



## OUR PLACE

BY GLENN SALKELD

Our work in public health takes us to all points on the globe just as our teaching and research brings students from around the world to Sydney. Whatever the reason for our travel there is almost always pleasure in coming home - to the place where we belong and to the familiar. It wouldn't be November unless the jacarandas on campus were in full bloom. It wouldn't be November unless there was a flurry of student requests for an extension on the deadline for assignments. But would Public Health be the same if the Burkitt Ford library became a student lounge and study centre?

To the thousands of graduates who spent countless hours in the library, for whom the musky smell of the stacks are so familiar, for whom the sound of the books sliding through the returned shoot, hitting the trolley with an affirmative thud, was a weekly affair, this is about to change. The Burkitt Ford library has been transformed into a modern facility in which students and staff can transact the business of learning and socializing in comfortable, spacious surroundings. Burkitt Ford is a place where our students belong but with the accoutrements of 2010 – banks of computers and electrical connections for laptops, wireless internet, leather lounges and tables for group learning rather than individual study booths. Not to mention the most important of all, access online to scholarly journals, books and the virtual world of information exchange.

In this issue we traverse the full range of activities and professional relationships that encompass our place as an academic School of Public Health. It demonstrates the relevance, connection and leadership in our teaching and research that our staff bring to communities at home and abroad, to our institutions and to those people who need our care and support. To everyone in the School thank you for your outstanding efforts in 2010. I wish you all a relaxing, enjoyable summer break that takes you into an ever better year in 2011.

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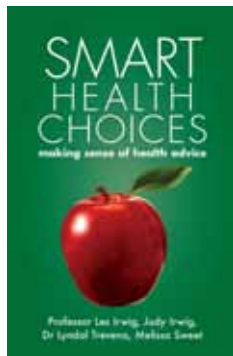
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# SMART HEALTH CHOICES

LES IRWIG, LYNDAL TREVENA, MELISSA SWEET



How to help people make better health decisions is a driving passion for many of us in the School. Les Irwig (Professor of Epidemiology), Judy Irwig (a consumer), Lyndal

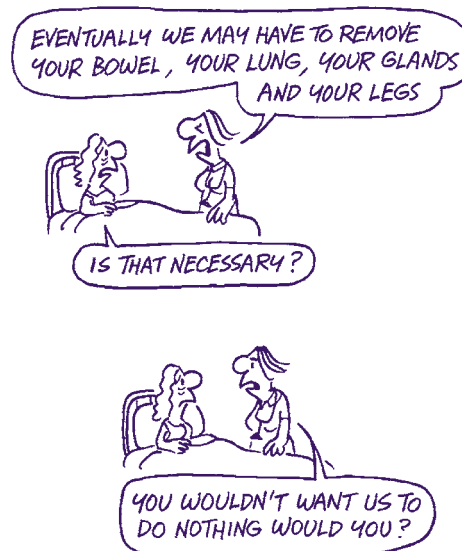
Trevena (GP) and Melissa Sweet (a freelance health journalist and adjunct senior lecturer in the School) have collaborated to write a book that aims to help consumers do just that.

The recently published book is an update of the 1999 edition. Les says: we were pleased to find that the basic messages and tools hadn't changed since this book's predecessor. However, there are new studies to inform the examples and applications are vastly different; the new book has much more on how to deal with information on the web. And in line with that expansion, the book itself is now available on the web as a free download [<http://sensiblehealthadvice.org/>].

Although the book does deal with how to understand what evidence to believe, Les points out that the major issue is to ensure that the right questions are asked to structure the decision. These are shown below. Les says: if people and their practitioners use these questions, it will either help define the best decision or point to what information would be most helpful to make the best decision. Consumers should avoid the trap of starting to look for information too early – there is so much, especially on the web, and psychological research increasingly points to how few items of information people can juggle at the same time. The 5 questions are a tool to help make a decision or point to what information is critical to the decision, so that looking for it can be more targeted.

The book is proving to be a useful teaching tool for medical students and the questions are soon to be piloted within a new clinical reasoning guide within the Sydney Medical Program's Community Block.

