

‘Without information, we are doomed! Without action, we are doomed!’



Peter Trebilco
NSW Branch
President

The Health and Welfare of Australia's Aboriginal and Torres Straits Islander Peoples, 2001.

The third in a series, this excellent collection of data and commentary, jointly produced by the ABS and the AIHW was launched at the Powerhouse Museum by Mick Reid, Director General of Health, NSW, on 30 August. The special guest was Barbara Flick, a member of the National Aboriginal and Torres Strait Islander Council. It is her cry that heads this report. Dr Richard Madden was the host, and introduced Mr Rob Edwards, the Acting Australian Statistician. Their agencies are the producers of the report, and the authors are given credit that is very well deserved. Particular mention is made of the work on diabetes by Professor Kerin O’Dea. Mr Edwards made mention of two matters that are of concern: the paucity of accurate data on a range of health and welfare issues for Indigenous peoples; and the reliability of the analyses that follows from this poor data. With these constraints, he paid generous

acknowledgment to the writers, assessors and reviewers, and saw the 2001 version as being a good successor to those of 1997 and 1999. He told the audience of the social survey of Indigenous peoples to be done in 2002, and that this will be able to draw on the 2001 Census, data from which will start to flow in the middle of next year.

Mr Edwards stressed the point that administrative data concerning Indigenous peoples is very poor, badly collected, and has little or no validity between the Commonwealth’s figures and those of the States and Territories. He sees this as a major area to be actively worked in. The report notes the recent national strategic initiatives and future plans to try to improve this field of data recording and collection. Mr Reid described the data and commentaries as being ‘of communities and for communities’. The 20 year variance between all Australians and Indigenous peoples’ mortality rates are of great concern. They are a dreadful proof that the expenditure of money, care and skills have not yet produced a desirable result. This point was taken up by Barbara Flick. Mr Reid went on to note two social and one health issue: literacy among young Aboriginal mothers

is much lower than for their white counterparts, and employment rates are significantly lower for Indigenous young men. These have an effect on their children’s health. The health issue has to do with end-stage renal disease. This is 30 times higher than for other Australians. There are some programs to try to redress this imbalance, and pilots seem to carry a positive message for many Indigenous people. There is another sad a statistic. Violence is a major cause of death

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among younger Aboriginal men. He told of one community

that has placed spiked collars around the telegraph poles in the area, to try to discourage young men from climbing and committing suicide. He also drew the audience's attention that while spending on ATSI peoples has increased at the clinical level, Medicare, pharmaceutical benefits and residential care expenditure are all down.

Barbara Flick gave a personal, experiential view of what the Report covers. She told of her early childhood as a patient in a

rural hospital, in the 'Black' ward on the verandah. Her cutlery was stamped 'Abo'. This might have changed, but "the trips to the cemetery are getting more and more". She took up Mr Edward's concern about the reliability and validity of the data, and made the point that, whether or not it was a popular cause, Aboriginal identifiers must be compulsory. Identification is essential and is the responsibility of all. As she pointed out " If we can stare down the world about a ship with human cargo, we surely can identify our Indigenous peoples at all administrative levels." And ATSI persons must make their claim to their culture

without shame or avoidance. Without information there can be no action, and without action, surveys and reports mean nothing. She foresaw that we could all be at another launch in 20 years, without anything having been done at any level of health or welfare. There are 9 chapters, an extensive Appendix, and numerous tables and graphs. Interesting use has also been made of panels. The ABS reference is 4704-0, and the recommended retail price \$44.00. For anyone working with, concerned about, or helping in the planning for, Indigenous Australians, this is an essential resource. For those who have political motives, this Report must be compulsory reading.

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SUBSTANCE MISUSE, MENTAL HEALTH AND SUICIDE: Priorities for the Federal Election and Beyond.



Pieta Laut
Executive Director

On the 10th of September, the PHAA as part of a powerful alliance of non-government organisations, called upon all political parties to make substance abuse, mental health promotion and suicide prevention national priorities.

The alliance consisted of:

- Action on Smoking and Health;
- Alcohol and other Drugs Council of Australia;
- Australian Association of Social Workers;
- Australian Council of Social Service;
- Australian Medical Association;
- National Aboriginal Community Controlled Health Organisation;
- National Indigenous Substance Misuse Council;
- National Rural Health Alliance;
- Pharmaceutical Society of Australia
- Pharmacy Guild of Australia
- Public Health Association of Australia; and,
- Suicide prevention Australia.

In its Federal Election Statement, the alliance has called for a three-pronged approach to these issues:

- an increased investment in preventing the misuse of drugs;
- an increased investment in treating substance misuse; and,
- an increase investment in

suicide prevention.

The alliance has also highlighted the urgent need to address substance misuse and suicide within Indigenous communities and has called for a significant additional funding commitment to community controlled Aboriginal and Torres Strait Islander health and substance misuse services.

The alliance has also concluded that:

- suicide and substance misuse cannot be properly addressed without tackling the widening health, social and economic inequalities in Australia;
- there is a need for better coordination of services for people facing multiple hardships and disabilities, including poverty, homelessness, mental health problems, drug dependence, illness and physical disability; and,
- particular attention needs to be given to the workforce needs of agencies working to reduce substance misuse and suicide.

The alliance has called for the increased investment in substance misuse prevention and treatment programs to be funded through revenue from alcohol and tobacco taxes. Currently, less than 2% of this revenue is returned to drug

misuse prevention and treatment programs.

The full text of the statement can be found on the PHAA website, on about the PHAA, under Media Releases. Please feel free to use this document to advocate for better prevention and treatment funding with your local candidates.



Australian Council of Health Care Standards

The Australian Council of Health Care Standards (ACHS) has released its new standards for review. These can be downloaded from ACHS website <http://www.achs.org.au> (click on whats new), or ordered as a bound report from Margaret Jackson, ACHS Projects Assistant, Development and Evaluation Service: telephone (02) 8218 2740.

