

Chapter 10

HEALTH

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Chapter 10

HEALTH

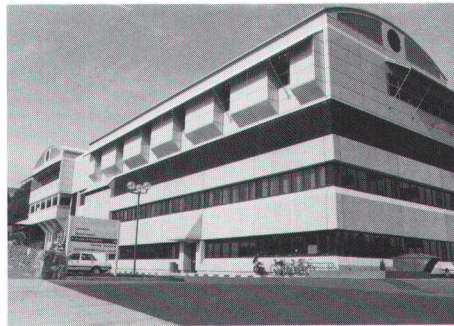
The desire to attain good health is universal. Throughout history man has always endeavoured to protect his health, at first by devising techniques and selecting special individuals to ward off 'evil spirits'. Observation and experience gradually identified ways for keeping well. Laws were developed to govern health and, as large communities developed, methods of sanitation were devised. But it was not until the 1800s with the discovery that germs caused disease, that significant advances in man's understanding of, and ability to successfully treat, illness were made.

Yet, for all the knowledge and resources now directed towards attaining good health, death, disease, injury and illness are still part of everyday life, present everywhere and touching all of us.

10.1 MORTALITY

In 1988 the deaths of 3547 resident Tasmanians were recorded. This was 90 fewer than the 1987 figure of 3637, and represents a crude death rate of 7.91 per 1000 mean population. Of the deaths, 1908 were males and 1639 were females, a ratio of 116 males for every 100 female deaths.

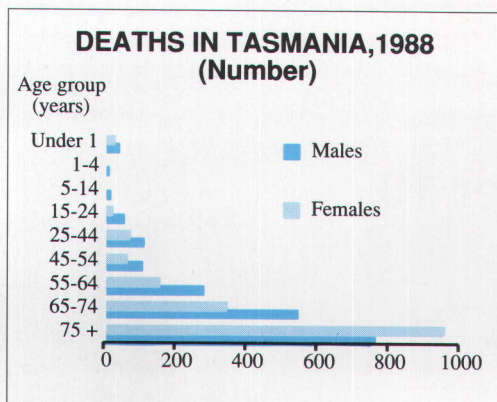
Up until age 75 male deaths outnumbered female deaths. The reversal in the 75 and over age group occurs because of the higher number of females of that age in the population. In all groups the age-specific death rate of males is higher than that of females and for most age groups the male rate is almost twice the female rate. The death rate among infants, children aged less than one year, is considerably higher for males than for females.



Launceston General Hospital, stage 2 completed.
Photo: Launceston General Hospital

10.1 DEATHS IN TASMANIA, 1988

Age group (years)	Males	Females	Persons
Under 1	39	26	65
1-4	10	5	15
5-14	14	5	19
15-24	53	20	73
25-44	109	69	178
45-54	104	61	165
55-64	277	153	430
65-74	542	343	885
75 and over	760	957	1 717
Total	1 908	1 639	3 547



10.1.1 Causes of Death

Four causes of death accounted for just over two thirds of all deaths registered in 1988. These were Ischaemic heart disease (26.0 per cent), cancers (25.2 per cent), strokes (9.4 per cent), and accidents, poisonings and violence (6.7 per cent).

Most deaths among people aged from 1 to 44 years result from motor vehicle traffic accidents, and suicide and self-inflicted injuries. These causes account for over one third (39 per cent) of all male deaths, and one quarter (25 per cent) of all female deaths in that age group.

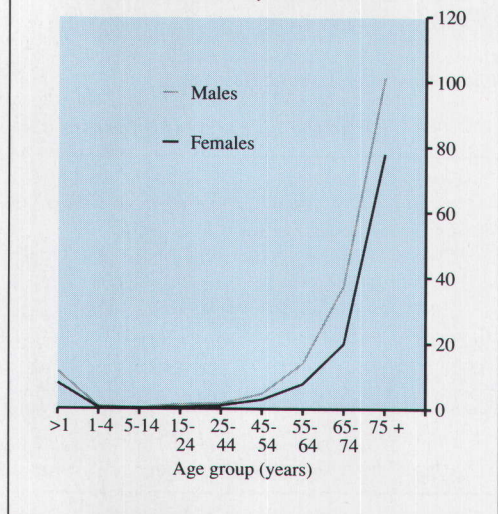
10.2 AGE-SPECIFIC DEATH RATES, TASMANIA, 1988