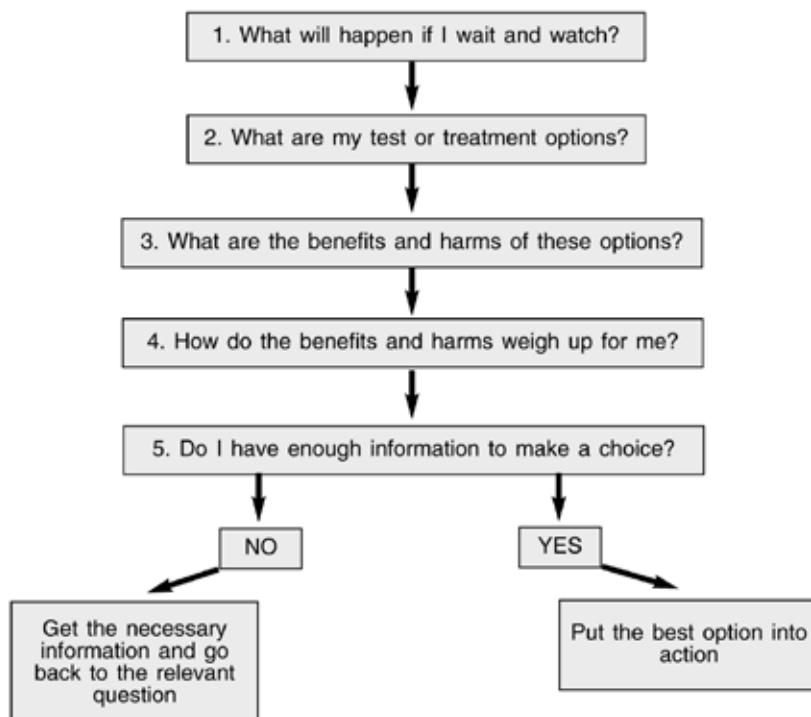
As well as being useful in health and medical education in training, and in helping patients, Melissa thinks the



book may be of interest to journalists and media managers. It may also help people assess what they read in the headlines or hear on the news about developments in health.

## More information

Follow news about the book and related issues on Twitter- @health\_smart



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# ECONOMICS MODELLING AND DIABETES: THE MOUNT HOOD FIVE CHALLENGE

ALISON HAYES

What does a ski resort in Oregon have in common with modelling of type 2 diabetes?

In August 2000 Jonathon Brown and Andre Palmer got together at Timberline Lodge, Mount Hood to compare the performance of their diabetes models. This became the first in a series of meetings in which diabetes modellers get together to discuss and compare their models and identify future developments. Since then the number of delegates has grown, as has the number of models.

The Mount Hood 4 meeting in Basel in 2004 was the first in which modellers compared the outputs of their models with 'real life' data. After a large interval of years, The Mount Hood Five challenge took place in September in Malmo, Sweden, organised by Philip Clarke. Eight modelling groups were involved in the 'challenge', which was followed by parallel conference sessions and a workshop chaired by Andy Briggs on dealing with uncertainty in diabetes modelling. It was a very successful meeting, attended by about 90 delegates, and it would seem that the demand for accurate diabetes models will assure the continuation of these meetings in the years to come.

## **Mt Hood 5 Organising Committee**

Elbert Huang, University of Chicago, Alastair Gray, University of Oxford, Philip Clarke, University of Sydney (chair), Bill Herman, University of Michigan, Andrew Palmer, University of Tasmania, Katarina Steen Carlsson, Lund University, Jonathon Brown, International Diabetes Federation. Ulf Gerdtham, Lund University

## **More information**

HEALTH ECONOMICS

[sydney.edu.au/medicine/public-health/heconomics/index.php](http://sydney.edu.au/medicine/public-health/heconomics/index.php)

MT HOOD FIVE CHALLENGE

[sydney.edu.au/medicine/public-health/heconomics/activities/conferences/index.php](http://sydney.edu.au/medicine/public-health/heconomics/activities/conferences/index.php)



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# CANCER EPIDEMIOLOGY AND CANCER SERVICES RESEARCH GROUP

JANE YOUNG

Partnerships between researchers, policy makers and practitioners are vital for research translation. Not only does this provide a mechanism to help the translation of research findings into policy and practice, but it can also ensure that the needs and priorities of the end-users can shape the research agenda. The Cancer Epidemiology and Cancer Services Research Group is a novel partnership between the School of Public Health and the Cancer Institute NSW (CINSW). Established in April this year from a competitive grant awarded by the CINSW to the University of Sydney, the group aims to strengthen cancer epidemiology and cancer services research in NSW and to build research capacity in this area. A particular focus of interest is to optimise the research and information derived from the databases, registries and data linkage activities of the Cancer Institute NSW for cancer control.



## How does this partnership work?

A number of elements have been set in place to bring the two organisations together around cancer epidemiology and cancer services research. First, as part of my role as Professor in Cancer Epidemiology and Head of the group, I also have an advisory role as the Scientific Director of the Cancer Information and Registries Division of the CINSW and have been appointed to the Institute's Cancer Research Advisory Committee and Centre for Health Record Linkage (CHeReL) Advisory Committee. Second, to maximise the chance for formal and informal interactions between our group and CINSW staff, we have offices at both the University campus, in the QEII Research Institute, and at the Cancer Institute NSW at Australian Technology Park, with members of our group spending about half the week at each site. Third, we are currently in the process of developing a collaborative strategic research plan for the group, with input

from both partner organisations. Over the coming months, we have a number of plans to strengthen the links between the two organisations, including activities such as joint meetings and seminar series and academic involvement of CINSW staff within the School through contribution to teaching and opportunities for enrolment in postgraduate degrees.

