summit in Delhi in February 2011, to which Professor Ramrathan and her team has been invited to attend.

"The Challenge Program on Climate Change, Agriculture and Food Security (CCAFS) and the International Water Management Institute (IWMI) are also holding a summit in Delhi on Climate Change, Agriculture and Food Security, this month, so researchers can exchange research ideas and find out what kind of data our colleagues are collecting, so we don't overlap and waste resources," Professor Ramrathan said.

"At least ten years ago, the Indian Government set up a food distribution system to BPL (Below Poverty Line) households, to ensure they received wheat, rice, sugar and oil at very very low prices.

"But it just hasn't been implemented properly, which has led to the government of India proposing a new Food Security Act."

Previous work by Professor Ramrathan on food security and child malnutrition in Bangladesh and Nepal showed household wealth and the parents' level of education were the most important factors in the growth and health of children.

"But that research was done using secondary data," she said. "This time, we are going into the villages - we have already visited them, in September - and we have Indian research partners who will organise the data collection as the interviews will be conducted in the local languages."

The study will focus on rural villages where 75 per cent of the Indian population lives. "Most of the people who live in the urban slums have moved into the cities from the rural villages for employment reasons. They can't afford the rents in the cities, so they set up these shanty towns, but at least they have access to food," Professor Ramrathan said.

"We're not sure of the reasons for the food insecurity in India. There are inequalities between states, with some very rich food-secure states, in the north, but some states are in a very bad way and we're not sure whether it's worsening inequality or poor administration that is contributing to the problem.”

She hopes the study will make recommendations on policies and institutional arrangements to best combat food insecurity.

The UN Food and Agriculture Organisation recently reported that 925 million people around the world were chronically hungry and that one child died from malnutrition every six seconds.

"We must put in place sustainable effective policies that will make a real difference to the lives of the poor in India and around the world."
Checklist for healthy bonds between Mum and baby

A prompt list for GPs, mental health clinicians, child health nurses and others working with mothers with a serious mental illness has been developed by a Faculty centre.

The risk assessment resource is targeted at health professionals caring for women with schizophrenia, bipolar disorder or severe depression who have babies less than one year old. It can be carried out during regular appointments with the mother.

The importance of the mother-infant interaction for the emotional development of the child and the fact that secure attachment is protective against poor developmental outcomes are well known.

Healthy mother-infant relationship: Assessment of risk in mothers with serious mental illness was developed by psychiatrist Dr Joshola Stefan, together with Professor Yvonne Hauck, Dr Deb Faulkner and Professor Daniel Rock, all of the Clinical Applications Unit in the Centre for Clinical Research in Neuropsychiatry (CCRN).

It was launched by Mental Health Minister Graham Jacobs last month.

"It's about providing health professionals with the information they need to identify those who are at risk during pregnancy or following the birth," Dr Jacobs said.

"They can then refer the mother to the appropriate service to support them in their mental wellbeing and relationship building with their baby."

About 50 to 100 women with serious mental illness give birth in WA every year and present as complex cases that require intense care.

The children have a high risk of emotional, behavioural and cognitive difficulties. Disorganized patterns of maternal-infant attachment occur in 15% of the general population but can increase up to 50% in high risk populations so clinicians can optimize outcomes by assessing risk of disorganized attachment.

A study led by CCRN Director and Winthrop Professor of Psychiatry Assen Jablensky found that children of mothers with mental illness were at increased risk of having a learning disability as well as developmental disorders such as autism and Hett syndrome plus some rare congenital syndromes.

In a later study, he found that mothers with schizophrenia, bipolar disorder and depression had higher rates of complications during pregnancy, labour, and delivery. The babies of mothers with schizophrenia were also more likely to be small for gestational age and had a higher incidence of birth defects.

The new resource provides a list of prompts to assess risk for disrupted mother-infant relationship across the following domains: psychosocial factors, maternal behaviour towards infant, infant factors, mother-infant interaction, and protective factors. It can be downloaded from http://www.health.wa.gov.au/projects/mother-infant.chm

Dr Stefan, who is a Clinical Senior Lecturer in the School of Paediatrics and Child Health, said it was a list of possible things that could go wrong and could be used by people with training in adult health.

"There is a multitude of women with mental illness not treated by the public health system so GPs can also use this," she said.

"It gives ideas of what aspects of the mother and baby relationship you need to observe and be aware of and what things can go wrong between mother and baby. If the baby is too quiet, it doesn't necessarily mean it is a very good baby ... there might be a problem."

She said she would encourage health professionals to form an interdisciplinary network when caring for a patient with mental illness.

The CAU has two more important projects underway – the development of a cardiovascular diseases risk register for people with a serious mental illness in WA and a cancer care coordination project to help those with psychiatric disability access a range of cancer care options.

EMPathy

The ability of breast cancer cells to "flip" between epithelial and mesenchymal states, which may enable them to resist current therapies, will be the subject of a study by Winthrop Professor Chris Saunders and others.