Conference Sponsors

PHAA would like to thank the Office for Aboriginal and Torres Strait Islander Health and NSW Health for their sponsorship of the 33rd Public Health Association of Australia Annual Conference.



POLICY PRIORITIES FOR THE 2001 FEDERAL ELECTION CALL TO ACTION



Pieta Laut
Executive Director

In the lead up to the Federal election the PHAA has canvassed members to determine which are Australia's top ten public health issues. Having determined what they are, a small group lead by the Vice President (Policy, Helen Keleher) has developed a set of fact sheets that outline the issues and the action sought from government. The issues covered are:

- reducing health inequalities;
- fair health financing;
- improving Indigenous health;
- supporting families;

- improving environmental health;
- better nutrition;
- effective drugs policy;
- better health for prisoners and detainees;
- better reproductive health; and,
- fair world trade agreements.

These fact sheets have been sent to all Federal politicians, in all parties, seeking their responses. The fact sheets and a copy of the covering letter have been posted on the PHAA website under latest news. We encourage PHAA members and other interested people to use them as a means of developing dialogue with their local candidates.

Responses received from individual politicians and political parties will be collated and posted to the PHAA

website and may be used by local and national media.

This is now a call to action for members to use the fact sheets to push the public health dialogue locally in the lead up to the Federal election. They can be used by Branches, SIGs, or individuals, can be used in their entirety, or in part, can be used to develop questions, or to promote the actions that have been set out. Feel free to distribute them widely and use them to enhance the level of debate on public health issues with local candidates.

Many thanks go to Maureen Lewis, our temporary policy officer, and those members who put in the hours it took to research, write and refine these fact sheets.

LIKE TO BE IN THE KNOW? ENJOY READING? CAN'T RESIST USING A RED PEN?

Then perhaps you can think about offering up some of your time to become an editor for intouch.

We are seeking two volunteers who can undertake the task of being the editors for intouch in an arrangement that would see each of them working on alternate months. It should be noted that intouch is the PHAA's newsletter, not an academic journal.

The Secretariat would continue in its roles of:

- chasing up articles;
- obtaining advertising;
- providing articles and information on specific subjects (eg financial information and membership information);
- desk topping the publication; and,
- organising printing and distribution.

The editors would be responsible on alternate editions to:

- read all articles to ensure that they meet the guidelines set down by the Executive;
- liaise with authors about changes to articles;
- seek articles on specialist subjects where there is a clear need for the PHAA to promote discussion on specific issues;
- ensure consistency in format, layout, grammar; and,
- liaise with the President and the Executive Director on issues to do with each edition and the longer term objectives for intouch.

If you are interested, could you please email Pieta at plaut@phaa.net.au



PUBLIC HEALTH ASSOCIATION
of Australia Inc

FRIENDS OF MEDICARE



Morning tea on the first day of the Conference saw the launch of the revised Friends of Medicare kit and the reinvigorated Friends of Medicare Alliance.

The Launch was attended by representatives of PHAA, ACOSS, the Doctors' Reform Society and the Australian Nursing Federation. Other members of the Friends of Medicare include the Health Issues Centre, the Australian Women's Health Network, and the Australian Consumers' Association.

In launching the campaign, Peter Sainsbury noted that the Friends of Medicare Alliance has come together because each member organisation believes that the next Australian Government must act to preserve and strengthen the provision of universal health care. The Friends of Medicare Alliance is working to ensure that the

Australian people are not deprived of their right to a fully funded, high quality health care system.

The Friends of Medicare Fact Sheets have been updated with the latest statistics and two new information sheets. The first is on Lifetime Health Cover and the second is on the Pharmaceutical Benefits Scheme.

The full text of the Information Kit can be found on the PHAA web-site. We encourage all members to read the information sheets and to use the information gained to help frame the questions that they would like to ask their local members in the upcoming election. Health continues to be one of the highest concerns of Australian households and the Friends of

Medicare kit provides you with well researched background material that you can use to inform local debate on health issues.

Between now and the election the Friends of Medicare Alliance will continue to advocate for strong universal lifetime insurance and PBS schemes and will oppose the transfer of public money to support private health insurance and privileged access for well off sections of society. The Alliance will continue to oppose the deliberate creation of a two-tier system in which Medicare is relegated to a welfare system.

Don't miss the opportunity to be part of the debate and to bring facts and information to your electorates and local candidates.

Powerhouse Museum Workshop

Megan Hicks

Thanks very much for the opportunity to hold the workshop at the Powerhouse Museum on 'Developing an exhibition about public health for your people'.

Nine conference delegates attended, along with one of the museum's Education Officers, Sharon Whatman, and museum volunteer, Lesley Russell. The discussion was most productive and some very useful suggestions were made.

Before the workshop we did a lightning tour of the Powerhouse so that delegates could see what sort of exhibitions we do. I took

some photos of them in the exhibition 'Ecologic - creating a sustainable future'. Although it is not immediately obvious from the photos, they are sitting on a lounge whose cover is made of recycled PET bottles and whose stuffing is made of recycled mobile phone casings.



“Results Not Surveys: The Wednesday Morning Plenary”

Jim Newcombe
University of Sydney Medical
Program

Better public health research techniques, community health advocacy in the 21st century, homosexuals' performance in AFL tipping competitions. These were the weighty issues addressed in Wednesday morning's plenary: "Quantitative / qualitative research methods: Can we achieve a balance in politics, science & popular culture?"

Well, it turns out we can achieve such a balance, if we draw on the lessons of a female botanist from the First Fleet. At least, that is, according to Jeanne Daly of La Trobe University. Professor Daly, challenging centuries of botanical history, outlined how inflexibility and preconceived notions in research led Europeans to believe that Australia was entirely covered in oak trees. In the same way, she proposed, rigid states of mind in public health research have led doctors to blame their patients for their non-compliance to medical instructions. Using basic taxonomic principles from a First Fleet botanist, Professor Daly aims to conduct a new meta-analysis of qualitative studies, to see if non-compliance is a case of the patient letting the doctor down or vice versa.

