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## Election Forum Examines Public Health

*By Melanie Walker, PHAA Deputy CEO*

The ACT Branch election forum proved a great opportunity to hear from our election candidates at the same time as provide some education for them. Two of the representatives at the forum are now sure to take their seats in the Federal Parliament.

The best understanding of public health issues on the night was delivered by ACT Greens Senate candidate Lin Hatfield Dodds who was declared the winner of the Public Health Association of Australia (ACT Branch) Great Election Public Health Debate in Canberra on the evening of Tuesday 10 August. Gai Brodtmann, ACT Labor candidate for Canberra; Senator Gary Humphries from the Canberra Liberals; and Ms Hatfield



**Lin Hatfield Dodds, ACT Greens Senate candidate (Centre) – with two of the attendees at the debate**

Dodds went head-to-head on some of the key national public health issues ahead of the federal election.

"The winner of the debate was decided by the audience of over 120 people from the health and community sectors. At the conclusion of the evening, the audience was asked to indicate their approval of each of the candidates by applause. Lin Hatfield Dodds received the loudest cheers, followed closely by Gai Brodtmann and then Gary Humphries. While Ms Hatfield Dodds was declared the winner, it really was quite a tight contest. Canberrans should be very pleased to have such a high calibre of candidates to choose from who can all demonstrate a clear vision for improving public health both in Canberra and at the national level," said Dr Ian White, PHAA's ACT Branch President.

"Mental health and policies addressing social disadvantage were a recurring theme of the debate, with each candidate articulating their party's approach to addressing these issues. There was also a strong focus on enhancing preventive health measures. Surprisingly, there was actually a lot of agreement between the

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## Election Forum Examines Public Health

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candidates in terms of the key issues, the differences were in how each party intended to address these challenges," said Dr White.

"The three speakers were asked to answer a series of set questions on issues including: the impact of policies in other portfolios on health measures; key priorities for public health; funding for preventive health measures; implementation of Preventative Health Taskforce recommendations on alcohol, tobacco and obesity; improving health outcomes for disadvantaged groups; mental health and comorbidity; Indigenous health; oral health; and climate change policies. They then participated in a question and answer session with the audience that covered a broad range of additional public health and related issues such as ehealth and allied health," said Michael Moore, PHAA Chief Executive Officer (CEO).

"The audience indicated that it had been a very tight contest and attendees were particularly impressed that each candidate and party had considered key public health issues and developed policy and program responses aiming to address problems identified," said Mr Moore who was the facilitator for the evening.

*The Great Election Public Health Debate was hosted by the ACT Branch of the Public Health Association of Australia and supported by the Australian Health Promotion Association; the University of Canberra Centre for Research & Action in Public Health and The Hellenic Club of Canberra.*



**Peter Tait and Liz Hanna,  
PHAA Members**



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# AUSTRALIANS OF THE YEAR CALL FOR ACTION ON TOBACCO

*By Professor Mike Daube, PHAA President*

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Australia's six medical Australians of the Year have called on all political parties to support plain packaging for tobacco products, a measure which is being aggressively opposed by the international tobacco industry.

Professors Peter Doherty (Australian of the Year 1997), Sir Gustav Nossal (Australian of the Year 2000), Professor Fiona Stanley (Australian of the Year 2003), Fiona Wood (Australian of the Year 2005), Ian Frazer (Australian of the Year 2006) and Patrick McGorry (Australian of the Year 2010) have issued a joint statement which condemns "the tobacco industry's cynical campaign" and calls "on all political parties to commit themselves unequivocally to supporting legislation on plain packaging as part of a comprehensive approach to reducing the devastating toll of death and disease caused by smoking".

Here is the statement:

***Call to all political parties to affirm support for plain tobacco packaging***

*Prescription drugs which save lives and promote health are stored in dispensaries and sold in plain packs with only the drug name and dosage information. Tobacco products, which kill 15,000 Australians each year, are sold in attractive boxes designed to maximise their appeal, particularly to young smokers.*

*Legislation for plain tobacco packaging removes one of the tobacco industry's last remaining means to promote their products in appealing ways. This measure is recommended by health authorities as a key part of our national tobacco control program to accelerate the decline in smoking and save many lives.*

*The tobacco industry's current campaign shows how effective they believe plain packaging will be at reducing tobacco consumption. They are also concerned that this ground-breaking political action will lead to similar legislation in other countries which have historically looked to us for leadership in reducing tobacco use. Over time, global plain packaging could save millions of lives.*

