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Hannah Nancarrow at the UN
What's on

**The NSW Premier's Award for
Outstanding Cancer Researcher
of the Year 2008**

**Congratulations to Professor
Simon Chapman who has been
awarded the Premier's Award for
Outstanding Cancer Researcher
of the Year 2008 at Cancer
Institute NSW's Awards Dinner
on 22 May.**



Reaching Out



Professor Glenn Salkeld

I am reminded by recent events that cooperation and collective action go a long way in public health. In July, the Population Health Congress in Brisbane brought together the four main professional associations in population health, some 1300 delegates and an exciting program in which the environment, human health and a sustainable future featured prominently. More than 20 staff from the School attended the conference and presented their research to their peers, stirring debate along the way. Stirring debate is exactly what Jeffrey Sachs achieved on his visit to Sydney. Prof Sachs helped launch the Centre for Sustainable solutions, emphasising the importance of global cooperation and collective action to find solutions to the problem of living on an overcrowded planet. Health is represented in the Centre for Sustainable Solutions by Stephen Leeder and Ruth Colagiuri. This follows their own successful meeting in Sydney by the Oxford Health Alliance and centered on the theme of 'Building a Healthy future: Chronic Disease and the Environment'. The full story of the meeting and its outcome is on page 2.

Across the other side of the globe, the recent United Nations Permanent Forum on Indigenous Issues in New York provided Hannah Nancarrow and 2,500 other

delegates with a unique opportunity see how the UN can assist local indigenous development. A video and other short clips from Hannah's time in New York can be viewed at: <http://nitv.org.au/blacktracks/>

Closer to home, our new Grad Dip Indigenous Health (Substance Use) led by A/Prof Kate Conigrave, is providing an opportunity for Aboriginal and Torres Strait Islander people working in the drug and alcohol (D & A) field to share their experiences working in communities with a high prevalence of D & A problems and take what they have learned back to their communities. Read their story on page 3.

It is 10 years since the Family Medicine Research Centre started their continuous national survey of general practice activity – a good reason to celebrate with a BEACH party at Darling Harbour. It is an enormous tribute to Helena Britt, Graeme Miller, Charles Bridges-Webb and the many staff and supporters who have combined all their wits and talents to provide vital public information and analysis on GP activity. Independent health service research is vital to good health care management and long may BEACH continue their important work in general practice.

With so much public commentary right now on population growth, fertility rates, sustainability and global resource problems it is reassuring to find out that our over 65 population are optimistic about the future, their community and the environment. A/ Prof Susan Quine has been leading Australia's most comprehensive study of those aged 65 years and over. The full story is on page 7.

This issue's Q & A is with Professor David Lyle, Head of the University Department of Rural Health at Broken Hill. What started out more than a decade ago as an idea to bring a public health focused training unit to far outback NSW has become a thriving enterprise that is well integrated into the health service and reaches out to all parts of the far outback community.

The work of Simon Chapman is well known internationally but it was a special honour for Simon to be awarded the NSW Premier's Award for Outstanding Cancer Researcher of the Year. Simon was recognized for his outstanding research into tobacco control, which he has maintained for more than 20 years, and which now extends to tackling the growing problem of tobacco smoking in lower and middle income countries.

Oxford Health Alliance Sydney Summit: Building a Healthy Future

By Associate Professor Ruth Colagiuri

Is there a link between epidemic chronic diseases and climate change? The Oxford Health Alliance (OxHA) believes so and makes this link explicit in its Sydney Resolution - a global call to action for healthy places, healthy food, healthy business, healthy public policy and healthy societies.

The Sydney Resolution was launched at the annual OxHA global summit meeting in Sydney in February 2008. Co-hosted by the Australian Health Policy Institute, the 2008 Sydney Summit, centred on the theme of Building a Healthy Future: Chronic Diseases and the Environment. It argues, for example, that people-friendly urban design and mass transport encourage walking and cycling and discourage car usage thus simultaneously improving health and reducing carbon emissions.