Age group (years)	Males	Females
Under 1	11.36	7.77
1-4	0.70	0.36
5-14	0.39	0.15
15-24	1.45	0.56
25-44	1.60	1.02
45-54	4.62	2.79
55-64	13.90	7.70
65-74	37.69	19.91
75 and over	101.33	77.93
All ages	8.57	7.26

10.3 PRINCIPAL CAUSES OF DEATH, TASMANIA, 1988

Cause	Proportion of all deaths	Number	
		Males	Females
Ischaemic heart disease	26.0	531	390
Malignant neoplasm	25.2	503	392
Cerebrovascular diseases	9.4	145	187
Accidents, suicides and violence	6.7	174	64

AGE-SPECIFIC DEATH RATES, TASMANIA, 1988



Around the ages 35 to 40 years a change in the pattern of death takes place. In the 25 to 44 year age group diseases of the circulatory system account for the deaths of 18 per cent of males. This figure jumps to 39 per cent for males aged between 45 and 64 years.

Cancer also becomes significant. Two broad groups, malignant neoplasms of the digestive organs and peritoneum (which includes 'stomach' and 'bowel' cancer), and lung cancer account for most cancer deaths. Sixteen per cent of male deaths between 1 and 44 years are due to various forms of cancer. This figure triples to 38 per cent for males between 45 and 64.

While the predominant causes of death among women are similar, the pattern differs in that cancers are initially more prevalent than diseases associated with the circulatory system. Cancer in women below 25 year was virtually non-existent in 1988, but accounted for 43 per

10.4 MAIN CAUSES OF DEATH AT SELECTED AGES, TASMANIA, 1988

Cause	Male	Female
<i>Under 1 year age group</i>		
Conditions originating in the perinatal period	14	8
Congenital anomalies	10	9
Sudden infant death syndrome	13	5
Other causes	2	4
All causes	39	26
<i>1 to 14 year age group</i>		
Motor vehicle traffic accidents	3	2
Other accidents, poisonings and violence	5	2
Other causes	16	6
All causes	24	10
<i>15 to 24 year age group</i>		
Motor vehicle traffic accidents	22	9
Suicide and self-inflicted injuries	16	5
Other accidents and violence	7	-
Other causes	8	6
All causes	53	20
<i>25 to 44 year age group</i>		
Accidents, poisonings and violence	49	11
Neoplasm	23	30
Diseases of the circulatory system including heart disease	20	9
Other causes	17	19
All causes	109	69
<i>45 to 64 year age group</i>		
Diseases of the circulatory system including heart disease	149	64
Neoplasms	146	91
Accidents, poisonings and violence	32	14
Diseases of the respiratory system	16	13
Other causes	38	32
All causes	381	214
<i>65 to 74 year age group</i>		
Diseases of the circulatory system including heart disease	249	150
Neoplasms	181	108
Diseases of the respiratory system	58	23
Accidents, poisonings and violence	17	6
Other causes	37	56
All causes	542	343
<i>75 years and over age group</i>		
Diseases of the circulatory system including heart disease	411	580
Neoplasms	148	162
Diseases of the respiratory system	85	49
Diseases of the digestive system	23	43
Other causes	93	123
All causes	760	957

cent of deaths of those aged between 25 and 44 years. Half of these were cases of breast cancer.

Diseases of the circulatory system are responsible for 13 per cent of the deaths of women in the 25 to 44 year age group. The proportion rises to 44 per cent in the 65 to 74 year age group, then to 61 per cent for those 75 years and over. Diseases of the respiratory system account for fewer female than male deaths.

10.2 HEALTH SERVICES

(Condensed from an article contributed by the Department of Health.)

The year 1987-88 was one of marked evolution in the delivery of health services in Tasmania. It has seen the introduction of a progressive community health service and increased emphasis on preventive medicine. At the same time substantial capital works have been undertaken to ensure that hospital based services and standards are not only maintained, but also continuously upgraded.