## Who is part of the group?

The group builds on Professor Bruce Armstrong's successful Cancer Genes, Environment and Behaviour Program, with Bruce, Anne Kricker, Chris Goumas (Data Analyst) and Christine Madronio, Kylie Vuong and Nayyereh Aminisani (postgraduate research students) established in our QEII office. I am delighted that Lieu Trinh (Associate Lecturer), Laura Rodwell (Senior Research Officer, Biostatistics) and Yichao Liang (PhD candidate) have joined us in recent weeks and look forward to welcoming several new staff and students who will commence in the near future.

If you would like to have a chat about cancer epidemiology or cancer services research, please drop by or give us a call.

## More information

Jane Young, Professor in Cancer Epidemiology

[jane.young@sydney.edu.au](mailto:jane.young@sydney.edu.au)

# ABORIGINAL HEALTH RESEARCH AT NRUDRH

The Northern Rivers University Department of Rural Health (NRUDRH) has a focus on Aboriginal health research. The projects conducted by the NRUDRH most often have been as an answer to requests by Elders or the health service providers who work closely with the local community. At times these have developed from NRUDRH academics discussing ideas with local services and matching expertise to local needs. Some of these examples include concerns about smoking in pregnant women, worse outcomes of treatment in end stage renal disease or concerns about the lack of uptake of Home Medicines Review (HMR) by Aboriginal patients.

Due to the growth over time in Aboriginal health research the NRUDRH made a conscious decision in 2008 to fund and appoint a senior Aboriginal academic to assist with this growing program of work. In late November 2008 Janelle Stirling joined the NRUDRH. Janelle works in the area of both research and education and has initiated a collaborative school based trainee program and teaches introductory research to Aboriginal and Torres Strait Islander researchers.

## Maternity services in remote Australia

While we are located in Lismore our studies stretch beyond the local health service boundaries across New South Wales or nationally. One study led by Lesley Barclay is located in the Northern Territory where a 5 year program continues until the end of next year. This study is a baseline, intervention and evaluation study that responded initially to remote women's concerns about their maternity services and the ways these were offered. This research team has worked with Elders, local leaders and the health system to use data to drive improvement. Close partnerships with policy and senior practitioners and Aboriginal women have ensured simultaneous translation and impact alongside the study. This has resulted in major change to health service delivery and continuing health systems improvement. We have 2 PhD students who will submit next year associated with the study, 6 publications accepted, 9 in preparation, and 14 conference or other presentations. New work associated with this study still to be

completed is a costing study comparing a new model of care with our baseline data and an investigation of inordinately high neonatal nursery admissions after birth.

## Smoking cessation

Locally Megan Passey leads a study initiated because of concerns raised by the Ballina Aboriginal Maternal and Infant Health Strategy (AMIHS) team about high levels of pregnant Aboriginal women smoking. This study is being undertaken in collaboration with the University of Newcastle and is supported by NSW Health, the AMIHS program and is guided by Community Reference Groups. The study is funded by the Commonwealth government. Jenny Gale, Janelle Stirling and Cathy Malla have all joined Megan to assist with this work which has grown from an initial local qualitative study to include state wide surveys with the AMIHS teams and clients. This information has then been used to inform the development of an intensive quitting program which is currently being trialled in Ballina and Dubbo with control sites in Macksville/Nambucca Heads and Taree/Forster. The trial is only in its early stages and will continue for another 15 months. Closer to home, psychologist James Bennett-Levy, and Indigenous researchers Janelle Stirling, Shawn Wilson with Jeff Nelson from Southern Cross University (SCU) are leading a participatory action research study. The research team is working closely with a local group of Aboriginal counsellors who are undertaking the NRUDRH 9 day program in Cognitive Behaviour Therapy (CBT) for depression and anxiety disorders. The group also take part in focus groups to explore the

suitability of CBT for their clients and how it may be included as one tool available for Aboriginal clients. The project has been funded out of the NRUDRH mental health academic's budget and is at an early stage. However we expect the results to show how CBT principles and techniques can be adapted to the Indigenous context and the findings could benefit a wider client group.

## Student research

At the research student level we have a number of our employed staff undertaking research degrees related to Aboriginal health. Of these, Lindy Swain our pharmacy academic has undertaken an extensive qualitative study on Home Medicine Review collecting data from locations around Australia. Her field work was funded by the Pharmacy Guild. She is now writing this work up as research as distinct from an extensive report that has already been submitted to the funding body. Also Liz Rix is a renal nurse who has been awarded the prestigious Ian O'Rourke Scholarship to study end stage renal disease in rural Aboriginal people in the local area. Liz has done quite considerable preliminary work and has North Coast Area Health Service HREC approval. She is currently working on her methodology and additional HREC applications and Area Health Service approvals. Her study is being locally supervised with additional guidance from a member of the University of Sydney Kidney Research Group based, at Westmead Hospital.