In addition to the Sydney Resolution, key inputs to the Summit came from OxHA's workstreams on economics, urban design - led by Tony Capon; business and the workplace; youth; and the law and health - led by Justice Terry Sheahan (University of Sydney alumnus) and Ruth Colagiuri.

Methodology - a Summit with a difference

Butcher, baker, candlestick maker

OxHA perceives epidemic chronic diseases and climate change as consequences of the way our societies have evolved and that these twin scourges of contemporary life have both common causes and remedies. It holds that the solutions lie in engaging with all levels and sectors of society. So the Sydney Summit brought together an eclectic mix of international luminaries from academia, public health, politics and policy makers, food and pharma industries, the urban design and planning sector, media, law, environmentalists, clinicians, young professionals, and non-government health organisations.

The 120 hand-picked Summit delegates with their diverse experience, political influence and intellectual fire-power were allocated to designated 'Table Teams' by the organizing committee of Ruth Colagiuri, Stephen Leeder, Tony Capon, Rob Moodie and OxHA's Executive Director, Stig Pramming.) Each team comprised a mix of disciplines, genders, industrialised and developing countries as well as a young professional from the OxHA's international group - Young Professionals; a group led by Faculty of Medicine student, Fred Hersch.

Fit City

OxHA's strong commitment to the future is nowhere more visible than in its Youth Workstream which engages young people in debate and activities around health and what needs to be done to protect it. The Youth Workstream's input to the Sydney Summit took the form of a global competition for young people to propose and portray their notion of what would make a city 'fit' from both a human health and environmental perspective. The winners presented their



Associate Professor Ruth Colagiuri

ideas to Summit delegates via videos and music illustrating their concept of a Fit City. The insight, creativity and passion for an alternative and better way of handling urbanization underpinning the winning entries, and the level of sophistication in their visual portrayal, was breathtaking.

3Four50 - taking the Sydney Summit proceedings to the world

This interactive website is the linchpin of OxHA's communication with the world and enables information exchange and debate between chronic disease activists and enthusiasts. Originally named for the three risk factors (smoking, physical inactivity and poor nutrition) that are causes of the four epidemic chronic diseases (heart and chronic lung disease, diabetes and certain cancers) that are responsible for over 50% of global mortality, 3Four50 was instrumental in taking the Summit proceedings to a worldwide on-line audience via video-recorded interviews with delegates and commentary by former editor of the British Medical Journal Richard Smith.

The outcome

While many delegates found the multi-perspective exposure invigorating, others were challenged by the multi-mixed Table Teams. But, at all times, the atmosphere was vibrant, engagement optimal, and the debate vigorous. The result?

- Widespread media coverage
- Ten agreed priority areas for addressing chronic diseases globally
- The Sydney Resolution; a simple but powerful and synergistic framework for dealing chronic diseases and aspects of climate change.

The momentum continues since the Summit, Diabetes Australia, the World Heart Foundation and the World Lung Foundation have formally adopted the Sydney Resolution. Many other organisations are using the Resolution informally and/or considering its formal adoption.

About OxHA

Founded by Oxford University with an industry grant from Novo Nordisk Denmark, the Oxford Health Alliance operates globally as UK registered charity out of a London based secretariat.

OxHA describes its remit as 'confronting the epidemic of chronic diseases'. It operationalises this by seeking to influence those who can influence high level government and corporate policy and practice to modify the social and physical environment to protect and promote the health of people and the health of our planet.

The OxHA Asia Pacific Regional Centre resides at the Australian Health Policy Institute, University of Sydney and is co-directed by Associate Professor Ruth Colagiuri and Professor Stephen Leeder.

Indigenous Health (Substance Use) Students: Tackling challenges around Australia

From Kempsey to Perth, Rockhampton to Sydney, Darwin to Adelaide and Jabiru to Newcastle, nine students from around Australia arrived at the Edward Ford building in March 2008, the first students to begin the new Graduate Diploma in Indigenous Health (Substance Use) program. The group is now halfway through the program.