*Smoking has declined from nearly 70% of men and 30% of women in the early 1960s to less than 17% today. Tobacco manufacturers' and retailers' interests in maintaining high smoking levels to maximise sales have thus been very properly subordinated to concerns to promote community health.*

*We condemn the tobacco industry's cynical campaign and call on all political parties to commit themselves unequivocally to supporting legislation on plain packaging as part of a comprehensive approach to reducing the devastating toll of death and disease caused by smoking.*

Commenting on the statement, Professor Simon Chapman from the University of Sydney who co-authored a major review of the evidence supporting plain tobacco packaging said "I do not recall any health issue where all medical Australians of the Year have come together to urge political action like this. If Australia proceeds with this policy, it will domino around the world in the next few years and completely change the way that cigarettes are sold for ever. This is an historic moment."

## Profiling PHAA Life Members

*Life Membership is one of the few privileges that PHAA can award to its members who have given exemplary service to the association throughout the years.*

### Fiona Stanley

Life Member since 2005

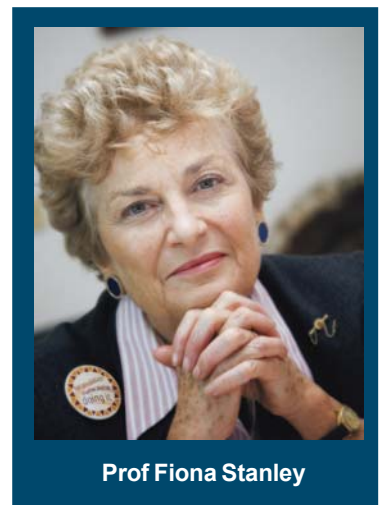
The invitation to write an article on myself as one of the Life Members of PHAA is a lovely excuse to look back and to share some of the wonderful history of how public health developed in Western Australia and why it was such a rich source of epidemiologists and public health professionals.

It always amazed me that out of South Africa, during the apartheid era, came such a large number of outstanding, mostly Jewish, epidemiologists and public health experts. Two of them have been, and aged 87, continue to be, my mentors: Emeritus Professors of Public Health at Columbia University in New York City Mervyn Susser and Zena Stein, and we now also collaborate with their son, Ezra, who has just stepped down from the Mailman Chair of Public Health to pursue more of his research, also in epidemiology: a case of intergenerational epidemiologists studying intergenerational factors!

I asked Mervyn why so many outstanding epidemiologists emerged from South Africa and should we be looking at the soil or the water? He replied with one name: Sidney Kark. Kark was a Professor of Medicine at the Medical School in Natal and inspired and influenced cohort after cohort of the brightest medical graduates to pursue public health in a country that needed desperately to help the majority black population whose poor health status was due to the political system. Little wonder that they have made such an amazing international contribution as many of them had to flee the system due to their opposition to it and we outside South Africa benefited hugely.

Western Australia was not quite Natal or Capetown, although Zena Stein says she feels a sense of place there. But we had some outstanding people who have inspired us to follow careers in public health, perhaps earlier than in other Australian states. They included Kevin Cullen, a country GP who started the Busselton Survey (and with whom I did my undergraduate GP stint), Michael Hobbs who pioneered population data collection and brought record linkage back from Oxford, and their protégé Bruce Armstrong who in 1980 established the NHMRC Unit in Epidemiology and Preventive Medicine in which many well known public health people worked or trained. They include D'Arcy Holman, Carol Bower, Konrad Jamrozik, Dallas English, Nick de Klerk and a host of others including me.

I followed Bruce's example and managed, like he did, to get an NHMRC Clinical Sciences Training Fellowship. I chose to study at the London School of Hygiene and Tropical Medicine in the mid 1970s. At that time there was no MPH or other training in Australia. At the London School, a stone's throw from the British Museum, I was trained by the cream of UK epidemiologists, biostatisticians and public health exponents, although, as the now Professor of Biostatistics at Cambridge David Clayton said to me once, you would never know it! In our Masters course we were taught by Geoffrey Rose, Peter Armitage, David Clayton, Gerry Shaper (another brilliant Jewish South African epidemiologist), Jerry Morris, Brian Abel-Smith, Eva Alberman, Austin Heady, Archie Cochrane, Ivan Ilich and many more. Iain (now Sir Iain) Chalmers was a class mate, as were Michael Goldacre, Ross Anderson and others who remain close friends.