Across the La Trobe campus, Dr. Anne Kavanagh did not need to look as far afield for her research inspiration. In fact, she didn't even leave the office. Using the office AFL footy tipping competition as an example, Dr.

Kavanagh proved the age-old adage that statistics can be used to prove almost anything. Taking advantage of high-grade multi-level modelling, Dr. Kavanagh made the ground-breaking discovery that gay mens' footy tipping skills, while initially handicapped compared to heterosexuals, quickly improve to a lesbian level or higher. The extent to which the audience was convinced of this finding was a welcome reassurance of scientific scepticism.

While public health research techniques may be reaching new heights, it is all for nought if the media and political systems are swayed by alternative (or even sinister) points of view. This was the lesson provided by Ray Moynihan and Professor Peter Baume in the second half of the plenary.

Mr. Moynihan, presenting the results of his ground-breaking study into the representation of medicine in the media, gave warning that journalists are easily swayed by corporate interests in their medical reporting. Pharmaceutical company lobbying and disease-mongering are both well-defined means to greater corporate profits, and must be countered by the proactive presentation of evidence-based medicine to journalists and doctors, he argued. By the same token, Professor Baume, former federal Health Minister, advised that policy changes in the interest of public health will never be enacted without a frame-shift to political modes of thinking. Dissecting the internal logic of Government health policy decisions, he pointed out, is the key prerequisite for public health

advocates interested in guiding political actions towards the greater good.

The plenary was closed by "Screaming Fibro", part of the Concurrent Arts Program, which featured youth from the Liverpool area chanting, "What do we want? Results not surveys! When do we want it? Now!" As the audience filed out, one could just make out these words being softly whispered from delegates' mouths.

Canberra ASH's "Plotting decline of Australia's tobaccopurchasing households".

Geraldine Spencer BA (USyd), Canberra ASH Inc Life Member, & Editor Canberra ASH Newsletter, "Ashes to Dust", launched her monograph "Plotting the decline of Australia's tobacco purchasing households" (AussiePrint, Canberra City August 2001. ISBN 0 9585245 1) at the Annual General Meeting of Canberra ASH this week.

It's a graphic description derived from the ABS *Household Expenditure Surveys* of the decline in Australia's tobacco households according to type of households, with attention to *Seniors* and *Under 18's*, of the expenditure devoted by tobacco households to the purchase of tobacco products, and a comparison with the characteristics and expenditure of normal households.

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Mary Sheehan Awarded Public Health Medal



By **Pieta Laut**

At the gala Conference dinner, the PHAA President, Dr Peter Sainsbury presented Professor Mary Sheehan with the Public Health Association of Australia's Medal for 2001.

The Medal is awarded in recognition of work and activities that have:

- protected and promoted public health in Australia;
- promoted multi-disciplinary approaches to designing public health solutions and solving public health problems;
- advanced community awareness of public health measures and outcomes and the real cost of inadequate public health responses; or,
- advanced the ideals and practice of equity in the provision of health care (equity defined as equal care for equal need).

Professor Sheehan is the Head, School of Psychology and Counselling, Faculty of Health, Queensland University of Technology, Brisbane. She is also the Director of the Centre for Accident Research and Road Safety. She has been involved in teaching, education, research and service in the promotion of public health in Australia for over twenty years. The award was made to Professor Sheehan in recognition of both her work in promotion of road safety and her broader commitment and influence in public health.

Professor Sheehan's most recent work has been directed towards improving the mental health and well being of the community. In particular she has developed training initiatives that increase the awareness of mental health professionals and other health service graduates of the health implications of the abuse of alcohol and other drugs in Australia.

Her academic career has been marked by commitment to equity initiatives. She worked closely with a specialist tutor to develop a language and writing skills tutorial program for students from non-English speaking backgrounds and special initiatives in the first year medical course to assist the first intakes of Indigenous students to the program.

Her research work has been concerned with the application of social psychological theory to educational and rehabilitation initiatives. Her personal research interest has been with conceptual problems of the relationship between attitude, knowledge and behavioural change. Her particular commitment is to the potential change that understanding this relationship could bring to social marketing and promoting community change that could assist disadvantaged groups and high-risk youth. The major application of this has been increasing community road safety and particularly the highest risk behaviours of younger drivers.

Professor Sheehan has been involved in many national leadership roles that directly relate to raising community awareness of public health issues. In particular she was a member of the National Road Trauma Advisory Council, the Scientific Advisory Committee for the National Centre for Social Research on HIV and a significant number of other committees/groups.

We congratulate her on being awarded this Medal.

33rd PHAA Annual Conference

They worked hard....



They networked....



and then they boogied!



Popular Culture Science and Politics – the Rapporteur Reports.



Peter Trebilco
Conference
Rapporteur

Health financing: are we getting value for money?

Jenny Macklin, MP, noted that the question most asked was “Who is going to pay for this?” when it should be “How are we going to make this work?” She stated that the national health insurance and pharmaceutical benefits schemes must be made truly national, paid by taxes or levies, and inclusive of all Australians. And that equity and accessibility are still both absent.

Senator Lees took up this point, noting that for every dollar spent on non-Indigenous Australians, only 61c were spent on services for Indigenous persons. The private health insurance levy has not ameliorated this situation for Indigenous or other needy individuals and groups.

Nicola Ballenden (ACA) noted three aims of a national health insurance scheme – equity of access and outcomes; quality of services; and affordability, for both the consumer and the taxpayer. Her research indicates that the cancelling of Medicare would add \$4 500 to the average family's budget.

Mr Russell Schneider (health insurance industry) proposed that public health insurance pays for populations, and private health insurance pays for individuals. He

noted that ‘Health care systems need to increasingly focus on providing appropriate care to achieve desirable outcomes’.

Professor Stephen Duckett proposed that the private health insurance rebate be recast to become a subsidy for people over 70 years of age.