The Graduate Diploma in Indigenous Health (Substance Use) program was developed as an avenue for further study for Aboriginal and Torres Strait Islander people working in the drug and alcohol field. "Currently, many aboriginal health workers are stuck for years on awards with low levels of pay and minimal options for career advancement. University-level training offers possibilities not only to build skills but also and to get fuller recognition for these. It also opens the door to further university training options if desired," said Course Coordinator, Associate Professor Kate Conigrave.

One of the students, Kelvin Jarrett, who works at Queensland Health said "I thought I knew everything about drug and alcohol problems. When I started the program I realized that I knew the basics but the problems are different in every aboriginal community around Australia. The whole experience has been great. I was nervous on the first day but later, after meeting the others, I felt like we'd been friends a hundred years." Another student, Mary Ford, an Aboriginal Network Project Officer with WANADA (West Australian Network of Alcohol and other Drug Agencies) is also enjoying the program. "I find it very rewarding as I'm in Sydney to learn a vital course so I'm able to help aboriginal people. And meet with rest of the group and we all get on well and all learning from each other," she said.

Block teaching

In response to the heavy burdens and demands placed on workers in this field by their communities, clients and family, the course was structured into a series of 6 one-week intensive teaching blocks held throughout the year. "The best part of this program is being able to come together with other alcohol and other drugs workers from all over Australia and share ideas and experiences. The blocks are a lot of fun. A chance to get away and focus on study," said Melanie Kennedy who works with a small team at Durri Aboriginal Medical Service in Kempsey.

Two-way learning

For Associate Professor Conigrave teaching the group has been as much a learning experience for herself as it has been for the students. "I've learnt far more about the huge challenges facing those working in communities with a high prevalence of problems and poor access to services that we take for granted," she said.



Graduate Diploma Indigenous Health (Substance Use) students L to R
Back: Leon James (NT), Julie Woods (WA), Melanie Kennedy (NSW), Jimmy Perry (SA), Mary Ford (WA), Kelvin Jarrett (QLD)
Front: Kate Conigrave (staff), Bev Grant Lipscomb (NSW), Lowana Fox (NSW), Lana Stanislaus (NT)

Reaching the community

"I work in a clinical setting mostly with assessing clients as well as educating and increasing awareness about the short and long term effects of drugs and alcohol," said Kelvin whose job involves responsibilities to communities stretching from Rockhampton to Longreach.

Similarly, Leon James, an Alcohol and Other Drug Coordinator and Mentor for Kakadu Health Service in Jabiru 250kms south-east of Darwin travels huge distances in the field. "The beauty of my position is the amount of travel around the region which does not allow much time to be bound to a desk. Some days I may travel a 100kms to talk to rangers in one direction and then over the East Alligator river into Arnhem land to visit remote communities such as Gunbalanya," he said.

Education in the scrub

Speaking from a sheep station, Jimmy Perry, a Project Officer for the Aboriginal Drug and Alcohol Council South Australia, said "I'm already using what I've learnt during the course in my current job." Jimmy works with youth and schools to educate and advocate for 23 communities throughout South Australia and beyond. "We're taking the classroom outside into the bush – education in the scrub," he said. In a practical sense this requires resourcefulness and ingenuity. "We take our generator out for electricity, hook up the projector and project onto anything we

can find – a sheet, a shed. The back of old beer signs are great for projecting onto," said Jimmy.

Shared commitment

"The commitment of our students is an inspiration to me, and I believe, for the students too, meeting each other has been a source of strength and encouragement," said Associate Professor Conigrave. "I have a very understanding wife," responded Jimmy Perry when asked how he copes with the often conflicting demands.

"It has been a delight to teach this group of students. As well as being great people and with a sense of humour, they come with a wealth of cultural knowledge and experience working with drug and alcohol problems. They also come with a real thirst for education," said Kate. The commitment to education is shared by the students. "The one regret I have is that I didn't get educated when I was younger. One thing I'll teach my kids is to get an education when they're young," said Kelvin Jarrett.

