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## Dr Jones and AVM Austin visit CMVH

The US Principal Deputy Assistant Secretary for Defence for Health Affairs, Dr Stephen Jones, visited the Centre for Military & Veterans' Health (CMVH) on 20th August (photos below and left). He and his Senior Policy Advisor LTC Mike Bouchard, NC, USAF were briefed on the role and function of CMVH and our relationships with other institutions by Prof Niki Ellis and the Pillar Heads. He was escorted by the Head Defence Health Service, AVM Tony Austin. Dr

Jones was very enthusiastic about continuing the very good relationship CMVH has with the Uniformed Services University of Health Sciences (USUHS) and the potential for fostering relationships with other US DoD health institutions and centres. (Dr Jones' position is two below the US Secretary of Defence in the health stream and analogous to a medical adviser to the Minister for Veterans Affairs/Minister Assisting Minister for Defence).



## e-Health Initiatives

The CMVH Board has approved the new e-Health Pillar "statement of purpose".

Since the beginning of 2006 the e-Health team has prepared a range of targeted projects and has been active in building a constructive relationship with Departments of Defence and Veterans' Affairs. The statement of purpose formalises direction for the e-Health team with the key focus of work including:

- Engage in the "**Whole of Government**" e-Health agenda
- Need for **National Archiving** of data
- Undertaking a **comprehensive e-Health needs analysis** for Defence and DVA
- Undertaking a **comprehensive electronic health records environment analysis**
- Developing a **holistic and fully integrated Defence and DVA communications platform**

The e-Health Pillar focus is generally that of high level strategic reviews of environments and development relating to e-Health and e-Health opportunities. A key Defence and DVA stakeholder engagement initiative is underway and interested parties are invited to contact the CMVH e-Health Pillar at any time.

For information contact: Mr Phil Johnson (07 3346 4935).

## Planning for AME

Aero Medical Evacuation (AME) of patients is a complex task and involves many organizations in Australia. The Australian Government, through Emergency Management Australia (EMA), has recognized that managed co-ordination and use of resources is required to achieve the best efficiency from limited resources. EMA have developed a Mass Casualty Response Model. EMA and CMVH are co-sponsoring a think tank to consider: the resources available, how to work together, how to train organizations and personnel, and potential difficulties that may be encountered.

This Think Tank will workshop and analyse the current Australian national AME capability. A key focus will be on the efforts by the ADF in providing support to the civilian authority and to identify performance related issues which will provide possible solutions to improve the civilian/military interface. Primary outcomes will include a commitment of increased interaction between ADF and commercial AME providers through improved training activities. This will assist all AME providers in dealing with emergencies such as cyclones, bush fires and floods. The Adelaide node of CMVH will host their inaugural Think Tank activity on AME at the National Wine Centre in Adelaide in November.

A paper titled "Life, death and human nature: in the twenty-first century" was presented at the Health Ethics Conference held at the Queensland University of Technology in Brisbane in July 2006. The aim of this paper was to stimulate discussion and identify potential health ethics issues that could contribute to the Think Tank scheduled in October 2006 in Brisbane with the title "Towards a Framework for Military Health Ethics". A potential outcome is development of an ethical decision making framework to reflect ADF values and principles.



## Director's message

One of the reasons that we claim to be internationally-unique is that CMVH was set up to cover both military and veterans' health. The point at which people pass from Defence to DVA can be a critical one from a health point of view. There is evidence that some of the conditions experienced by serving personnel have a delayed onset, and so people may not realise they have service related health problems until after they have left the military, and some may find themselves relatively unsupported at a time when this realisation occurs. CMVH is keen to undertake research to assist the creation of a support continuum. Our post-deployment clinical practice guideline project and our e-health pillar have this as a focus.

As well as exploring the interface between military and veterans' health we will need to explore the interface with civilian health. Whilst there are aspects of military and veterans' health which are unique, much of the burden of ill-health experienced by serving personnel and veterans looks very similar to the civilian experience.