## More information

The Northern Rivers Department of Rural Health  
[www.nrudrh.edu.au/index.php](http://www.nrudrh.edu.au/index.php)



# BRIDGING RESEARCH POLICY AND PRACTICE

LESLEY KING<sup>1</sup>, ADRIAN BAUMAN<sup>1</sup>, ANDREW MILAT<sup>2</sup>

The Physical Activity Nutrition Obesity Research Group (PANORG) was formed in late 2008, following the successful bid by Adrian Bauman, Louise Baur, Ian Caterson and Tim Gill in response to an open tender from NSW Health, to conduct a five-year program of applied, policy-relevant research.

PANORG functions within the context of the Prevention Research Collaboration, which is a larger research grouping focused on primary prevention and health promotion within the School of Public Health.

The PANORG research program builds upon previous research programs conducted through the NSW Centre for Overweight and Obesity (COO), NSW Centre for Physical Activity and Health (CPAH), and NSW Centre for Public Health Nutrition (CPHN), at different times over the last decade. Similar to its predecessors, the work of PANORG is organised according to three aspects of building evidence for public health action:

- Population monitoring and measurement tools;
- Determinants and environments; and
- Intervention research.

In practical terms this has led PANORG to conduct a range of research studies, including the monitoring NSW children's weight status and associated behaviours; evaluation of large government funded child obesity prevention initiatives; trends in adults' physical activity; and exploration of parents' and adolescents' attitudes and practices in relation to small screen recreation, soft drinks, food marketing and related issues.

In contrast to investigator-driven research, PANORG has clear arrangements for regular and frequent communication and exchange with policy makers, including:

- A program of policy-relevant research is negotiated between the research group and funders
- There are two-way communication systems, with a mix of formal (such as quarterly reports) and informal exchanges
- A purposive, planned approach to dissemination of research results and products to relevant end user groups.

The collaboration also involves PANORG providing expert and technical advice to NSW Health's Centre for Health Advancement regarding priorities, strategic policy and program directions and evaluations. This formal collaborative mechanism between researchers and policymakers is designed to address policymakers' requirements for timely and contextually relevant evidence, without compromising academic quality and expectations. Rapid and applied evidence-building is particularly important for the primary prevention of chronic disease, as there continues to be limited high quality and appropriate evidence regarding effective and sustainable interventions.

Our experience is that, while better communication between researchers and policymakers is often suggested as fundamental to increasing the use of research evidence in policy, more intensive and sustained processes of knowledge exchange are required. The value of structural approaches to link research, policy and practice is increasingly recognized, and other, similar initiatives are emerging across other parts of Australia and internationally.

The agreement commits them to a series of health reforms that would decentralise the health service and make it easier for primary and secondary care to be brought together to serve the needs of patients.



## More information

[sydney.edu.au/medicine/public-health/panorg/](http://sydney.edu.au/medicine/public-health/panorg/)

Prevention Research Collaboration, SPH  
Centre for Health Advancement, NSW Department of Health



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# MENZIES CENTRE FOR HEALTH POLICY AND THE COAG NATIONAL HEALTH AND HOSPITALS NETWORK PARTNERSHIP

JIM GILLESPIE

The Menzies Centre for Health Policy (MCHP) is engaging with NSW Health and the community as the Council of Australian Governments (COAG) National Health and Hospitals Network (NHHN) Agreement is rolled out in NSW. This Agreement was signed in April this year by the chief ministers of each state (except Western Australia), each territory and the Commonwealth Government, committing them to a series of health reforms that would decentralise the health service and make it easier for primary and secondary care to be brought together to serve the needs of patients.

MCHP has entered into a partnership with the NSW Department of Health to provide independent policy comment and advice during the roll out of the COAG NHHN Agreement in NSW. MCHP has been tasked to provide independent expert analysis and advice on major projects associated with the new NHHN including the implementation of the Local Hospital Network (LHN) structure. There are 15 proposed LHNs for the state of NSW, 7 metropolitan LHNs and 8 rural LHNs which will replace the current large Area Health Service structure. NSW Health is currently accepting expressions of interest for membership of the LHN Governing Councils and Sydney School of Public Health and Sydney Medical School staff and alumni will be strong candidates.

MCHP's advice will take into consideration hospital and non-hospital settings, GP and primary health care services. We will also provide policy and research papers and evidence for important policy decisions relating to the development of new governance structures and transition options for the implementation of the Local Hospital Networks.

MCHP's ongoing interest in evidence-informed engagement and consensus approaches between research workers and policy makers will be at the forefront of this partnership. This is an exciting opportunity for MCHP to engage directly in the process of health reform in NSW working with managers, clinicians and the community.