She will team up with Victorian surgeon Associate Professor Michael Henderson and scientists from around Australia headed by Associate Professor Erik Thompson, of the University of Melbourne's Department of Surgery, to conduct the research after receiving a $5 million National Breast Cancer Foundation grant.

The fact that breast cancer cells can swap between states may explain why they can become dormant after initial treatment and later emerge as distant metastases. The survival of such metastatic cells in new environments is paramount to breast cancer recurrence.

Epithelial-mesenchymal plasticity (EMP), the term coined by the research group, is known to be part of normal embryological development as well as a newly recognised process in cancer metastasis. The EMPathy network’s primary aim is to target EMP for improved outcomes in breast cancer, especially in reducing breast cancer recurrence by standardising disseminated tumour cells which resist adjuvant therapy.
Experience of a lifetime for twenty student nurses in Tanzania

Twenty student nurses from five WA universities have arrived home safely after a two week clinical placement in Tanzanian hospitals and community health centres.

The funding for the clinical placements was granted by Health Minister, Dr Kim Hames and is part of a broader $100,000 commitment enabling nurses to work with developing countries to enhance their skills through Global Health Alliance Western Australia (GHAWA).

“These student nurses have undertaken a unique opportunity in completing their clinical placement in an environment where they have not only learnt a great deal, they have also shared their skills and knowledge with a developing country,” Dr Hames said.

“This clinical placement experience will provide a greater cultural awareness for each student that will help prepare them to be a part of improving future heath care delivery in rural and remote Western Australia.

“Undertaking such a diverse clinical nursing placement will no doubt help develop these students into great nurses and I congratulate each participant and wish them well for their career in nursing.

“This initiative is only one aspect of a partnership that has been developed between WA and Tanzanian universities and hospitals to foster cross-cultural teaching and learning.”

WA Health’s Chief Nurse and Midwifery Officer, A/Professor Cath Stoddard and GHAWA Director, Professor Mark Jones, also lead workshops with the Tanzania’s Chief Nurse for a group of the medical community in Dar Es Salam.

The purpose of the workshops was to plan strategic initiatives in education, clinical training, research and leadership development that could support and improve nursing in Tanzania in the coming years.

Professor Jones said his team worked closely with university supervisors to prepare the students for their clinical experience in Tanzania.

“The first day in Dar Es Salam was quite overwhelming for many of the students,” Professor Jones said.

“I have been to Tanzania before but revisiting the health care facilities this time was a reminder of how lucky we are in WA.”
Professor Jones said that the participating students should be commended for the work they have undertaken during their clinical placement.

“We have taken them out of their known environment, split them into mixed groups from across all of the participating universities and put them into an extremely different health care environment.

“This experience has tested everything these student nurses have learnt over their entire university careers.”

“These nurses have now dealt with ethical dilemmas, adult and infant deaths and a multitude of things they would never have experienced during a clinical placement in WA.

“Through all of this they have represented their universities, Global Health Alliance, and themselves with a great deal of professionalism.”

Participating student nurse, Thomas Coffey said it was an experience he would value for the rest of his life.

“This has been two weeks I will never forget. I was able to see first hand how we were making a difference. From here I think I will do some more volunteer work or work in a remote community,” he said.

Global Health Alliance Western Australia was established in December 2009 to facilitate WA nursing and midwifery education and training as well as health system capacity building in partnership with developing countries.

ENDS Minister's Office – 9222 8788
100 per cent uptake of nursing students by hospitals

The first group of students to undertake the Master of Nursing Science (entry-to-practice) degree, which began in July last year, have all been scooped up by hospitals.

Of the 16 students in the first cohort who continued with the degree, 13 gained placements in graduate nursing programs in various hospitals in the first round of offers and the remaining three students were accepted in the second round of offers.

The two-year full-time Masters degree, run by the School of Population Health and Sir Charles Gairner Hospital, consists of just under 900 hours of clinical practice and includes clinical placements in the university breaks.

On completion of the course, graduates can apply for registration as a Registered Nurse.

More than 700 guests turned up to celebrate the WA Nursing and Midwifery Excellence Awards held in the Grand Ballroom at the Bankwest Entertainment Complex in October.

Among the guests at the WA Nursing and Midwifery Excellence Awards were (from left) Associate Professor Serge Harbison, Associate Professor Rosemary Saunders, Michael Robinson, Brandi Dallman, Christine Smith, Associate Professor Yvonne Hauck, and Emeritus Professor Emeritus Professor Alscript M. Edwards.

The School of Population Health, which was a gold sponsor, also sponsored the Aboriginal and Torres Strait Islander Health Award. The winner was Melanie Robinson (pictured third from left, above), from the Murrumbatman Aboriginal Health Training College.

Health Minister Dr. Kim Hames was one of the guests.
Sad farewells

Sonya Bauk

Dear Colleagues

Sonja Bauk has worked around UWA for quite a while and she worked in the Survey Research Centre in the School of Population Health for a while around 1999-2001.