Major goals achieved by the agency during the year have been in the areas of Community Health, Health Education, Training and Development, and implementation of "TAHDIS", the Tasmanian Health Department's information system.

When complete in 1989-90 TAHDIS will project Tasmania to the forefront of health management technology in Australia by linking the Department of Health Services data and information systems with those of the four acute hospitals - Hobart, Launceston, Burnie and Devonport.

The Government's decision to regroup community health and home care services into a single Division of Community Health introduced a new era of support for the elderly and those persons in the community less able to attend to their essential needs. Future emphasis on health promotion and illness prevention will be a feature of this change.

During the year the central effort of health promotion has been directed towards drug abuse and precautions to reduce the incidence of measles.

10.2.1 Significant Issues and Initiatives

Hospital Development

Capital works expenditure increased by \$14.2 million in 1987-88 and the major projects to which these funds were directed were the Launceston General Hospital Stage II development and the Mersey General Hospital redevelopment. As well, \$1.1 million was spent on upgrading facilities at the Royal Hobart Hospital including the completion of a new angiography suite.

Legislation

In 1987-88 the Government brought down an act to prescribe the law in relation to the sale of condoms. This has been welcomed by health educators as being important in the prevention of sexually transmitted diseases including AIDS.

Computer Services

The development of an integrated statewide health sector computer network is well underway after the signing of a contract with the McDonnell Douglas corporation. The development of a software package to assist in drug surveillance and tracking within the pharmaceutical area won a Silver Award from the Computer Services Branch from the Commonwealth Technology in Government Committee.

Cancer Registry

The population based Cancer Registry that was co-ordinated in the Department of Health since 1977 was transferred to the newly established Menzies Centre for Population Health Research. This will facilitate the use of the Registry as a research tool.

Health Education

The Department of Health in conjunction with the Department of Sport and Recreation, established the Feeling Good Shop in the Hobart central city area. The shop aims to encourage responsible attitudes to health care in individuals leading to an improved quality of life for all Tasmanians. Another important activity was the launch of the National Alcohol Campaign as part of the campaign against drug abuse.

Nursing Issues

An agreement between the Federal and State Governments facilitating the transfer of nursing education was signed in December 1986. This

historic event made it possible to increase the nursing student places at the Tasmanian Institute of Technology to 90 in 1987.

In 1988 the northern hospital based schools discontinued student intakes and 123 students commenced the Diploma of Health Science (Nursing) course at the TSIT in the first stage of the transfer of nursing education to the tertiary sector, which is to be completed in 1992.

Career Structure

A new career structure for Tasmanian nurses was instituted after the structures in South Australia and Victoria were investigated.



The Feeling Good Shop was established in Hobart to encourage responsible attitudes to health

Photo: Tasmaphotographic

10.2.2 AIDS Unit

The AIDS Unit is a Health Department Unit offering education, training and resources, as well as counselling and support services for both client and carer. It is responsible for state-wide programs involving treatment of HIV and sexually transmitted diseases, including prevention of spread of infection, and acts in consultation with groups wishing to implement policy and educate workers.

It is composed of three counsellors (each of whom carries a caseload), an educator, a medical director, policy and planning person and a resource person. It is represented on the Inter-Governmental Committee on AIDS which is the national body involved in implementing the White Paper policy on AIDS.

In the absence of a cure or vaccine for HIV infection, education continues to be one of the most important tools in minimising the effect of HIV on the Tasmanian population. The Unit is involved continually in educational programs for specific groups and for the general community. Education is offered for all and any group in the community: professional health workers, public service departments, private enterprise, hospitals and institutions, ethnic groups, at risk groups, churches, schools and the prison. Initial and follow-up sessions are offered which are usually to large audiences and are mainly factual, a first-wave education.

The Unit also offers training programs for those in the workplace. For these smaller audiences, the delivery is more interactional and deals with:

- the factual information on the science of the disease;
- integration and personalising this information. This involves the audience members examining their own attitudes, concerns and strengths;
- strategies useful in helping others to deal with HIV related matters.