Prof Fiona Stanley

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## Profiling PHAA Life Members

Fiona Stanley

Life Member since 2005

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After a year in the US at the National Institute of Child Health and Human Development) I returned to Perth. An extraordinary opportunity introduced me to Mervyn Susser and Zena Stein and a wonderful group of other researchers: the Institute gave me an open cheque to run a symposium on any topic I wanted! Those were the days! I chose the Epidemiology of Prematurity, as we called it then, and I invited all the perinatal epidemiologists in the world that I wanted to meet, among them Zena Stein and Mervyn Susser. It was a fantastic symposium, a good monograph helped my CV and I treasure these friends and colleagues to this day.

After a decade in the NHMRC Unit, Bruce decided to leave and we decided to set up an Institute of Child Health Research next to the Children's Hospital and the Department of Paediatrics and Child Health at the University of Western Australia with Professor Lou Landau. It has proved to be an inspired decision and the Institute has gone from humble and impoverished beginnings to be one of the major medical research institutes in Australia in its first 20 years - 1990-2010. I have been extra-ordinarily lucky to have had the staff who have made the Institute such a success. I do believe that my training in public health, both in UK and in Australia, has been a major factor in the success of the Institute. This is because it has a broad and relevant agenda, the best population data on children and youth in the world, focuses on prevention and is committed to influencing policy and practice. And I guess the influence of my South African mentors had also meant that the Institute's commitment to Aboriginal health was there from the beginning.

PHAA would like to thank the Sponsors for the 12th  
National Immunisation Conference



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# The Role of Community People and Health Personnel in Primary Health Care (PHC)

*Amrit Banstola, PHAA Student Member*

A Primary Health Care (PHC) approach is the most efficient, fair and cost-effective way to organize a health system. As defined in the 1978 Alma-Ata Declaration, *Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.* At a time when the costs of health care are increasing and the expectations of consumers are rising, primary health care looks more and more like a smart way to pursue better health.

## **Role of community people**

The role of community people in developmental activities forms the foundation of the concept of PHC adopted at Alma-Ata in order to achieve Health for All by the year 2000. Since the aim is to provide individual and the communities with the means to promote their own well-being and, in the process, to participate in their own health care, it was felt that community participation in health care would lead to a measure of self-reliance and self-help.



Active community participation in health care is vital to make health services readily accessible to the people and to ensure better utilization of the existing services. WHO estimates that better use of existing measures, as promoted by primary health care, could prevent as much as 70% of the global burden of disease. Without the participation of the community, health personnel cannot provide services to the people, so the community should participate in the planning, implementation, evaluation and maintenance of health services. This participation is not only desirable, but also a social, economic and technical necessity. The other role of community members is to assume responsibility for their own health and welfare and for those of the community and to develop the capacity to contribute to their own and the community's development.

Full community participation is recognized as an essential characteristic of an effective, efficient and sustainable health system. Community participation is not viewed as simply compliance to program activities or the mere provision of resources. Rather, community participation includes the community in decision making at various levels through its representatives and organizations.

## **Role of health personnel**

Health personnel are all those who are involved in health and health related professions. PHC relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers, as well as on traditional practitioners who are suitably trained socially and technically to work as part of a health team and to respond to the expressed health needs of the community.

A major role of health personnel in PHC is to plan health activities and projects in the community for the benefit of the community. Another role of health personnel is to empower local women with a basic knowledge of primary health care, especially as related to the health of mothers and children, through community orientation and mobilization. They can enhance community self-help in primary health care through the increased knowledge and mobilization of local women and other resources. To promote community participation by creating awareness about healthy practices and disease prevention and providing family planning services is also their role. Therefore they can also reduce infant, child and maternal mortality and the fertility rate as well as providing support and follow-up activities.

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# The Role of Community People and Health Personnel in Primary Health Care (PHC)

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Moreover, to achieve the national objective of delivering PHC to all, health personnel must join in the efforts to take medical services to the doorsteps of people in villages, remote and tribal areas and economically weaker sections of cities and towns as they can understand community feelings, aspiration and levels of communication. They should provide health training and stay updated with the latest technology and achievement in health sector in order to give comprehensive services.

## Immunisation Conference a Great Success

*Julie Woollacott, PHAA National Conference Manager*

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Public health experts and practitioners from around the country and eminent overseas visitors came together for the 12th National Immunisation Conference in Adelaide from 17-19 August. This year's focus on *evidence and strategies for a new decade* attracted a record number of participants, looking to showcase and debate new ideas. Headline issues at the conference included pandemic influenza; global and regional challenges for immunisation; latest developments in new vaccines; and the new National Immunisation Strategy.