General practice: or is it primary health care?

Dr Anthony Zwi outlined the three current international debates: efficiency v. equity; the role of the state; and assessment of health system performance. He sees the rapidity of communication being a major factor in each of these debates.

The panel of Mr Matthew Blackmore, Dr Robert Marr and Dr Nathan Pinski put two arguments to the audience - GPs should be able to take part in primary health care work, and that consumers should seek accountability from services, and be a part of the decision making processes.

Oral health: whose responsibility?

Dr Roberts-Thomson made the point that oral health has multifactorial aetiology, and therefore needs to be managed by a multidisciplinary workforce. Professor Wright stressed the dental profession is very concerned about the lack of an organised and integrated approach to dental services for, and the prevention of oral diseases in, the elderly.

Ms Leonie Short MP, noted that the abolition of the dental health program has proved a public health disaster with no change in sight as

the Prime Minister recently repeated his claim that funding was ‘a State responsibility.’ She stated that three critical issues are community links for services, the dental workforce, and oral health promotion programs.

The early years agenda: public health implications

Emeritus Professor David (Dan) Offord, one of the Conference's overseas guests, made two very precise points: that a single targeted program has no population effect; and that the purpose of relieving the burden of suffering for children with emotional and behavioural problems is to prepare them for adulthood.

Professor Graham Vimpani noted that the paradigm of supporting families with young children acknowledges ‘that the quality of parenting experienced by children is the major public health issue confronting many Western societies.’ Parenting and nurture of young children must be recognised as a responsibility families share with the broader community.

Professor Frank Oberklaid stated that we have a diverse range of services that are not coordinated, often have narrow eligibility criteria, operate in isolation from other services, and are funded by a bewildering mixture of government and other agencies. The existing services must be refocussed, before any other planning can take place.

Miss Eva Cox noted that the federal government had allowed childcare to become a shemozzle - expensive, poorly staffed and focussed as commercial

enterprises, rather than as community services. She was adamant that childcare is a social issue, and must not be further medicalised. The three aims she sought were the provision of quality services, allowing children to mix with other children, and ensuring children are accepted as members of the wider community.

Quantitative/qualitative research methods: can we achieve a balance?

In the final plenary Assoc. Professor Jeanne Daly proposed that unexpected variety need not hinder good science. She stressed that all research, no matter what the methodology, must be well

supported by evidence and method.

Dr Anne Kavanagh offered a conceptualised model, where study design leads to the conduct of the research, which in turn leads to the production and interpretation of the findings. She noted the need for researchers to be aware of the range of methods available, and to understand the value of each. She also made a plea that all public health researchers be very conscious of the bias that is inherent in any funding source.

Mr Ray Moynihan, (journalist) reported on his research on electronic and print media reporting on health issues. Often,

reports are based on a press release, and are usually deficient (incomplete, lacking objectivity). He has developed TIPSHEET for journalists to help improve the quality of health reporting.

The last speaker Professor Emeritus the Hon. Peter Baume noted facts can be contested because of omissions, slanting and the observer's place and perspective. He asked the audience to remember that 'evidence is not the only measure of fact or truth'.

The full text of the rapporteur's report is on the PHAA web-site under Latest News and Conferences.

MEDIA AWARDS

By Pieta Laut

In recognition that the mass media of all forms and the significant role it has to play in protecting and promoting the health of Australians, the second annual Public Health Media Awards were held as part of the Annual Conference Dinner. Terry Slevin, Vice President (Development) presented the awards.

The Awards are presented annually in order to help promote and improve the media's understanding of public health policy, measures and approaches. The aim is to challenge media reporters to think about public health beyond the provision of illness care in hospitals.

This year's recipient of the print media award was Peter Ellingsen for his piece "Tangled up in blue", published by the Age on Friday 9th

March 2001. Terry noted that "this series of articles on depression presented an unusually



enlightened analysis of a complex public health problem, and raised and intelligently explored questions with significant implications for the Australian health care system and society at large. This has been an important contribution to the public discourse about depression."

The award for a professionally developed on-line site was

presented to the Lions Australia Prostate Cancer Web-site (www.prostatehealth.org.au). Terry said that, "The Lions Australia Prostate Cancer Web-site has been developed in response to increasing consumer interest in and demand for information about prostate cancer. This site has met the challenge of establishing an acceptable way to provide information on all aspects of prostate health and cancer to men, their families and their carers. The on-line help line that allows individuals to ask questions, which are answered by e-mail within 7 days is particularly useful."

The on-line award for a site that has been produced by health staff for their organisation was won by the Sexually Transmitted Diseases Services Web-site. The stdservices.on.net provides basic information on clinical issues and

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PHAA International Health workshop



**Anna Whelan
International
Health SIG**

About 40 people attended the SIGIH workshop in a day of camaraderie and good will. We had a packed agenda to cover including PHERP initiatives in relation to international public health, discussion about AusAid and health, and information about public health in Papua New Guinea, as well as 8 presentations from members who had worked in international projects. The sad news of Eberhard Wenzel's passing was noted at the start of the workshop.

Ian Riley and Arie Rotem, who have been awarded a PHERP Innovation grant to develop an educational framework for International Health, facilitated a brainstorming session in the morning. They intend to have further consultation with the SIG in relation to this endeavour. Issues included the need for Australians intending to work overseas to understand the complexities of transferring health service models from one cultural setting to another; to have explored associated ethical issues and the possibilities of conflict of interests for donor agencies; and to have grasped the nature of appropriate technical solutions in relationship to specific program areas. International health needed to be better defined as a discipline. Educational programs should target a range of student groups including undergraduates and non-health professionals. More attention

should be given to adding an International Health focus to existing courses just as we were doing for Australian Indigenous Health. The presence of experienced overseas students in the classroom could enrich the educational experience.