"The best part of this program is being able to come together with other alcohol and other drugs workers from all over Australia and share ideas and experiences." Melanie Kennedy, a GradDiplIndiGH (Substance Use) student.

A BEACH Birthday Party



L to R: Kate Carnell, Charles Bridges-Webb, Lesley Russell



L to R: Irene Chui, Deborah and Greg Dunn, Sean Foenander



Glenn Salkeld



L to R: Suzanne Solvens, Susan Killion, Ian and Jane Marshall, Salma Fahridin



L to R: Joan Henderson, David Wendt, Lisa Valenti



Ben Freedman



Steve Leeder



L to R: Kate Carnell, Michael Kidd, Lesley Russell



L to R: Lyndal Trevena, Fiona Horn, Janice Charles, Sharon Reid, Stephanie Knox



L to R: John Mandryk, Helena Britt



L to R: Errol Henderson, Graeme Miller

By Associate Professor Helena Britt

A celebration of 10 years of continuous general practice activity data collection by the BEACH (Bettering the Evaluation of Care and Health) program took place at L'Aqua, the Roof Terrace, Cockle Bay Wharf, Darling Park, Sydney overlooking Darling Harbour on 10th April 2008.

Professor Glenn Salkeld, Head, School of Public Health welcomed the guests to the 10th birthday celebrations. Attendees included senior academics from the University, BEACH funding supporters, present and past staff of the program and other "Friends" of BEACH.

Professor Ben Freedman, Pro Dean of the Faculty of Medicine, paid tribute to the research team for achieving 10 years of continuous data collection. Professor Freedman said, "this continuous ten year database of general practice is immensely valuable, not only to the pharmaceutical industry but also to government who make policy based on it and also to those people who try to work out what we should be doing."

Professor Stephen Leeder suggested that running such a program was "tough stuff" and that "people who go around collecting information and providing it particularly in relation to performance are not necessarily at the top of peoples popularity polls."

Associate Professor Helena Britt, Director of BEACH, paid tribute to Emeritus Professor Charles Bridges-Webb for his seminal work on general practice patient data collection both before and after his appointment as Foundation Professor of General Practice at the University of Sydney. Professor Britt thanked the University and particularly Professor Salkeld for their strong support for the BEACH program and recognised the contribution of present and past members of the multi-disciplinary team of BEACH researchers.

Professor Britt also thanked Professor Richard Madden, previous Director of the Australian Institute of Health and Welfare (and now Director of the National Centre for Classification in Healthcare at the University) for his support in setting up the program as a collaboration with the AIHW. She also acknowledged the contributions by members of the BEACH Advisory Board and their supporting organisations including the RACGP, ACCRM, AMA, Australian Divisions of General Practice and the Consumers Health Forum.

Professor Britt paid tribute to the over 8,000 individual general practitioners who had participated one or more times in the BEACH program. "They are a remarkable crew, who see the value of these data to the profession and to the country, and give their time without financial reward," she said.

As the guests said, it was a great party and an important celebration of 10 years of solid research and dissemination of information about the clinical activities of general practitioners in Australia.

More information about the BEACH program and its publications is available at:
<http://www.fmrc.org.au/beach.htm>

BEACH Basics

BEACH (Bettering the Evaluation of Care and Health) is a continuous national study of general practice activity, which to date has involved almost 10,000 general practitioner participants who give their time for no financial remuneration. These GPs have provided details regarding one million GP-patient encounters. The program is conducted by the Australian General Practice Statistics and Classification Centre, a collaborating unit of the University of Sydney and the Australian Institute of Health and Welfare. The program has been funded over the years by multiple organisations including the Commonwealth Government, pharmaceutical companies, NGOs such as the National Prescribing Service and the National Occupational Health and Safety Commission. The program has been endorsed by the College of General Practitioners and the College of Rural and Remote Medicine and the AMA.