## **More information**

Menzies Centre for Health Policy

[www.menzieshealthpolicy.edu.au](http://www.menzieshealthpolicy.edu.au)



# KNOWING WHAT TO DO: THE FUTURE OF PALLIATIVE CARE

JIM GILLESPIE

"I know what to do, I'm well prepared because I've done this twice before, for Mum and Dad, and now I'm doing it for (Peter)... I cook the things he likes, but he hasn't the appetite to eat them. He takes one mouthful, and doesn't want any more. I went to the shop to get lemonade because he wanted to drink some, but he took one mouthful and said it was too sweet, so I went back to the shop and got some soda water 'cos he thought he wanted that... but that wasn't sweet enough."

The complexities of being - or caring for - someone in the end stages of illness are the focus of a study under the leadership of Dr Jim Gillespie at the Menzies Centre for Health Policy. The study focuses on the pathways through palliative care during the last weeks of life, as told to us by patients, their carers and those who provide services in the context of palliative care provided by Calvary Health Care Bethlehem (CHCB), which is part of the Little Company of Mary Health Care (LCMHC), in Caulfield, Melbourne. The research team includes Dr Angela Beaton, Dr Cathie Hull and Ms Beverley Essue from the Menzies Centre; with Mr John Belfrage and Ms Shannon Thompson from CHCB and Ms Sue Hanson, LCMHC's National Manager of palliative care. The Menzies team built on its existing work on the contexts of chronic care in the Serious and Continuing Illness Policy and Practice Study (SCIPPS)

The study is exploring the hospital-based and community palliative service CHCB offers to patients and their families. Patients of CHCB may be accepted into the specialist palliative care service while living in their homes or on entry to hospital. Do we understand what the experience is

like for the patients and their carers? Can we improve the last steps of the journey by feeding back the experience of a group of patients to CHCB, describing the successes and the gaps in the service? Can we draw out policy implications from this group of patients to others sharing the palliative pathway in other parts of Australia?

CHCB is particularly interested to understand the community end of the service they offer. We wish to be able to tell them how people manage tasks of daily living, the demands of twenty-four hour care, and the financial burden on the patients and carers, especially for low-income families. We are interested in the policy implications of financial hardship in achieving access to care, to services, equipment and to medicines, and the attraction of alternative medicines and treatments, especially when conventional health care has no more to offer in prolonging life.

The study is based on interviews with patients and their carers, a diary that each patient or family will keep for two weeks after acceptance into the service, and monthly follow-up interviews.

We believe the research should lead to an improvement in the service, and also to a body of evidence on which we can base plans for a larger study of a difficult time in people's lives, and recommendations for national policy responses to unmet needs of the dying and their carers.

## More information

Professor Jim Gillespie

[james.gillespie@sydney.edu.au](mailto:james.gillespie@sydney.edu.au)



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# PREVENTION OF EARLY NEONATAL MORTALITY AND SERIOUS MORBIDITY BY RAPID IDENTIFICATION OF MALNUTRITION IN NEWBORNS

HEATHER JEFFERY

## MALAYSIA

My previous research in Malaysia at Penang Hospital identified significant perinatal mortality and morbidity in malnourished term newborns. Analysis of a cohort of 280 consecutive low birth weight (<2500gms) newborns, using skin and neurological markers to establish gestational age, indicated that most were at term gestation. This was and continues to be a major burden in low income countries and is largely unrecognized because maternal dates are often unknown or incorrect and the reduced birth weight often interpreted as due to prematurity. Fetal malnutrition is especially prevalent in south Asia where up to 40% of newborns are of low birth weight. Underlying causes include poor nutrition, low pre-pregnancy maternal weight and height, maternal diseases in pregnancy.

## SYDNEY

In Australia, newborns are screened for suboptimal growth by population charts and weight <10th percentile for gestational age. The main problem is detection of infants >10th percentile who are malnourished. An audit of infants born at Royal Prince Alfred Hospital (RPA) has consistently shown the poor detection of such infants, who were only recognised when admitted to the neonatal nursery due to complications (birth asphyxia, hypoglycaemia and if symptomatic, neurological impairment, hypothermia, death). Such detection is also relevant to later adult onset of diseases such as hypertension and type II diabetes. A multidisciplinary research team\* at the University of Sydney aims to define new measurements and novel physical sensors that will simply, effectively, accurately and cheaply, detect such growth reduced babies in the hospital or in the home by surrogate measurements of fat. Low fat characterises such 'at risk' infants and a new device the Pea Pod will provide accurate, non invasive, safe, 'gold standard' measurements of fat using air displacement technology. The cohort study of over 600 newborns is now complete and analysis underway.

## VIETNAM

When the best 'tool' for detection of malnutrition is identified from the cohort study we will undertake a randomised controlled trial in Vietnam in 2011. Once identified at birth most newborns can survive with early, frequent and appropriate breast feeding. The Hoc Mai Maternal and Child Health team have established links and trust in Hanoi and HCMC and the remote Dien Bien Province, the proposed sites for this trial. Capacity building through perinatal health education in Vietnam has established academic, public health and facility linkage needed for the trial.