Stories were told of inappropriate transfer of our models and technologies, without due consideration of essential modifications required to make them work (e.g. Australian Primary Health Care model). Working with scarce resources in the field required better health economic decision-making processes, so that "best buys" could be identified that would be likely to vary between countries. Public health practitioners required considerable skills in determining what these "best buys" would be. The decision-making process also required interpersonal skills and networks to be established with community, "users" and NGOs, not only relying on "official" information and statistics.

Underlying these competency issues, was the need for an ethical framework of trust. Practitioners need time to establish relationships with a range of people to gain trust to be able to make gains.

Presentations, characterised by stark honesty and humility by members, highlighted the issues raised in the discussion – with projects described ranging from:

- HIV/AIDS project in Africa – with YMCA;
- Maternal health in Nepal – the need to raise the status of women;

- Illegal drug assessment projects – where the public health approach clashed with the "war on drugs" paradigm;
- The Australian Reproductive Health Alliance work on spreading the Cairo conference resolutions;
- TB in remote SW China and the issues relating to MSF's organisation (eg use of volunteers and sustainability of work);
- Myanmar project working with refugees on the border with Thailand;
- Vietnamese IDU project which highlighted that official data often distorted the value of project; and,
- Quality of locally- made drugs in developing countries and the need for eternal vigilance and tight control of entire system.

In the absence of Peter Sapak (UPNG), Ian Riley gave an account of public health in Papua New Guinea. Problems include declining health expenditure in real terms because of inflation and population growth, and the need to maintain services both centrally and at the periphery under conditions of health services reform. The village-level infrastructure of services needs to be revitalised. Communicable diseases – malaria, pneumonia, tuberculosis, HIV/AIDS – remain leading causes of death. Maternal mortality is unacceptably high. AusAID is now spending \$50 million annually in what will be its first sector-wide program and there are excellent opportunities for Australians to play a role rebuilding services in a country

that has both historical and strategic significance for us.

This year will pose huge challenges in international health and the SIGIH. Final discussion on the future agreed that there were a number of strategic issues for SIGIH to act on in the coming year:

- Refugees – Mandatory detention (Health and Human rights Convention – December 3-5 in Sydney)
- International Aid – lobby for increasing funds from federal government (at one of the lowest levels)

Timing for effective advocacy (ACOA convention soon)

- Cultural competencies – PHERP submission (m.eisenbruch@unsw.edu.au)

Learning from indigenous health transferred to international health (vice versa)

- Lessons learned – document SIGIH to consider developing a template to include stories/case studies which can inform practice To work on this with AusAID (Alison Heywood)

- Public Health and War/ Conflict – Defence is a public health issues

Peace building agenda

Conflict resolution

Working in unstable settings

- International HIV/AIDS still a huge issues
- Equity and international health – measurement issues

How to operationalise it (partners needed)

We now have a number of volunteers to assist the SIGIH agenda and more are welcomed – contact a.whelan@unsw.edu.au.

Doctor of Public Health at Flinders University, Adelaide



Why a Doctor of Public Health?

Recent reviews of the public health workforce in Australia and overseas have recognised the need for high level professionals who can apply and integrate relevant theory into practice, to lead and advocate for more effective, responsive and equitable services to improve the health and well-being of the community. The Doctor of Public Health at Flinders is following international trends which have demonstrated the advantages of an advanced level degree which balances coursework and research and focuses on professional practice.

Specialisation

Within our Doctor of Public Health candidates can specialise in addiction studies, ageing studies, community mental health, environmental studies, general practice, health service management, palliative care, population studies, primary health care, public health nutrition, and public health policy, and many other areas. Every effort is made for candidates to study areas directly relevant to their work needs.

Flexibility of delivery

Our Doctor of Public Health is available for study full-time (3 years) or part-time (6 years). It has been specially structured to allow interstate and overseas candidates to study most of the course in their home state or country.

Recognition of prior learning and skills

Specified knowledge and skills in public health or related area will be considered during the admission process. Credit (advanced standing) for many first year topics may be granted to candidates with an approved masters degree.

Staff with high quality teaching and research skills

Our highly experienced team has national and international recognition for teaching and research. The team was awarded the Flinders University's Vice Chancellor's Award for Teaching Excellence in 2000. We have strong links with programmes within Australia and overseas.

Applications

Applications for enrolment should be submitted by December 31st. Late applications may be considered.

Want to find out more?

Ask us to send you our **Doctor of Public Health Information Package**, which includes application procedure, available from The Department of Public Health, Flinders University, GPO Box 21 00, Adelaide, South Australia, 5001, phone (08) 8204 4698, fax (08) 8204 5693, email: public.health@flinders.edu.au. Or contact course coordinator, Prof Fran Baum phone (08) 8204 5983, fax (08) 8204 5693, email: fran.baum@flinders.edu.au. Also see our website at <http://som.flinders.edu.au/FUSA/PublicHealth/index.html>

IN THE PINK DURING THE MONTH OF OCTOBER FOR BREAST CANCER RESEARCH



One in 11 Australian women will develop breast cancer before the age of 75, whilst 1 in 4 know of someone who has breast cancer. Breast cancer is the most common form of cancer affecting women. Approximately 10,000 Australian women are diagnosed with breast cancer every year. While the incidence of the disease is increasing, the survival rate is improving, thanks to the benefits of research.

October is Breast Cancer Month raising awareness of breast cancer and research. The National Breast Cancer Foundation appeals to those who are interested in finding a cure for breast cancer to purchase a pink ribbon during the month of October to help raise funds for research.

Synonymous with Breast Cancer Month is Pink Ribbon Day, Monday 22nd October. Buying a pink ribbon will help the National Breast Cancer Foundation fund research into the prevention, diagnosis and treatment of breast cancer.

Pink Ribbons will be on sale throughout the month of October at selected retail outlets. Australians are encouraged to assist the National Breast Cancer Foundation by purchasing a \$2 pink ribbon from David Jones

Department Stores, Target Stores, Lincraft, Jacqui E, Just Jeans, local pharmacies, newsagents, and selected Westpac banks.