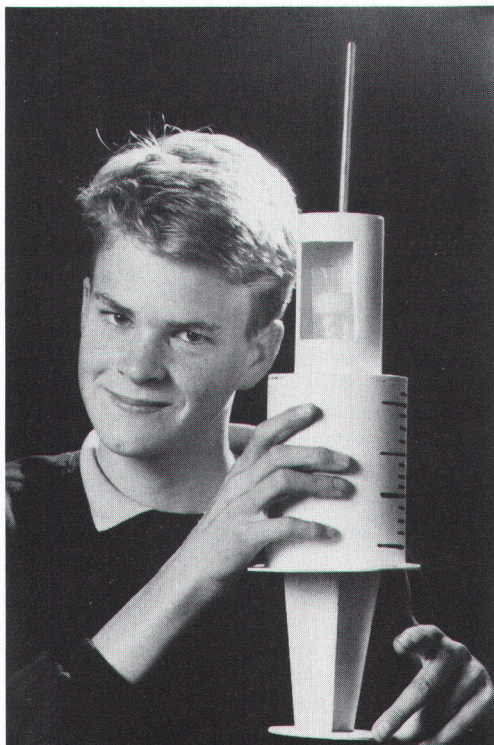
Similarly information and resource distribution is important and the Unit offers:

- regular mailouts of pamphlets, updated epidemiological information and material on safe practices;
- a collection of videos on infection control, counselling for doctors, documentaries, debates and lectures on HIV issues;
- the Albion Street Centre Manual which is the definitive AIDS manual in Australia.

One of the main functions of the Unit is to provide counselling and support to individuals and their families in relation to HIV matters. The Unit also offers pre and post-test counselling as well as counselling regarding at risk behaviours and, more specifically, the at risk practices of anal sex and needle sharing which spread the virus. A bipartisan approach is adopted and tailored to the client. Some are willing to be referred to drug rehabilitation centres; others may only be willing to adopt safe needle using or safer sex practices.

The AIDS Unit works with non-government organisations, such as the Haemophilia Association and the Tasmanian AIDS Council, which are community based; they grow from people in the community who are concerned about an issue and who form an association and then seek funding. They are in a position to more effectively reach at risk groups which shy away from health departments and government agencies and are easily driven underground away from testing, treatment, and support services.

The figures on HIV and AIDS are startling. The estimated direct costs in Australia are \$40 000 per AIDS patient per annum. This excludes indirect costs such as loss of earnings. The World Health Organisation estimates that there are 5-10 million people infected worldwide with the virus and 500 000 who have progressed to AIDS. The rate of progression from HIV infection to a diagnosis of AIDS is estimated at 50 per cent of those exposed developing AIDS within 10 years. Australia has registered over 1450 people with AIDS and it is estimated that 15 000 - 25 000 people are HIV infected. The highest risk activities are needle



Peter Grose won the State AMP Beyond 2000 Award in Science and Technology with a single-use syringe. Photo: Mercury

sharing and unprotected anal intercourse. The first epidemic was in homosexual/bisexual groups, especially those practising unprotected anal intercourse. The second epidemic is in intravenous drug users who share needles. The third epidemic is in the heterosexual partners of the intravenous drug user. These represent the bridge to the rest of the community.

Fifty known HIV positive people, two of whom are female, have been tested in Tasmania. There have been 13 known AIDS cases, seven of whom have died. Not all of these people were initially diagnosed in Tasmania. Therefore figures released from the National Health and Medical Research Council Special Unit in AIDS Epidemiology, which collects information in each State on newly diagnosed cases only, are usually lower. In addition, it is not known how many people have moved interstate, or how many cases from interstate have moved to Tasmania.

10.5 PERSONS TESTED HIV POSITIVE, TASMANIA

<i>Transmission category</i>	<i>HIV infection (not AIDS)</i>	<i>AIDS</i>	<i>Total</i>
Homosexual/bisexual	20	10	30
Homosexual/bisexual intravenous drug user	1	-	1
Intravenous drug user	2	-	2
Haemophilia	6	2	8
Blood transfusion recipients	3	-	3
Heterosexual	2	1	3
Unknown	3	-	3
Total	37	13	50

10.3 OCCUPATIONAL HEALTH AND SAFETY

The legislation covering health and safety at workplaces in Tasmania is administered by the Department of Employment, Industrial Relations and Training, and the Department of Resources and Energy via the *Industrial, Safety Health and Welfare Act (1977)* and Regulations and the *Mines Inspection Act (1975)* with its Regulations.