A recent issue of the journal Philosophical Transactions of the Royal Society of Medicine (March 2006), was devoted to drawing together conclusions from studies costing hundreds of millions of dollars spend on researching Gulf War Syndrome. One of the most important was that as well as focussing on research which aims to identify a disease to explain the syndrome, there was a need to put resources into work which aimed to find better ways of assisting serving personnel and veterans with post-deployment health problems and their management.

Some of these issues are similar to those being faced by the workers compensation sector. As in post deployment health, musculo-skeletal disorders are a common condition requiring time off work and resulting in workers compensation claims.

We in military and veterans' health have much to learn from workers compensation, and them from us. To this end CMVH was pleased to win a contract from Q-Comp on scoping the evidence-base for the management of high priority workers compensation conditions.

There are other areas where we have found common ground too. CMVH won two of the Commonwealth Department of Health and Ageing's Public Health Education and Research Program grants. In one, led by Professor Richard Taylor, Head of International Health at the School of Population Health at UQ, a new course in Health Aspects of Disaster Management will be run for the first time in Brisbane in November. In the other, Associate Professor Dino Pisaniello, UA, will lead an assessment of feasibility of job placements in relation to disaster management training. Clearly disaster management is another area where the Defence - Civilian interface is important.

CMVH was also a partner in a successful application for another grant from the Commonwealth Department of Health and Ageing for work on chlamydia. This project will aim to develop a program of primary and secondary prevention for the control of infection by *C trachomatis*.

All this talk of communicable diseases is making me itchy – perhaps our relationship with the civilian sector can be summed up as you scratch my back and I'll scratch yours.

# Improving Dental Health

CMVH has initiated an active dental research program as military dental health is an important contributing factor for overall health of the Defence and Veterans' community. Presently CMVH is conducting three major dental research projects.

The CMVH is supporting an initiative to improve dental health in the ADF. The long term dental wellness of deployed personnel is being investigated using Professor Gary Slade's Oral Health Impact Profile of the Australian Research Centre of Population Oral Health (ARCPOH) at the University of Adelaide.

WGCDR Greg Mahoney (RAAFSR) is currently conducting a study of the dental fitness classification standards used by the ADF. The current system used by the ADF has been recognized as having deficiencies in predicting whether or not an ADF member is likely to become a dental casualty. The study is investigating whether a model can be established which better reflects a member's risk of having to make that unscheduled dental visit.

In 2005 a pilot was conducted at two ADF dental centres to assist in formulating methodology and the scoping of a larger study. This larger study into the dental risks and unscheduled dental visits was commenced in June 2006 across 7 dental centres with a target population of 1200 deployable personnel.

The dental caries risk of Naval recruits' is another area of interest to the Centre. LCDR Nick Cusack investigating whether the social and the environmental changes on the recruit course lead to changes in the recruits caries risk.

An area which the dental research team is most interested in pursuing in the near future is the dental wellness of our Veteran Community. Over \$60M is spent on veterans' dental health each year, yet it is unknown whether this expenditure has led to better outcomes for the Veterans Community. Consequently, CMVH has entered into negotiations with DVA and ARCPOH on a study to investigate the dental wellness of the Veterans compared to the Australian population.

WGCDR Mahoney attended a Dental Classification Workshop at the Naval Station in Great Lakes, Illinois, WGCDR Mahoney was a keynote speaker and presented a paper describing current ADF dental health classifications (see photograph).



## DHSP completes InterFET Study

The Defence Health Surveillance Program (DHSP) considers physical and psychological health issues of current and past Defence personnel.



The Defence Health Surveillance Program (DHSP) is a series of studies that will investigate the physical and psychological health issues of current and former Defence personnel who have deployed overseas on ADF operations.

The head of DHSP's Scientific Research Team, Professor Annette Dobson, said that the aim of studies was to gather information which could be used to improve health services for ADF personnel operating in overseas locations and to improve the long term health of veterans generally.

"The result of this research may be new or revised approaches to prevention, treatment and rehabilitation, which can assist the ADF to better understand and deal with the health issues faced by its members," she said.

The first DHSP study was a pilot study and focussed on ADF personnel who deployed to East Timor as part of InterFET. A/Prof Scott Kitchener led the study team in developing the overall design for the program, with a view to integrating various sources of information to form a database that describes the health of a veteran. A final report on this pilot study was recently submitted to Defence Health. The methodology developed for this project will provide the basis for future studies.