The Foundation is the only national fundraising body for breast cancer research that undertakes a process of rigorous peer-review prior to disbursement of funds. Prior to receiving funds from the Foundation, a project is assessed for the merit of the research as well as the contribution it will make to either new knowledge or building on existing knowledge about breast cancer.

Since being established in 1994, the Foundation has allocated \$10 million to breast cancer research, including 65 projects in every State and Territory.

Among the Foundation's current commitments of \$2 million over the next three years, there are a number of research projects including:

- The kConFab project – research into familial breast cancer and its genetics links;
- Lymphoedema – understanding the perceived needs among early breast cancer patients diagnosed with lymphoedema;
- Compliance with breast cancer

management guidelines and related health outcomes;

- A multi-ethnic study on a woman's diet, body fat and breast density and how these factors measure risk for breast cancer; and,
- The physiological effects and needs of long-term breast cancer survivors.

These leading edge projects represent some of the best studies being undertaken in Australia and reflect the research priorities and concerns of consumers. Continued research will offer us a better understanding of the disease, and in time, an understanding of its causes and therefore the potential for prevention.

Help the National Breast Cancer Foundation support excellent research into this disease so that we can find a cure and find a cause for breast cancer.

For more information about Pink Ribbon Day, or to help the National Breast Cancer Foundation raise funds for research, please phone 1800 000 118 or visit their website on www.nbcf.org.au.

NATIONAL
BREAST CANCER FOUNDATION
finding the cure finding the cause



Public Health Association of Australia Conference Adelaide – September 2002



Caroline Miller
Conference
Convenor -2002

Next year's annual conference will be held in Adelaide, South Australia. The major theme of the conference is Mobilising Public Health.

The focus will be on 'action' and achievements in public health, demonstrating what public health can and does achieve, its relevance and capacity, and what public health offers, even in times of scarce resources. Emphasis will be placed on demonstrating successful public health programs and advocacy projects, from grass roots levels to higher administration.

The sub-themes for the conference are:

- Refugee policy and status - In light of recent events, it seems likely that the issue of the public health effects of war and movement of refugees will become of increasingly relevance over the coming year.
- Poverty, privilege and equity - Inequalities in societies and the impact on health are a perennial public health concern.
- Aboriginal people's concerns – Another significant issue for public health and an important part of any public health forum in Australia today.
- Population health surveillance and screening – This will

include coverage of screening and monitoring systems and what public health benefit they offer.

- Technologies - What do expanding technologies have to offer public health and how are they being used to advantage.
- Public Health Administration and Structure – Elections will have occurred, both federally and locally. It will be timely to discuss where public health sits in our governmental and educational structures. How are public health systems, programs and research funded and what are the implications?

Input on the conference themes is invited. To become involved or to offer suggestions, please contact Caroline Miller, President (SA Branch) cmiller@cancersa.org.au.

Media Awards- continued from page 11

focuses on the public health activities of STD Services and extended sexual health information suitable for clients and students at many levels. The site uses public health surveillance data and links that facilitate access to clinical and public health material which compliments information on stdservices.on.net.

Mr Stephen Skinner from Background Briefing received the award in the radio category. Mr Skinner's two pieces on the twin evils of tobacco and alcohol provided an excellent example of public health journalistic advocacy. These pieces showed the interactions between public policy and inter-portfolio activity, and fed into further and more far reaching

investigations of this vital Public Health policy area.

Terry praised all the winners, saying the individual pieces had spanned personal experience, statistical evidence, political structures and policy and legal implications.

All of the winners except Peter Ellingsen were present or had sent representatives to the dinner. It was particularly heartening to hear Stephen Skinner say that he was surprised and amazed by the passion of the members of PHAA and the numbers of people who were clearly dedicated to improving public health in Australia. He said that we would hear from him again in the future as he is hoping to do a piece on gambling to complete the trifector.

Organising around Sept 11, 2001

There are many articles that will be published over the coming months about the Terrorist attack in New York and Washington. Many will be focused on the devastation and the search for appropriate justice. In light of this, it was refreshing to see an article outlining the lessons from the anti mafia struggle that might have meaning in the anti terrorist struggle.

The article is written by an anthropologist and a sociologist who have been studying the mafia and the anti mafia in Palermo since the late 1980's. They choose to use the word 'struggle' rather than 'war' and through this article provide an alternate model for moving forward. The article can found at: colist@comm-org.utoledo.edu

The Canberra Communique

We, the participants at the Second International Meeting on Women and Health: "Maximising Women's Capacities and Leadership", organised by WHO Kobe Centre, April 2001, call for the integration of women's perspectives into decision-making at all levels and pledge to bring the necessary courage and creativity to our endeavours to advocate and promote well-being and quality of life for women throughout the world.

Sustainable improvement in women's health and well-being can only be achieved through a concerted program of action that addresses persistent and growing inequities in women's access to the resources for basic needs for everyday life, to education, to employment and income, to effective roles in decision-making and to responsive health services.

While the health of women is a universal responsibility, women's role in defining their needs and implementing the strategies to meet them is crucial. Actions are required to remove the barriers to women's participation, to recognise women's critical role in public health practice and health care (including clinical care), and to invest in capacity and leadership development for women at all levels and in all life circumstances.

Women embrace differing concepts and styles of leadership in their local communities, in government, private and non-government organisations, amongst researchers, policy makers and activists and throughout their lives. Leadership activities arise within communities in response to challenges and needs and are

specific to cultural, linguistic, social and political contexts. Leadership may be taken up by an individual or collectively with contributions made by a number of people in a group or community.

Fostering of women's capacity and leadership requires the creation of supportive and enabling environments in which women can empower themselves to acquire information and skills, develop confidence to exercise choice, make decisions, implement programs, and change negative institutional cultures. Attention must be paid to the larger social and economic contexts that contribute to gender inequity in public and private life, including multinational economic arrangements, political environments, institutions, structures, and practices. Women of all ages should be encouraged to engage in leadership activities that are sustainable, including mechanisms such as networking and mentoring. This should be supported with appropriate resources.