## RESEARCH TEAM

**Professor Heather Jeffery**, International Maternal and Child Health, Sydney School Public Health, University of Sydney (Chief Investigator)

**Dr Alistair McEwan**, Lecturer in Computer Engineering, University of Sydney (Co-investigator)

**Dr Lisa Askie**, Senior Research Fellow, Clinical Trials Unit, University of Sydney (Co-investigator)

**Dr Camille Raynes-Greenow**, NHMRC Postdoctoral Research Fellow, Sydney School Public Health, University of Sydney (Co-investigator)

**Dr Gary Cohen**, Senior. Research Scientist, Karolinska Institute, Sweden returning to Sydney (Co-investigator)

## RESEARCH STUDENTS - PEA POD PROJECT:

**Angela Carberry** BSc Hons 1, MPH (Commenced PhD, University of Sydney)

**Elizabeth Hayles** Bachelor of Nursing and Midwifery, Honours MIPH student, University of Sydney, 2010

**Lucia Wang** Bachelor of Anthropology and winner Dean's award for Summer Scholarship Research students. March 2010 now commenced Honours MB BS project 2010

**Erin Donnelly**, Bachelor of Science (Honours). Second year medical student ,Honours MB BS project 2010)

**Cheryl Au**, Bachelor Medical Science. Second year medical student, Honours MB BS project 2010)

## More information

Professor Heather Jeffery

heather.jeffery@sydney.edu.au



# BUILDING HEALTH PROMOTING COMMUNITY SPORTS CLUBS: A CASE FOR HEALTHY SPONSORSHIP

BRIDGET KELLY, LOUISE BAUR, ADRIAN BAUMAN, LESLEY KING, KATHY CHAPMAN, BEN SMITH

Symbolically at least, sport is strongly linked with health and health promotion. However, the association between sport and unhealthy corporate sponsors can undermine this link with health.

In Australia the prevalence of childhood overweight and obesity is increasing, with almost one-quarter of school-aged children currently either overweight or obese. Children's exposure to unhealthy food marketing is recognised as one factor contributing to the obesity promoting environment. This food marketing affects the food that children like, ask for, buy and ultimately eat.

Sport sponsorship is one such marketing tool which can exert influences on sporting organisations and their members. While sponsorship of junior sport may provide necessary funding, this can be counterproductive if sponsorship is not consistent with the broader health promoting goals of community sport. For example, the promotion of food and drinks that are high in fat, sugar and/or salt may negate the health benefits gained by children through participation in

physical activity and build unhealthy eating habits which last throughout life.

Researchers from the School of Public Health, together with Cancer Council NSW were awarded a three-year Australian Research Council (ARC) Linkage Grant to work with community-based sporting clubs to reorient junior sport sponsorship to be more health promoting. This collaboration between School of Public Health researchers and Cancer Council NSW is a major strength of the project, which combines academic research expertise with Cancer Council's advocacy experience and strong community links. This project comprises three major components, including:

1. Interviews with sports club committees about their clubs' sponsorship; to evaluate the extent of children's exposure to unhealthy food and drink company sport sponsorship in NSW.
2. Surveys with parents and children; to determine communities' attitudes towards food and drink company sponsorship of children's sport and

their support for potential regulations to limit this sponsorship.

3. Working with sports clubs to introduce novel funding opportunities; to assist in reducing clubs' reliance on unhealthy food and drink companies while maintaining the viability of community sport.

Creating health promoting sports clubs, including the formation of healthy sponsorship arrangements, has potential benefits for the adoption of healthy eating behaviours by children and families. As well, by generating healthy and welcoming environments, research suggests that sports clubs can potentially increase their membership and participation rates. As such, this project offers mutual benefits for sporting communities and health. The collaboration with Cancer Council NSW also means that this research is policy-relevant, and will produce results that can be incorporated into practical actions and underpin the broader advocacy agenda for creating healthy environments for children.

Children's exposure to unhealthy food marketing is recognised as one factor contributing to the obesity promoting environment.



## More information

Physical Activity Nutrition and Obesity Research Group (PANORG)

[sydney.edu.au/medicine/public-health/panorg/index.php](http://sydney.edu.au/medicine/public-health/panorg/index.php)

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# UTILISING CLUSTER RANDOMISED TRIALS

JUDY SIMPSON

As a biostatistician, Professor Judy Simpson has a special interest in the design and analysis of cluster randomised trials, which are particularly suited to community interventions.

## **Exposure to sunshine, vitamin D levels and falls prevention**

In a recently completed study with colleagues at Royal North Shore Hospital, Sydney Medical School and UNSW, elderly residents of 51 aged care hostels were randomised by hostel, not individually, to test whether daily exposure to sunshine would improve their vitamin D levels enough to prevent them from falling. Some participants were reluctant to expose their skin to the sun, even early in the morning, due to concern about skin cancer, while others were simply reluctant to go outside. But for those who did go out in the sun, their vitamin D levels increased, their balance improved and the number of falls was significantly reduced.