The conference was formally opened by the Hon Mark Butler MP, Parliamentary Secretary for Health.

The biennial Immunisation Conferences are the peak public health conferences in Australia with the prevention and control of vaccine preventable diseases through immunisation as their focus. Since their commencement in 1987, the Immunisation Conferences have grown in size and stature, with nearly 600 delegates attending this year's event.

Sponsors of the 12<sup>th</sup> National Immunisation Conference included: the Australian Government Department of Health and Ageing; CSL Biotherapies; GlaxoSmithKline; Sanofi Pasteur Pty Ltd; Wyeth Vaccines – Australia; Baxter; and Novartis Vaccines.

An outline of the conference program is available on the PHAA website at: <http://www.phaa.net.au/documents/ImmunisationPROGRAM2010-1.pdf>

Please visit page 12 & 13 for Immunisation Conference Photos.

## **Resolutions PHAA 12th National Immunisation Conference Adelaide SA 17 - 19 August 2010**

*The attendees of the PHAA 12<sup>th</sup> National Immunisation Conference in Adelaide on 17-19 August 2010 agree for the need for immediate action to address immunisation issues in Australia.*

*Therefore we have adopted the following resolutions and recommendations to be considered by the Board of the PHAA:*

### **Special Interest Group for Immunisation**

The conference calls on PHAA to support the establishment of a Special Interest Group for people with an interest in the field of immunisation.

### **Additional Government Support for Immunisation Providers**

This conference calls for additional government support for immunisation providers, in areas known to have high numbers of people who are uncertain about the benefits of immunisation.

### **Adopt a No-Fault Compensation Scheme for Adverse Events following Immunisation**

This conference believes Australia should adopt a no-fault compensation scheme for adverse events following immunisation.

### **Support the Development of More Thermostable Vaccines**

The conference calls on governments and industry to encourage and support the development of more thermostable vaccines, providing widespread benefit including remote/regional parts of the country and in developing countries.

### **Advance an Electronic Personal Health Record**

The conference believes that an electronic personal health record should be advanced as a priority with legislative support to allow de-identified records to be used for the following purposes:

- Immunisation coverage
- Vaccine impact/effectiveness (via linkage with notifications/hospitalisations)
- Safety monitoring of vaccines

### **Development of a Nationally Co-ordinated Effective Vaccine Safety System**

The conference believes that a nationally co-ordinated and effective vaccine safety system be developed, that includes a specific vaccine safety committee.

### **Additional Resources to Enhance the Current Vaccine Safety Surveillance System**

The conference calls for:

- Additional resources to be allocated to enhancing the current vaccine safety surveillance system, which includes the development of complementary passive and active surveillance systems in Australia
- That in the planning for the introduction of new vaccine programs, adequate planning and funding is allocated to ensure a robust system of surveillance appropriate to that vaccine preventable disease.

### **Communication as One of the National Immunisation Strategy Priorities**

The conference believes that the development of a national immunisation strategy must include communication as one of its priorities with guidance from public health professionals.

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## Resolutions PHAA 12th National Immunisation Conference Adelaide SA 17 - 19 August 2010

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### **A Whole of Life Immunisation Register**

The Conference calls on the Federal government to take leadership in establishing a whole life immunisation register.

- **ACIR to Include the School Based Program**

- o The Conference calls for the Australian Childhood Immunisation Register (ACIR) to be immediately extended to include the school based program as an interim measure leading to a whole of life immunisation register.

- **ACIR to be Integrated with the HPV and Cancer Registers**

- o The conference believes that if a whole of life immunisation register is not possible at this time, then the ACIR is immediately integrated with the HPV and linked with Cancer Registers.

### **Recognition of and Appropriate Funding and Incentive Payments for Immunisation Providers**

The conference believes that there should be recognition of, and appropriate funding and incentive payments for private and public immunisation providers.

## *How global tobacco uses Australia to sell to foreign countries*



*-photo taken in Russia 2010*

## Live Sensibly – if your environment allows!

*Gwyn Jolley, PHAA member*

***In the last intouch was an article by Srinath Venkatasubramanian, Gwyn Jolley has offered her further thoughts.***

Health promotion and public health is littered with campaigns and social marketing aimed at changing individual behaviour. This is despite plenty of evidence that structural, legislative and social change supportive of health - a salutogenic environment - is critical to achieving population health gain.