The BEACH research program was initially launched by the (then) Federal Minister for Health and Ageing, Dr Michael Wooldridge in 1998. BEACH is the only continuous randomised study of general practice activity in the world and the only national program which provides linkage of treatments to the problem under management. Such data are invaluable for health policy planning, and evaluation of the effect of changes in policy on the care provided to the community. With the ageing of the population and the increasing emphasis on the prevention and management of chronic illness, the quality use of medicines, patient safety and quality of care, data collected from general practice will remain essential.

Q&A with David Lyle



Professor David Lyle

Q. In 1995 you moved from Sydney to Broken Hill to take up the position of Director, Far West Remote Health Training Unit. What was it that enticed you to take up this position and relocate to Broken Hill?

A. I had been fortunate enough to visit Broken Hill several times in the previous year and was impressed by the place. Sue Morey was instrumental in recruiting me to Broken Hill. I was enticed by the challenge of establishing a public health oriented training unit working across both the district health service and RFDS. I was also grateful to NSW Health and George Rubin who made it easy for me to give it a go – by granting 12 months leave of absence at the time.

Q. You have been Head of Department at the Broken Hill Department of Rural Health since 1997. What do you believe are the most significant changes which have occurred during this time?

A. The ongoing investment in health infrastructure by state and commonwealth governments and the subsequent creation of a unique partnership among five organizations – each now firmly established in their own right and working together to deal with the health needs

of far western NSW (Barrier Division of General Practice, Broken Hill UDRH, Maari Ma Health Aboriginal Corporation, Remote Cluster Greater Western Area Health Service and Royal Flying Doctor Service (SE Section).

Q. In 2003 you established a centre for remote health research with the former Far West Area Health Service (now Greater Western Area Health Service). How did this come about? What is the role of this centre?

A. We were concerned about how best to build research capacity in the region to complement the work that was being done in health service development and education and training. The Centre is a founding member of the Australian Rural Health Research Collaboration with the Australian Centre for Agricultural Health and Safety and Northern Rivers UDRH. Together we work with our respective area health services to foster rural health research, build research capacity and promote the use of evidence in practice.

Q. You are the Chief Investigator for an NHMRC grant studying Antecedents of Renal Disease in Aboriginal Children and Young Adults - 12 year follow-up. Tell us about this project.

A. This is a great collaborative NHMRC funded project led by Jonathan Craig and Elizabeth Hodson from Westmead Childrens Hospital and the School of Public Health. It aims to add to our understanding of why Aboriginal people have high rates of chronic renal disease by determining whether the process might begin in childhood.

Q. Please tell us about the WellingTonne Challenge. What was this program and what did it hope to achieve? What was your role? Do you think this initiative should be replicated in other rural towns?

A. The Challenge was devised by the Wellington Community Health Service to support their community lose weight and reduce their risk of chronic disease. The program included a community-wide effort to lose 1000kg supported by the promotion of increased consumption of fruit and vegetables, physical and incidental activity, and stronger community participation. Our role was to provide research training for staff so they could evaluate the program and ultimately to help them get the findings into print. They did a great job and the results were encouraging. Other rural towns have subsequently taken up the program. We would argue that the opportunity should also be taken to include a more rigorous evaluation than was possible in Wellington.

Q. How do you stay fit? What is your exercise regime?

A. I have always been a keen runner, but four years ago I took up mountain bike riding, and now that is my main form of exercise. I ride with a group 4-5 times a week, catching the sunrise during the week and at a more respectable hour at the weekend. We have a very active mountain bike club in Broken Hill with a monthly schedule of races. We cycle around 120-150km per week on the dirt and I try to run 40km as well, especially in the lead up to the City to Surf each year.

Q. Tell us about a mishap you've had while cycling.

Broken Hill Sculptures.

Photo courtesy the Broken Hill Visitors Centre.



Over 65s Positively Optimistic

It is seven years since Associate Professor Susan Quine and colleagues at the University of Sydney began analysing the data from Australia's most comprehensive study of those aged 65 years and over.