We call on international organisations, national and local governments, private and non-governmental organisations to adopt these capacity - and leadership-building strategies:

1. Support leadership development and provide leadership opportunities for women, particularly those from indigenous communities around the world, refugees, migrants, the disabled and other vulnerable groups.

2. Create public health and health service initiatives that support the rapid take-up of strategies successfully developed by women in communities.
3. Build women's capacity through education and training in partnership with relevant organisations, particularly those in public health, education and the media.
4. Build women's capacity to make informed decisions and to set goals relevant to women, by supporting women's role and leadership in data collection and analysis relevant to community-directed action and by facilitating information exchange between relevant groups of women.
5. Consider, analyse and monitor the effect of key public policies that impact on women and their health in order to reduce persistent inequities and enhance women's control over determinants of their health.
6. Desegregate public health and health services data by sex and ensure careful design of data collection and analysis to identify gender differences in experiences, impacts, causes and responses to health needs. Support the use of these data to develop effective public health initiatives in collaboration with

appropriate communities and partners so as to ensure that services are responsive and accountable to women.

7. Broaden the concepts of evidence as used in policy and research by documenting, including, and accurately reflecting, women's experiences in accordance with their priorities.
8. Support women's capacity for data collection and analysis relevant to community-directed action that strengthens empowerment.
9. Focus on the establishment of enabling strategies and initiatives that support and promote women's leadership and develop collaborative action between women and men to support decision making that enhances and promotes individual and community health and well-being
10. Encourage the peak bodies of the health professions to increase the leadership roles of women within the professions.

We seek the support of WHO Kobe Centre to sustain this initiative by such means as:

- collaboration with government and international agencies to incorporate in their activities (1) capacity building among women (2) gender-sensitivity and gender analysis training for both men and women in policy-making positions
- establishing appropriate and

effective strategies for making information available to those working to improve women's health as the grass-roots level;

- supporting research initiatives that document the progress, range and diversity of women's leadership in health and development;
- assisting in developing guidelines for gender-based analysis of international health policy and monitoring implementation of these guidelines;
- promotion development, enhancement and field-testing of community-level indicators of and targets for the status of women's health and compiling of these in a regular report on the status of women in the world. Indicators should be locally relevant, and be developed and measured through participatory research with women from many countries as active partners;
- promoting multi-national and cross-cultural case studies of successful community-based women's leadership and capacity-building in health services and public health; and,
- convening regular meetings to promote better health and welfare for women and monitor the progress of integration of women's concerns in health policy in the region.

This meeting believes that governments should ratify the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Optional Protocol as key principles that will guide the development of enabling strategies and initiatives

to support and promote women's leadership.

The meeting proposes that establishment of an international award scheme to recognise the achievements of women's groups in leading improvements in women's health and well-being, such a scheme to be known as "Gertrude Mongella's List."

The effective and dynamic initiatives that have been undertaken by Dr Yuji Kawaguchi, Director of the WHO Kobe Centre, in support of women's health and welfare development were recognised. These initiatives should be strengthened and further developed in cooperation with all interest groups.

All participants in the meeting acknowledged the strong support of the University of Canberra, especially the Chancellor, Dr Wendy McCarthy, for hosting this important meeting.

Canberra, Australia, 6 April 2001

MEMBERSHIP

The Secretariat has completed the final round of membership renewal reminders, and unfinancial members have been deleted from our database. Shortly we will be following up with each Branch on those members who did not renew to see if a personal approach can encourage their return.

If you know someone who has dropped out, any information on what we would have to do to get them to return or reasons for leaving would be very helpful. Please email Pieta on: plaut@phaa.net.au.

DR SIDNEY SAX

PHAA has lost one of its dearest friends and supporters.

Sid Sax – who died suddenly towards the end of August – came to Australia in 1960 from South Africa where he had trained in medicine and public health. In the subsequent 40 years he was destined to have an indelible impact on public health, health services organisation, health research and planning and gerontology in this country.

He with his wife Gwen began medical life in their new country in a modest way at Garrawara Hospital in NSW and later at Lidcombe Hospital where Sid commenced his life long interest in the health problems associated with ageing.

In 1972 he became the first Director of the Division of Research and Planning in the newly created Health Commission of NSW which had brought together the separate government departments that had previously dealt with health matters in that state. Here Sid set about creating from scratch data sets – eg the beginnings of the hospital morbidity data collection – that for the first time allowed basic health services planning to be undertaken by the small team he had built up around him.

The advent of the Whitlam government in Canberra in late 1972 saw the creation of the national Hospitals and Health Services Commission. Sid Sax who had recently published a very thoughtful analysis of the ills of Australia's health system entitled "Medical Care in the Melting Pot" was the logical person to head it. During the Commission's life a revolution occurred throughout the land in all aspects of health care delivery and

financing. The Community Health Program was an outstanding example of the response to the problems in accessibility and continuity of care. New hospitals - Westmead being the most dramatic example – were constructed in parts of Australian cities hitherto poorly served for in-patient care. Medibank was introduced and the distribution of primary care medical practitioners in deprived places like Mt Druitt improved overnight – to say nothing of the relief given the average citizen from medical bills.

Sid and his team also gave Health Services Research and Public Health a great boost through the establishment of RADAC (Research and Development Advisory Committee) which funded innovative research for many years. It was no accident that following the restructure of NHMRC after Kerr White's report Sid became the first chair of the PHRDC (Public Health Research and Development Committee).

Kerr White's review also established PHERP (the Public Health Education and Research Program) and the AIHW (Australian Institute of Health and Welfare) both of which remained dear to Sid's heart.

Sid retired in 1982 but continued to write about and have a strong interest in Australia's health services. With the establishment of the AIHW in 1987 he retained an office there and it was only a few weeks before he died that he gave up the chair of AIHW's Ethics Committee.