Living sensibly is not as easy as it sounds. Even if we know the right things to do to be healthy, it is likely that much of our environment is unsupportive of our best intentions. Although some health risks are amenable to individual action, much is under the control of regulatory governments.

- Smoking: for many people living in poverty, tobacco is one of the few pleasures in life. Governments make millions of dollars from tobacco taxes and covert advertising in Australia and the promotion of tobacco, particularly to young people, in developing countries ensure a ready supply of new smokers.
- Eating plenty of fruit and vegetables: in some rural and remote locations fresh food costs three times more than in the city and it might only be delivered once a week. If you can't afford to run a fridge or pay your power bill, fresh food doesn't keep for long. Filling up hungry kids on fruit and veg is expensive and you have to carry it home from the shop if you don't have a car or reliable public transport.
- Exercising: hard when you have work, caring responsibilities for children or elderly parents and study to fit in; or if you have a disability or live in a cramped house or an unsafe neighbourhood.
- Participating in social activities: not so easy if you don't have a car, have little money or suffer from mental illness; or if you live 20kms from your nearest neighbour or far from others who speak your language.
- Sleeping for 7-8 hour every night: very hard if you have a baby or live in a neighbourhood full of violent and drunken behaviour; or are a shift worker or live under a flight path.

I am reminded of the 10 alternative tips for better health that came out of the Townsend Centre for International Poverty Research at the University of Bristol a decade ago. The first one is:

*Don't be poor. If you can, stop. If you can't, try not to be poor for too long.*

Health promotion professionals and public health practitioners should be mindful of the social determinants of health and the need to focus on equity when planning, implementing and evaluating programs and services. Otherwise we run the risk of 'blaming the victim' and increasing inequalities in health.

# PHAA 12th National Immunisation Conference Photos



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# PHAA 12th National Immunisation Conference Photos

*continued from page 10*



**Wyeth Vaccines Representatives at Conference Reception**



**Peter Richmond, Michael Moore, Larry Pickering  
Peter McIntyre and Kristine McCartney**



**Sanofi Pasteur Representatives Immunisation Reception**



**GSK Representatives Immunisation Reception**



## PHAA Member profile

Deborah Hilton, PHAA Member

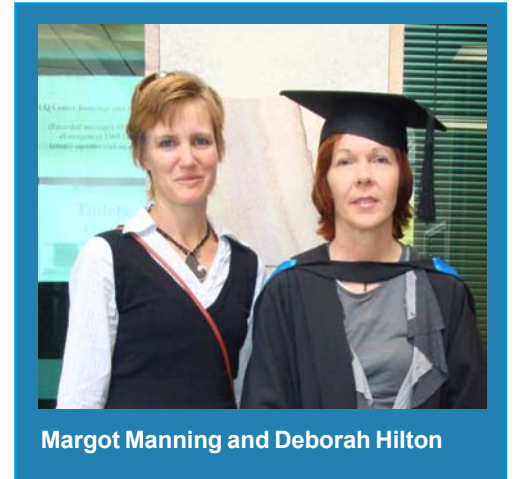
Deborah J Hilton completed her MPH in 2000, though she is pictured below attending the University of Queensland [UQ] graduation ceremony in July 2009! Margot Manning, a friend from years ago. An athlete who trained in podiatry is also pictured. I commenced the Grad Dip of Public Health study before I had any children, but our firstborn arrived in the last semester and I only just passed the last two subjects as I was somewhat tired and was rather pre-occupied with baby Emma. However I did pass and that was a good outcome! I enjoyed and obtained the best grades for the statistical subjects that I chose rather than the subjects that were more essay based.

Initially I was going to stop studying, but Associate Professor Peter O'Rourke at the Herston Campus of UQ encouraged me greatly. Dad he not thought I could complete an extra year, I probably would not have undertaken a dissertation. He organized, set up and supervised the project which involved further analysis of the Australian Diabetes Screening Study along with Associate Professor Christopher Reid of the Baker Medical Research Institute's Cardiovascular Disease Prevention Unit [CVDPU]. Not only did I have the difficulty of doing this as an older student with a family, but we moved to Victoria so I became a remote student while also working part-time in the CVDPU. Fortunately this was not particularly difficult as my husband Stephen took on many household and child minding duties so that I could study, for which I am extremely grateful.