In 1999 during the International Year of Older Persons, the Epidemiology Branch of the NSW Health Department decided to conduct a telephone survey to gain health and welfare information and a detailed profile of the lives and activities of older people across the state.

Unique questionnaire

A/Professor Susan Quine was one of the consultants commissioned to design the questionnaire. The questionnaire she and her colleagues developed was unique. "We worked with a reference group, which included an advocate for older people. The questionnaire we developed focused on finding out about the general health and wellbeing of older people rather than focusing primarily on their medical problems and physical limitations. We did this by including key questions on life style and social activities and included two open-ended questions on perceptions for the future: 'What is your main hope?' and 'What is your main fear?'," explains A/Professor Susan Quine.

OPHS

The resulting Older Persons Health Survey (OPHS) became the largest survey of its kind ever conducted in Australia. "Previously," said A/Professor Quine, "general health surveys included a wide range of ages which meant that only a small proportion were aged 65 years or older. The OPHS sampled respondents from across NSW; in both rural, remote and urban areas. It also included both men and women from a wide range of ages (65-100years) and health, education and income levels."

The survey, conducted by the NSW Health Department during 1999-2000, had a large sample size with 888,1 respondents aged 65 years or older living independently in the community; over 40% of whom were aged 75 years or older. Approval was given by the NSW Health Department for the authors to analyse the de-identified unit record data.

Key Findings

The key findings from the survey were that the vast majority of older Australians have a realistic or optimistic feelings about their future. "They are not, as many people may believe, focused solely on themselves, but are very much focused on family and friends, and also on the wider community; on environmental issues for example," said A/Professor Quine. "Our research dispels the common negative image of dependent older people with failing physical and mental health. It portrays a very positive image of older Australians living in the community," she said. The research also highlighted that, rather than being a burden on society, the majority of older people were financially independent and often involved in volunteer work with many undertaking unpaid childcare duties for family members.

Ensuing Research

Over the years, A/Professor Susan Quine and University of Sydney colleagues Dr Stephen Morrell and Professor Hal Kendig have conducted detailed analyses of the data. A broad range of topics and issues have been investigated including: general orientation towards the future, main hope and fear for the future, specific concerns about losing one's independence and entering a nursing home, mental health concerns associated with oral health problems, perceptions of personal safety in the home and neighbourhood and experience of food insecurity.



Associate Professor Susan Quine

The final analysis was recently completed and overall the research has produced 7 peer-reviewed articles published in a diverse range of national and International journals including *Health and Social Care in the Community*, *Public Health Nutrition*, *Community Dental Health* and *Australian Journal of Social Issues*. "This represents the culmination of seven years of hard work" said A/Professor Susan Quine. While the ink has all but dried on the final publication in the series, she has already set her sights on a research project in the area of suicide prevention. The full list of publications can be viewed at: www.health.usyd.edu.au/news

Associate Professor Susan Quine has been working in the research area of social gerontology and positive ageing for more than 15 years and has been a CI on several NHMRC grants on these topics, in particular on prevention of hip fracture. She is a Fellow of the Australian Association of Gerontology and since 2005 the Editor-in-Chief of the Australasian Journal on Ageing.

A. Which one? When you ride at speed along our rough tracks over loose rocks, through wash outs and across sandy creeks there is a certain thrill that comes from taking on the elements. They say you are not a real mountain-biker until you fall off. Done that plenty of times – one such time just before Christmas 2½ years ago I went over the handle bars in a race - sustaining the biker's injury, a fractured collar bone.

Q. We hear that your wife is an accomplished chef. What do you think is the best dish she has ever made?

A. They are all delicious, each in their own unique way!

Q. What do you think are the top 3 things for tourists to do while in Broken Hill?

A. We talk about Broken Hill in terms of its colour, culture and camaraderie. Each tourist will have their own interests, whether they are attracted to our wonderful outback environment - the national parks, semi-arid landscape, vast horizons or the stunning sunsets; have a keen interest in the region's culture and history - our artists, the mining industry, the city of Broken Hill, Aboriginal culture and history; or come to visit friends or relatives – in welcoming community. Take your pick - it's all tops

Q. If you could invite anyone in the world to a BBQ at your house, who would you invite and why?

A. We are just as happy hosting our friends, relatives and professional colleagues in Broken Hill as we would be with anyone in the world.