At a recent AIHW dinner to honour Sid, Dianne Gibson told everyone of a survey she had done in preparation for her speech, in which she asked everyone what words they would use to describe him. Everyone without exception said: "He is such a nice guy". That was a fitting (although limited) description but in an age where so many top managers and bureaucrats think they have to be tough bullies to get on it is wonderful to have had Sid as a role model. In his quiet all – involving, non -confrontational way he was able to achieve consensus and change in a manner that eludes most of us.

Sid was a great supporter of PHAA and for all the assistance he gave the organisation from 1969 onwards it was fitting that he was made a life member.

I may be among the few that have read Sid's MD thesis that he did in South Africa many moons ago. The topic was on syphilis in that country and as I recall his findings they were that syphilis was transmitted between sex workers and lonely males in beer halls at truck stops along the major highways. A situation paralleled today by HIV!

We should celebrate Sid's life and thank our lucky stars that he came to this country and made his unforgettable contribution for the betterment of all of us.

- Tony Adams

DR ARNOLD (Puggy) HUNTER

September saw the premature death of Dr Puggy Hunter, Chairperson of the National Aboriginal Community Controlled Health Organisations (NACCHO).

Dr Hunter devoted his life to raising awareness about complex issues, surrounding Indigenous health both at the national level and in his home region, the Kimberley.

Under his chairmanship NACCHO negotiated health framework agreements in every

State and Territory. He also chaired the Broome-based Kimberley Aboriginal Medical Services Council, was a member of the National Aboriginal and Torres Strait Islander Health Council, the principal advisory body to the Minister for Health and Aged Care and his department. Dr Hunter also chaired the Aboriginal and Torres Strait Islander Working Group of the National Public Health Partnership, advising both the Commonwealth and States and Territory Governments and was a member of both the Public Health

Association of Australia (PHAA) and the National Rural Health Alliance.

He will be remembered as a dedicated, articulate and forceful advocate for his people who, like so many of his friends and constituents, relied on constant kidney dialysis treatment.

The PHAA's condolences go to his family and friends.

DR EBERHARD WENZEL

2nd January 1950 – 20th September 2001



Eberhard Wenzel has made a truly amazing contribution to Australian and international public health in the six years since he has lived in Australia and lectured in the Griffith University School of Public Health.

Over the last 15 years Eberhard has maintained the best public health website in the world. Through his email list, he has

supported communications between many different parts of the public health community around the world. He has sifted and sorted through a drift of chaff and sieved out the critical and relevant and passed it on through multiple networks. He has editorialised with insight, kindness and the occasional blowtorch. Eberhard has contributed to warmer, firmer, closer forms of solidarity between different members of the human family, in particular, through his work with indigenous people. His work is characterised by a passion for justice and a fair go and intolerance for hypocrisy and guile.

Following his diagnosis of cancer of the esophagus Eberhard used the communication channel (<http://www.ldb.org/cancer/index.htm>) he had perfected to allow us, with typical generosity and insight, to share his journey through the

frustrations and ultimate disappointments of treatment to his final acceptance of his impending death. He described the peace, love and harmony he experienced in the last weeks of his life. Contributions made to his healing circle were testimony to the extraordinarily high regard in which Eberhard is held in so many corners of the world. So it was with great sorrow that members of the PHAA present at the 2001 AGM mourned his death and acknowledged the incredible achievements of this very special man. He will be sorely missed by all his friends in PHAA. Eberhard is survived by his wife, Rosemarie Erben.

- David Legge and Fran Baum

What's on

19-20 November 2001

The National Indigenous Substance Misuse Conference, Sydney. For more information contact: ICOSA, Ph 07 4945 7122, Fax 07 4945 7224 email: icskooori@mackay.net.au

19 - 23 November 2001

7th International Health Summer School, QUT School of Public Health, Brisbane offers short courses and keynote presentations by Australian and international speakers including Prof Clyde Hertzman, Canada and Prof Fiona Stanley, WA on topics including life-course perspectives on health and well-being, Aboriginal and Torres Strait Islander research issues, foot problems in diabetes, environmental management systems, public health and health promotion, and qualitative research methods for public health. Contact (07) 3864 3523, fax (07) 3864 3369 or email: joughin@qut.edu.au website: www.hlth.qut.edu.au/ph/courses/ihsfly.htm

21-22 November 2001

The National Indigenous Women's Issues Conference, Sydney. For more information contact: ICOSA, Ph 07 4945 7122, Fax 07 4945 7224 or email: icskooori@mackay.net.au

26-30 November 2001

National Short Courses in Environmental Health, Adelaide. Course 1 'Principles of Risk Assessment & Management' 26-30 Nov; Course 2 'Risk Communication in Practice' 3-5 Dec; Course 3 'Risk Assessment & Management for Water' 6-8 Dec 2001. Further details contact nancy.cromar@flinders.edu.au or <http://som.flinders.edu.au/FUSA/EnvHealth/NSCEH.htm>

New Members

New South Wales

Damien Cordery
Elisabeth Emrys
Angela Rigby
Sophie Schultz
Kate Wilson
Greta Ridley
Cecily Michaels
Barry Edwards
Tim Brokenshire
Sandy Leask

Victoria

Evi Muggli
Boyd Swinburn
Emma Lawson
Kirsty Irving
Deborah Senior
Kristan Corben
Sarah Lodge
Julie Newell
Lisa Amir
Carolyn Mills

Queensland

Melinda Richards
QLD Public Health Forum
Brad McCulloch

South Australia

Judy Smith
Heather Morton
Nadia Cerro
Esther Jaksic

Northern Territory

Northern Territory Correctional Services
Peter Pearce

Australian Capital Territory

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Costs for larger/thicker inserts are available on request. Copy deadline is for the 28th of the month for publication on 15th of the following month. If further information is required please contact PHAA via email:

publications@phaa.net.au

or phone 02 6285 2373