Some of you may remember her - she always had a cheery greeting and a smile.

The Student Systems team attended a memorial for her in the Sunken Gardens. “Our dear friend and colleague, Sonja Bauk, passed away on Friday, 22 October 2010. Sonja worked with Student Systems since 2003 and was responsible for launching staffConnect and studentConnect. Her bright spirit and happy enthusiasm will be greatly missed.”

Max Le

Dear Colleagues

I have just been informed that Max Le passed away over the weekend. Max Le was a PhD candidate and staff member in the School for many years (with principal association to the cardiovascular research group). The only details I have are below in the message from former student Crystal. This is indeed sad news.

Jan Hansen

Dear Colleagues

Jan Hansen was a staff member and MPH student in the Occupational and Respiratory Epidemiology Group in the School Population Health during 1990 to 1995. She then moved to TICHR where she worked and completed her PhD (with Nick de Klerk as the main supervisor).

Some of you may know and remember Jan. She was a lovely lady who was well liked.

Jan was diagnosed with ovarian cancer in 2007 and although some treatments worked for a while she recently lost her battle with the cancer and passed away last Saturday.

The funeral has been booked for Saturday at 11.30 am at Karrakatta, and I have been advised that any of Jan’s many friends, workmates, and colleagues are more than welcome. Details are also in the West today (Wednesday).

The family (Peter Hansen) has asked that you do not send flowers but would prefer donations to the Louisa Alessandri Memorial Fund. You can donate over the phone or ask to be posted a form from reception at TICHR. The number is 9489 7777.

Matthew

Greenliness at SPH

Old/used batteries

Old/used batteries – don’t let them go into landfill!

There is now a container (a recycled one at that!!) in SPH staff room and CBEH kitchen area for old/used batteries.

Batteries are made up of heavy metals and other toxic elements, including nickel, cadmium, alkaline, mercury, nickel metal hydride, and lead acid. These elements can threaten our environment if not properly discarded and/or recycled. Batteries which end up in landfills and incinerators leak into the environment, causing a serious health risk to humans and animals.

Put your used batteries in here (even the very small ones).

And remember when it comes to saving the planet: We must not, in trying to think about how we can make a big difference, ignore the small daily differences we can make which, over time, add up to big differences that we often cannot foresee.

Marian Wright Edelman

Lisa Wood
Songs of the Festive Season
For All Personalities (apologies to all of them)

1) Schizophrenia---- Do You Hear What I Hear, the Voices, the Voices?
2) Amnesia-- I Don’t Remember If I’ll be Home for Christmas
3) Narcissistic-- Hark the Herald Angels Sing About Me
4) Manic-- Deck The Halls And Walls And House And Lawn And Streets
And Stores And Office And Town And Cars And Buses And Trucks And
Trees And Fire Hydrants And............
5) Multiple Personality Disorder----We Three Queens Disoriented Are
6) Paranoid---Santa Claus Is Coming To Get Us
7) Borderline Personality Disorder--- You Better Watch Out, You Better
not Shout, I’m Gonna Cry, and I’ll not Tell You Why
8) Full Personality Disorder--Thoughts of Roasting You On an Open Fire
9) Obsessive Compulsive Disorder---Jingle Bells, Jingle Bells Jingle
Bells, Jingle Bells, Jingle Bells, Jingle Bells, Jingle Bells,
Jingle Bells, Jingle Bells
10) Agoraphobia---I Heard the Bells on Christmas Day But Wouldn’t
Leave My House
11) Senile Dementia---Walking In a Winter Wonderland Miles from My
House in My Slippers and Robe
12) Oppositional Defiant Disorder---I Saw Mommy Kissing Santa Claus
So I Burned Down the House
13) Social Anxiety Disorder---Have Yourself a Merry Little Christmas
While I Sit Here and Hyperventilate
14) Attention Deficit Hyperactivity Disorder--We Wish You......Hey Look!!
It’s Snowing!!!
**WHY DOES SMOKING FEEL GOOD?**
When you smoke, you inhale a chemical called nicotine.

Nicotine feeds the tiny tobacco executives that live inside your lungs.

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**What are ELECTROLYTES?**
When lightning hits rain or lakes, ELECTROLYTES enter the water.

Scientists make drinks from this water.

ELECTROLYTES transfer lightning's energy to your body. That helps you run fast and power small machines.

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**The Amazing World of Genetic Engineering**

At Left: A scientist plucks the modified ears of the Pill Mouse for priceless medication.

Below: Improved food makes our lives tastier and more convenient.

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**WHY DO LEAVES CHANGE COLOR?**

Summer heat bakes each leaf, cooking out the green chlorophyll.

When the leaves are brown, they fall to the ground and are ready to eat.
Wishing all of the greater SPH family and friends a very merry Christmas and a wonderful New Year!