The Occupational Health Branch of the Department of Health provides expert advice on medical, health and industrial hygiene aspects of the workplace to government departments, private industry, unions and individuals on request. In the last year cost recovery mechanisms have been introduced and if anything these have stimulated demand for these services.

The branch has the most comprehensive collection of air sampling equipment to monitor the dusts and chemicals in the workplace. Recently completed projects have included airborne monitoring of dust levels during asbestos removal, heat stress monitoring in a large laundry and steriliser gas monitoring in hospitals.

Teaching is also regarded as a priority. Regular lectures and demonstrations are carried out for the University of Tasmania, the Australian Maritime College, Further Education Colleges, the Trade Union Training Authority, Tasmanian Trades and Labour Council and technical areas.

The Branch has the most comprehensive collection of occupational health and safety references in Tasmania to back up its above services and to respond to outside requests for information. Frequent use is made of computer-based literature searches and a CD-ROM-based information system.

There is such an obvious need for these services to the Tasmanian community that the Branch is poised for expansion and for changes to improve its services to its clients.

10.3.1 Employment Injuries

There were 9530 employment injury claims reported as occurring during the 1987-88 financial year. This is a small increase of 440 over the 9090 reported as occurring in 1986-87.

Reports of employment injuries to men increased by 2.8 per cent to 8072 from the 7853 reported in 1986-87. Reports involving women also increased: 1458 for 1987-88 compared to 1255 in the previous year.

Of the 9530 claims reported, 179 were identified as diseases while 9529 related to accidents. Diseases accounted for about two per cent of all reports, a figure consistent with the pattern of previous years.

As in 1986-87, there were nine deaths reported in Tasmania in 1987-88. These were all

men, and compensation paid on these was an estimated \$425 000.

In addition to the nine deaths, there were a further eight cases where the injured people were unable to resume work as a result of their injuries. These are described as *permanent total disability* cases. Again these were all men.

These, and fatalities, because there is no resumption of work, are not used in the calculation of average time lost and average daily compensation figures.

There were also 19 cases where the people were able to resume work, but in a reduced capacity and with a subsequent loss of earnings, due to *permanent partial disabilities*.

Temporary disabilities accounted for the remaining 9494 reports, over 99 per cent of all claims.

While generally considered to be less serious than the other three types of disabilities, temporary disabilities can nevertheless involve a considerable amount of time off work and medical treatment before the affected people can resume normal duties.

10.6 EMPLOYMENT INJURIES, 1987-88

	Deaths	Injuries
Males	9	8 063
Females	-	1 458
Persons	9	9 521

For the year, an estimated total of \$16.9 million was paid in compensation for all original claims reported to the Australian Bureau of Statistics, the same total as estimated in 1986-87. This gives an average cost for each non-fatal claim of \$1734, and an average of \$105 for each day lost for temporary and permanent partial disability cases. In 1986-87 the average cost for each day lost was \$89.

The average cost for non-fatal claims involving men was \$1830, with a daily cost of \$109; for women it was \$1202 with a daily cost of \$83.

10.4 HEALTH RESEARCH

The Menzies Centre for Population Health Research was established in January 1988 after a Menzies Foundation Workshop was held in Hobart in February 1987. The Workshop recognised the need to stimulate population health promotion, based on research, and recommended the establishment of a Centre for Population Health Research within the University of Tasmania. Tasmania was seen as an ideal place to carry out the aims of such a Centre because of its relatively stable population, and its well integrated medical records.

The Centre has been established to contribute information on the causes of disease and where knowledge is sufficient, to help mount programs which will reduce the incidence of a particular disease. Tasmania's relative isolation and small size makes it easier to organise and conduct certain types of population health research requiring the linkage of information from many different sources. Tasmania is well suited to research on the incidence, prevalence, time trends, risk factors and other aspects of more common global health problems, including coronary heart disease.

The research the Centre is now undertaking reflects this, with major projects being conducted in salt and hypertension, a case control study on the association of diet, exercise and sudden cardiac death in adult males, and a cohort study into Sudden Infant Death Syndrome, which is particularly high in Tasmania.