## **Appropriate use of child restraints in cars**

Judy is also using a cluster randomised trial design in a current NHMRC-funded study with colleagues from the George Institute and UNSW, which aims to increase appropriate use of child restraints in cars. In this trial, 28 pre-schools in low-income areas of Sydney were randomised and half received the intervention, which included an educational program involving an in-service for centre staff, distribution of educational materials to parents, a parent workshop demonstrating restraint use, subsidised restraints for parents in need, and vouchers for a free restraint checking service. If the intervention is found to be effective it could be implemented on a larger scale via an existing government-funded program, so the results of the trial will be relevant to policy makers and child safety advocates.

## **Clinical leadership program effectiveness**

In a third trial using this design, Judy is collaborating with colleagues in Nursing and Health Sciences to test the effectiveness of a clinical leadership program for middle managers in the residential and community aged care workforce. The partner organisation for this ARC Linkage Grant is Baptist Community Services, one of the largest and most progressive aged care service providers in Australia. With 1.4% of the Australian workforce employed in the aged care sector, but problems with low pay and high turnover, this program will be aimed at improving workforce recruitment and retention. In addition it will aim to improve the quality and effectiveness of the care, which has a crucial bearing on the lives of vulnerable older people in community and residential care. It is hoped that the findings will contribute to improving the status of aged care employment and yield future policy directions that promote effective clinical leadership in aged care.

## **More information**

Professor Judy Simpson

[judy.simpson@sydney.edu.au](mailto:judy.simpson@sydney.edu.au)



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# INDIGENOUS HEALTH PROMOTION STUDENTS MAKE RADIO WAVES

Indigenous Health Promotion students at the 2SER FM radio studio recording health messages for the Jailbreak Program.



KATE PINNOCK FROM RADIO 2SER  
JAILBREAK HEALTH PROJECT COORDINATOR



DAVID PARFITT



GEOFFREY ANGELES



L-R JOYCE HOLLEY, LILY-ANNIE AHMAT



L-R YEN LOBAN, JAMES BRIGGS, JAKE BYRNE, RENAE HODGES



L-R JOYCE HOLLEY, LILY-ANNIE AHMAT, DONNA HIPWELL

TOP: RENAE HODGES  
MIDDLE: YEN LOBAN  
LOWER: JAKE BYRNE

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# Q&A WITH ADRIAN BAUMAN



**Q. What influence did your formative years have on your career?**

Formative years are difficult to define, because one is always developing. My adolescent years were influenced by my father and select schoolteachers who passed on a strong sense of history and a sense of equity and social justice. By the time I finished school I wanted to be a population level sociologist, but it took me another 12 years to work my way back into public health to achieve that goal in a roundabout way.

**Q. Is there an epidemic of obesity? If so, what should we do about it?**

The media is pushing the term 'epidemic' to be applied to obesity and this is counter-productive. Obesity is a global and pervasive and endemic state. If we describe it as an epidemic, then when the rates of increase in obesity start to level out, politicians and others will claim credit for this and will lose interest in obesity prevention and control. This will still leave us with a large burden of preventable of morbidity in the overweight and obese population, but without the political pressure to develop public health solutions.

**Q. You are involved in an NHMRC Program grant called Sitting less and moving more. Tell us a little about this research project.**

This is our second NHMRC Program Grant; the first one was on Physical Activity and Public Health, an area that I have worked in for 20 years. This

current grant explores a new health risk factor, "sitting too much". It seems that sitting is an independent risk factor for metabolic risk (particularly the risk of diabetes) unrelated to leisure time physical activity. And since we increasingly sit at work, in the car, at home watching television and computer screens, and in as many ways as possible, this poses a complex societal challenge. We are exploring the epidemiology of sitting, some of the physiological mechanisms through which adverse health effects are mediated, and eventually, piloting interventions to reduce sitting.

**Q. Do community interventions to promote a healthy lifestyle work? What do we need to do to promote lasting improvements in physical activity, nutrition and exercise?**

This is a challenging question, and the answer is probably yes, provided they are multi component system wide preventive interventions. For example we need to create opportunities for people to be physically active, create the environments in which they can be active, increase active travel to and from work, change the food environment and influence food marketing to children. Thus it is not one single intervention element, but a whole array that make a population health intervention likely to be effective. The problem with ecological and multi component interventions is that we have little controlled trial evidence; but the quasi experimental evidence and ecological observations within and

between countries, cross-sectionally and over time, suggests that these are the most likely effective strategies.