I think it was a good decision in that I feel that I've achieved something that I never thought I could. In particular, having the work published in the Medical Journal of Australia certainly was 'a buzz'. Maybe I could have spent time just going to the gym, seeing friends or going shopping, but you make your decisions in life and then go with the flow and I do not regret having studied when our first child was young nor putting in endless hours trying to get work published which occurred after our second child, Natasha, was born. Juggling things can be fraught with difficulty: once I was reading my Australian & New Zealand Journal of Public Health while treadmill running at the gym and it fell under the treadmill mat and got ripped! Many journals have ended up damaged with liquid spillages or paint. Once I took a whole conference book to the pool to read while watching the children's swimming lessons. It got wet and I had to dry each page individually with a hair dryer over a matter of days. It was saved, but it still has pages falling out.

When I get sick of writing I either go shopping, read a magazine or surf the Internet and forget about writing for a day, as sometimes I find the preciseness of what is expected by journals and researchers a bit much - dotting every i, crossing every t - as so many people are not bothered with such detail, but then another day I may feel differently after having relaxed and I get back to work with renewed enthusiasm as this level of detail is so vital for good research. I work very slowly compared to some other people who have grand CVs, so maybe I'm like a hare as opposed to the rabbit. I guess you could also say Margot in the photo is the rabbit and I am the hare if you consider running. She is one of Queensland's best distance runners with multiple state championships and fun run victories. She placed second in the 1996 Brisbane marathon with a time of 3:01. I really appreciated the kindness her family showed to me and Emma when we came back to the UQ graduation 9 years late.

I am thankful to my family, Stephen, Emma and Natasha, and to my supervisor Peter O'Rourke and co-supervisor Associate Professor Christopher Reid, for their encouragement, diligence, conscientiousness and patience over many years. This is my website: Deborah Hilton Statistics Online. <http://sites.google.com/site/deborahhilton/>



Margot Manning and Deborah Hilton

# Blast From The Past

## intouch December 2000 - 32nd Annual Conference: Public Health Futures

Matilda House (of the Ngunnawal people, traditional owners of the area) welcomed us at Old Parliament House, before we were treated to a challenging Opening Address by the Territory Minister for Health and Aged Care, Michael Moore. Minister Moore is a member of PHAA, and has promoted the idea of Canberra as a Healthy City.



Kerry Arabena, (recently appointed CEO for the Lowitja Institute 2010) from Cape York, made a impassioned call to reduce the dependence of indigenous communities on welfare, with leadership for public health to come instead from "clan plans"

## intouch - October 1994 - Australia's Role in Public Health in Asia & the Pacific Region - Building Partnerships

Keynote speakers included Basil Hetzel, Adjutant Governor of SA, who opened the conference; Dr Alex Papilaya, president of the World Federation of Public Health Associations and of the Indonesian Public Health Association; Dr Helen Rodriguez Trias, immediate past president of the American Public Health Association.

It is inevitable, and exciting, that as interest in public health grows in Australia, PHA will be challenged to continue providing a reflection of the diversity of public health rather than restricting the focus to narrowly defined limits.

## intouch - October 1997 - Post-Conference Report

The 1997 Douglas Gordon Oration was delivered by Dr Rob Moodie, from the Joint UN Programme on AIDs, Geneva. In a moving and broad-ranging speech, Rob told of the areas in which persons infected and affected by AIDs have taken control of their own health futures.

## intouch October 1999 - Executive Director's Report

When the Federal Minister for Health was asked about the Friends of Medicare Campaign. *"I think it's sort of, a loose alliance of a few trade unions and another few sundry groups that are a hangover from the beginning of the National Health Service fifty years ago, I've never taken them particularly seriously"*. It appears the Minister was not well briefed.

### Blast from the Past

If you have 1 or 2 paragraphs from articles from the past that you think are relevant or they just bring back fond memories that you would like to share with our other readers. Please email me at [publications@phaa.net.au](mailto:publications@phaa.net.au)

PHAA would like to thank the Sponsors for the 40th Annual Conference



# WELCOME TO NEW MEMBERS

## August

### NEW SOUTH WALES

Angela Beaton  
Kathleen Clapham  
Lois Meyer  
David Ward  
Colleen Glasson  
Michael Fasher  
Richard Nesbit  
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### Acronyms that are regularly used in the PHAA Newsletter

**PHAA** - Public Health Association of Australia Inc.

**SIG** - Special Interest Group

**AIHW** - Australian Institute of Health & Welfare

**WHO** - World Health Organization

**ACT** - Australian Capital Territory

**NSW** - New South Wales

**VIC** - Victoria

**WA** - Western Australia

**TAS** - Tasmania

**SA** - South Australia

**NT** - Northern Territory

**QLD** - Queensland

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