The Centre is also divided into study sub-groups. Both the Tasmanian Cancer Registry and the Tasmanian Diabetes Registry are managed by the Centre, as well as the recently established Menzies Clinic for Better Health. A range of scientific staff are employed to undertake research including epidemiologists, computer programmers and biostatisticians. This gives us the capacity to analyse our own statistics as well as eventually allowing us to offer a service to other groups.

Finally the Centre has established a Health Economics Unit - one of few in Australia. This provides the national health community with a service which is increasingly in demand, both by pharmaceutical companies and in relation to projects requiring health benefits cost analysis.

The Ozone Layer and Health

The international conference on the Ozone Layer and Health was held in Hobart in May 1989. It examined the basic facts known about ozone, the dangers of ozone depletion and the health effects.

The Urgent Recommendations of the Conference

A dramatic deterioration in atmospheric ozone and the possibly frightening effects on human health led to the first International Conference on the Ozone Layer and Health, held in Hobart in May 1989. Thirty-four of the world's leading scientific experts presented the most up-to-date evidence on the effects of ozone depletion and health. The conference set out a number of conclusions and recommendations: ozone damaging chlorofluorocarbons (CFC's) and halons must be phased out as soon as practicable; strong concern must be expressed to authorities about the dangerous effects of increased ultra-violet radiation resulting from ozone depletion; Australasia's ozone monitoring programs need enhancing on a regional and global basis; urgent on-going medical, physical, chemical and biological scientific research is needed now; effective monitoring of ultra-violet radiation effects on health and research into ways to manage these problems should be implemented; and formal inter-disciplinary co-ordinating structure needs to be established quickly.

Ozone - The Basic Facts

Ozone is vital because it protects life on earth by absorbing harmful incoming ultra-violet radiation from the sun. This protective gas is created from oxygen at heights between 15 and 35 kilometres above the earth's surface in the stratosphere, however, its chemical structure is such that it is relatively easily broken back down into oxygen. Normally, the creation of this protective gas is in balance with its breakdown, but when certain additional constituents are added to the atmosphere at this level the breakdown of ozone gas proceeds more quickly, exceeding ozone creation and therefore diminishing the earth's ultra-violet radiation barrier. Chlorofluorocarbons are the most important agents responsible for damaging ozone in the stratosphere, a situation which has been termed disastrous. These gases are so stable that when released

from, for example, spray cans, refrigerators or manufacturing processes, they travel in atmospheric air currents from the earth's surface up into the stratosphere.

At this point CFC's are broken down themselves, releasing chlorine. The addition of increased amounts of chlorine into the stratosphere spells danger, because it is chlorine that increases the breakdown of ozone gas, decreasing the protective gas layer above us. One serious cause for concern now, is that the chlorine gas particle doesn't destroy one ozone gas particle, it keeps going - destroying thousands of essential ozone gas particles. Given that ozone gas occurs in the stratosphere at the very low concentration of no more than 10 parts per million, such continuing breakdown activity quickly achieves significant levels of reduction in the protective ozone gas layer. As a direct result of this ozone gas depletion, all living things on earth are placed in danger, as the level of harmful ultra-violet radiation rapidly increases at the earth's surface.

Ozone Depletion - The Dangers

The impact of reduced ozone on human health, on animal and plant life and on inanimate objects (by accelerated degradation) is perhaps the greatest unknown at this stage. However, certain facts indicate that the dangers to each of these groups is real - and increasing. As a general 'rule of thumb', a one per cent loss of ozone gas in the stratosphere implies a two per cent increase in ultra-violet radiation at ground levels. What is now being sought is an understanding of the impact of increases in ultra-violet radiation reaching earth. In Antarctica, certain climatic conditions accelerate the ozone breakdown effect causing what has now been termed 'a hole in the ozone layer', a stratospheric area of ozone depletion discovered over Antarctica in 1985. A huge international scientific research effort has been made since the discovery of the 'hole', because the implications for Australia and the world are enormous.