With this pilot study completed, the next study has commenced and is investigating the health of individuals who have deployed to the Solomon Islands (OP ANODE). The data collection stage of the study will involve a self-report questionnaire,

collection of Defence medical and psychological records, and examination of death and cancer registries. Final logistical preparations are being made for the mail-out of invitation packages to 500 veterans of OP ANODE and a comparison group of 500 current and former Defence personnel.

Apart from this current activity, the future strength of the DHSP was bolstered by a recent planning forum of investigators chaired by Professor Ellis in Brisbane. Expert attendees included Keith Horsley, from DVA, who has worked on post-deployment studies of Vietnam and Korean War Veterans; Professor Malcolm Sims, from Monash University, who led the Australian Gulf War Veterans' Health Study; and Professor Sandy McFarlane from the Adelaide node of CMVH. Professor McFarlane is leading the Middle East Area of Operations Health Study. A significant outcome of this meeting was to further identify specific contributions that will be made to build the knowledge base in military and veterans' health.

# Grant Awarded

The Public Health Education and Research Program (PHERP) is an Australian Government initiative that aims to strengthen national capacity to educate and train Australia's public health workforce. CMVH in conjunction with University of Queensland (UQ) and University of Adelaide (UA) has successfully been awarded two PHERP grants.

Professor Richard Taylor has received a PHERP grant to run the health aspects of disaster management courses for the next two years. A/Professor Dino Pisaniello was successful with the CMVH bid for the other PHERP grant for assessing feasibility of job placements in relation to disaster management training.

The third student satisfaction survey is underway. The survey may highlight trends which will contribute to course improvement and program evolution for the MPH (Defence). The first international enrolment in the MPH (Defence) from the NZDF was successful for semester 2, 2006. This student is sponsored by the NZDF and will attract domestic fees through UQ.

Planning with Defence, UQ and UA has commenced to introduce a Masters in Nursing (Defence).

## Adelaide update

The University of Adelaide Intensive 'Occupational and Environmental Health' Course has been conducted at RAAF Edinburgh. Fifteen attendees successfully completed the course. The course can be completed as a one off, or can count for two points toward a Masters of Public Health (Defence). Using a variety of scenarios relevant to military personnel, the 12-day intensive course introduces: environmental factors which may pose a health risk; risk assessment methods for evaluating and controlling such risks; diseases associated with occupational exposure; and an introduction to historic, legislative and administrative aspects

Students visited firms to consider hazards associated with heavy metals, acids, chemicals and explosives ordinance. SQNLDR Tim Strickland was dux of the course and received a \$500 award from Defence Health (pictured with Chris

Grigsby from Defence Health). The course is also run on-line and was completed in the first semester by four military students. Congratulations to LCDR Bronwyn Ferrier for dux of the course and also receiving the Defence Health Award. This was presented by Deputy Chief of Navy (Rear Admiral Russell Crane) and Michael Bassingthwaite, CEO from Defence Health (pictured). For course information conducted in either on-line or intensive version formats, please contact SQNLDR Michel Devine: michel.devine@adelaide.edu.au



## Darwin update

Charles Darwin University is pleased that strong links are building between CMVH and CDU through the Menzies School of Health Research (MSHR) and the Graduate School for Health Practice, Faculty of Health Science and Education. This is based on mutual interests and shared work on two projects: heat stress, a health services research project currently short-listed by NHMRC; and a collaborative PHERP project around Disaster and Emergency that is about to begin. We look forward to more and increased opportunities for collaboration between the two organisations. In particular as there is a strong military presence in the Northern Territory and a

regional interest in protecting Australia from epidemics of communicable diseases and preparing for disasters.

Menzies School of Health Research's involvement in the CMVH will be led by the new Chair in Disaster Medicine, a joint appointment between Charles Darwin University and Flinders University based at MSHR. This new appointment has been funded by the Australian Government as part of establishing the National Critical Care and Trauma Response Centre at Royal Darwin Hospital. Professor David Cooper has been appointed to this position.

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