**Q. What is the International Physical Activity Questionnaire (IPAQ) and what does this project hope to achieve?**

IPAQ was a questionnaire that we developed about 10 years ago. It is a standardised comparable measure that could be used across countries for assessing total physical activity in population surveys. At that time, all countries used different and non-comparable measures of physical activity. IPAQ was the first international measure, which we validated in 12 countries, and since then we have prevalence estimates from many countries. IPAQ, and related measures, are now commonly used in physical activity surveillance in over 100 countries. Since we have had comparable estimates of smoking prevalence among countries for many years, it has been nice to see physical activity estimates become possible at the global level, particularly for burden of disease calculations.

**Q. You and colleagues were awarded an ARC Discovery Grant for Popping the Bubblewrap, Unleashing the Power of Play. What is this all about?**

This project with SPH and colleagues from the Cumberland Campus of Sydney University is a cluster randomised trial to increase physical activity amongst early primary school

aged children. In particular this project focuses on increasing opportunities for play, using large movable plastic and cardboard objects which are easily moved into and off the school playground.

**Q. What are you most proud of in your career so far?**

This is a difficult question ... working with excellent colleagues in NSW in the mid 1990s, I chaired the NSW Premier's Taskforce on Physical Activity, and we developed a partnership called Active Australia which linked Health and the Sport and Recreation sector. In NSW we also had engagement from other sectors, including urban planning and education. This initiative, bringing agencies outside of the health sector into being partners in solving public health problems, is a critical part of public health practice. This Taskforce provided an inter-sectoral framework for physical activity actions that has been adopted in many countries.

**Q. How do you get your 30 minutes of physical activity each day?**

It is easy to get to 30 minutes of daily physical activity with two Jack Russell Terriers; walking them morning and evening allows me to easily accumulate that minimum recommendation. In addition, I currently cycle to work about three or four days a week, and enjoy cycle touring, and seasonal swimming, skiing and bushwalking.

**Q. If you were to take a group of people on a cycling tour anywhere in the world, who would you like to take and where would you take them?**

I already have a group of physical activity colleagues and we do exactly this – have a few days cycling, usually surrounding a Prevention conference somewhere in the world. In the past few years we have had biked in Austria, Holland, Denmark, Canada, and Germany. Where is my next trip planned? If we can get a few days next year, it will either be cycling across Slovenia or in Provence.

**Q. What is your favourite book? Why?**

My favourite books are "Star Maker" and "First and Last Man" by Olaf Stapledon, a British historian and novelist in the 1920s who wrote early science fiction. His particular predilection was writing future histories of Earth, and of the human species. I have read science fiction for four decades, and often wonder what future turns our sometimes self-destructive species might devise.

merlot and cabernet grapes but the rabbits and kangaroos also seem to be partial to them. We still have two kids at home so they tend to keep us busy as well.



# STUDENT NEWS

## SUMMER SCHOOL IN SHANGHAI FOR MIPH STUDENTS

In July, three students from the Master of International Public Health program were selected to participate in a two week summer school in Shanghai.

Held at Fudan University, the summer school, Achieving Millennium Development Goals in Global Health, aimed to:

1. give participants a comprehensive understanding of the Millennium Development Goals (MDGs) and health as a priority in the MDGs.
2. exchange strategies and experiences as have been implemented and taken place among Asian countries in their efforts to achieve health-related MDGs.

“When I heard about the summer school opportunity at Fudan University I thought that it would be a fantastic opportunity for sharing experiences with people around the world and to get a deeper understanding of the MDGs, one of the central focuses of international health and development,” said Andrea Forero Velandia, a graduate medical doctor who came from Colombia to study at Sydney.

“The MDG topic was highly relevant to the MIPH. And, since I’m from Indonesia, which seems was lacking behind

on achieving MDGs, I did expect that by participating in this summer school, I could learn from the Chinese success story on accomplishing the pledge even before the timeline. Thus, I could develop better recommendation of solution for my country,” said Mutiara Tirta, a current MIPH student from Indonesia.

“One of the highlights was a lecture given by Professor Bloom (Neonatologist from The U.S) about MDG 4 [reduce child mortality] which was absolutely fascinating. In addition we were lucky enough to have the opportunity to visit the World Expo that was held in Shanghai at the time of our visit, an incredible experience,” Andrea said.

“The experience fulfilled all my expectations. It was not only the academic content of the workshop but also the Chinese hospitality that contributed to the program’s success. The workshops were very well organized and we had interesting and experienced lectures who shared their knowledge in their field of expertise,” she said.

“Considering all the experience and new knowledge I got as well as the wonderful journey, I highly recommend this program to other students in the future,” said Mutiara.



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### FOR MORE INFORMATION CONTACT

T +61 2 9351 4366  
F +61 2 9036 6247  
E [sph.enquiries@sydney.edu.au](mailto:sph.enquiries@sydney.edu.au)  
[sydney.edu.au/medicine/public-health](http://sydney.edu.au/medicine/public-health)



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