Professor David Lyle crosses the finish line.

United for Indigenous Issues

On 18 April a group of young indigenous people departed Sydney International Airport for New York. We were a part of a training program at the United Nations Permanent Forum on Indigenous Issues (PFII) 21 April – 2 May. The program was designed to familiarise young Indigenous Leaders with the United Nations and the structures and mechanisms which can directly and indirectly assist local indigenous development.

From day one we were overwhelmed by the size, diversity and processes within the UN and PFII. More than 2,500 indigenous participants representing more than 370 million indigenous people worldwide, the largest delegation so far, lined up early outside the UN Headquarters in New York to register. Most participants were in traditional dress which provided a sea of colour and fabrics but Australian delegates, due to the cold weather, could not afford to do this!

The first session was opened by an Australian aboriginal didgeridoo player and addressed by the Secretary General Ban Ki-moon and Bolivia's first Indigenous President, Evo Morales. This was the first summit since the UN Declaration Rights of Indigenous Peoples was adopted last year. While a majority of member states have signed the declaration there are only a few that have held out – Australia being one of them. Australia was well represented at the forum with the largest

ever delegation of Aboriginal and Torres Strait Islander people taking part. Around 40 delegates made the journey to New York, to raise the issues that are important to Indigenous Australians, like the signing of the declaration.

Some highlights of the trip included:

- Meeting with Mr Bernie Yates, leader of the Australian Government delegation, to find out more about how the Government works at the United Nations and the role it plays at the Permanent Forum on Indigenous Issues.
- Meeting daily with prominent leaders of the Australian Aboriginal Community like Aden Ridgeway, Tom Calma, Mick Dodson and Les Malezer.
- Becoming a part of the International Youth Caucus where we discussed issues relating to being a young Indigenous person in our countries;
- Meeting and hearing their stories from Indigenous people all over the world;
- Making sure tobacco was put on the Intervention from the Pacific Peoples Caucus in relation to its damaging affects to the health of Indigenous Peoples from the pacific region; and
- Being a contributor to the writing and reporting of the Joint Statement by the Aboriginal and Torres Strait Islander Youth Caucus which raised poor health as being one of the major issues facing Indigenous youth in Australia today.

Videos and other short clips from our time in NY can be viewed at: <http://nitv.org.au/blacktracks/>



Hannah Nancarrow at the United Nations Permanent Forum on Indigenous Issues

What's On at the School

Grand Challenges in Health and Medicine. Public Lecture Series 2008

Wednesday 20 August

Rethinking the role of medicine

Professor Stephen Leeder, Co-Director Menzies Centre for Health Policy, Medical Foundation Fellow

5.30-7pm Eastern Avenue Auditorium, The University of Sydney

Information and registration: www.health.usyd.edu.au

School of Public Health Seminars

Tuesday 5th August

Ageing & Health in Sub-Saharan Africa

Professor Bob Cumming, Professor of Epidemiology & Geriatric Medicine,

1 - 2pm Norman Gregg Lecture Theatre, Edward Ford Building (A27)

Tuesday 19th August

Vitamin D, Polymorphisms in Vitamin D Pathway Genes & Breast Cancer Risk

Professor Jenny Chang-Claude, Unit of Genetic Epidemiology, Division of Cancer Epidemiology, German Cancer Research Centre (DKFZ), Heidelberg, Germany.

1 - 2pm Norman Gregg Lecture Theatre, Edward Ford Building (A27)

Visit www.health.usyd.edu.au/news/seminars.php for more information.



The University of Sydney

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Please send your stories and events for the next issue of The Bridge to Felicity Barry (fbarry@health.usyd.edu.au). Deadline: 5 September, 2008