The dangers are that the specific conditions which caused this totally unpredicted 'hole' could appear elsewhere, again causing ozone depletion. In addition, a fear exists that this region of ozone depleted air, which provides a significantly weaker ultra-violet protection barrier, might mix with air at other latitudes. This in turn causes a drop in the amount of

ozone at these locations giving less ground protection from ultra-violet radiation. This danger has now been shown to exist. Southern Australia and New Zealand are likely to be more severely affected by ozone depletion than at first thought. On the basis of both satellite and ground based measurements, it has been shown that there was a 10 per cent ozone level reduction over Melbourne in December 1987. This was accompanied by a 20 per cent increase in ultra-violet radiation in the lower atmosphere. Therefore, during summer when human sun exposure is at its highest, ultra-violet radiation jumped well beyond the level expected.

Ozone Depletion - The Health Effects

Stratospheric ozone depletion, and the consequent lowering of our ultra-violet radiation absorption barrier, has led to a significant increase in the amount of ultra-violet radiation reaching the earth's surface in natural sunlight. Specifically, the increase has been in a particular type of ultra-violet radiation, ultra-violet 'B' radiation. There is continuing discussion as to the precise effects of exposure to ultra-violet 'B' radiation over different time periods and radiation intensity levels, however ultra-violet 'B' radiation is believed to contribute to the development of skin cancers, eye diseases and human immune system suppression.

Ultra-violet radiation, particularly ultra-violet 'B' radiation has been shown to cause acute and long term skin changes. The acute effects include inflammation and sunburn, while the chronic changes include an acceleration of the ageing process and skin cancer. Australia has the highest incidence of melanoma in the world, with 4000 new melanoma type skin cancers diagnosed each year. In addition, at a conservative estimate, at least ten times that number of new non-melanoma skin cancers are being diagnosed annually. Eight hundred people die each year from melanoma.

Australia - worsening of situation

Within Australia, the incidence of skin cancers increases towards the equator. It was this factor which alerted scientists to the role of sunlight as a factor in causing skin cancers. Calculations indicate a one per cent increase in ultra-violet radiation at the earth's surface will lead to a one to two per cent increase in skin cancers probably after a time lag. This lag, which might be up to 20 years, is as a re-

sult of the human body taking time to react to cancer causing factors. In global terms there has been an approximate 50-100 per cent increase in all skin cancers in the past ten years, although scientists believe this is as a result of changing sun exposure habits amongst populations and improved skin cancer detection. While ultra-violet radiation is also known to be a significant contributory factor associated with the incidence of eye cataracts, ultra-violet irradiation is thought to be the major cause of certain other eye diseases. It is believed that stratospheric ozone depletion will cause significant increases in the incidence of all these conditions.

Body's defences down

The last major health effect of increased ultra-violet radiation considered at the conference, was the effect of such radiation on the immune system. Recently, ultra-violet radiation was shown to alter the immune system in experimental animals and humans. Because the immune system is of paramount importance in controlling infectious diseases, it has now become essential to find out whether exposure to ultra-violet radiation can cause an increase in the incidence or severity of infections. New studies in animal models of infectious diseases suggest that ultra-violet radiation can indeed potentiate certain disease processes. Other events relating to this immune system suppression are also being explored, with the suggestion that suppression allows developing skin tumours to bypass local body defence mechanisms, resulting in tumour growth and spread. In summary, the potential health consequences of continued ozone layer depletion include increases in skin cancers, eye diseases and possibly, immune system changes.

Food chain effects

An indirect danger to humans lies in UV radiation's effect on food chains that we depend on for oxygen and nutrients. For example, increased ultra-violet radiation following ozone depletion is likely to have a serious effect not only on marine systems and organisms, but also such an increase may lead to lowered productivity of certain sensitive crop species. If the 'greenhouse' induced climatic change were also to occur at the same time, then the double barrelled action might cause an even greater impact on humans.

The Centre is to be given international recognition as a World Health Organisation Collaborating Centre on the use of non-pharmacological measures in the prevention and management of cardiovascular disease, in particular in relation to hypertension. This prestigious agreement will give the Menzies Centre a high profile in the international scientific arena.

At a national level, the Centre was chosen to manage the Hypertension Project Planning Team, a major Federal Government initiative determining funding for the reduction of hypertension in Australia as part of the Better Health Commission Report.

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