Infectious Diseases: a global challenge

The Communicable Diseases Control Conference 2017 was held in Melbourne over three days in June. It was convened by the Communicable Diseases Network Australia, the Public Health Laboratory Network and the Public Health Association of Australia with over 370 delegates in attendance. The Conference theme was ‘infectious Diseases: a global challenge’, and drew together local and international experts to discuss developments and opportunities in overcoming infectious diseases in an increasingly interconnected world.

Australian Chief Medical Officer Brendan Murphy (pictured above) opened the first plenary, emphasising Australia’s strong capacity to prevent and respond to infectious disease outbreaks. He acknowledged the continued challenges here and abroad such as the risk of pandemic influenza, antimicrobial resistance and new emerging zoonotic diseases. Some of the other keynote speakers included Dr Robert Tauxe from the US Centers for Disease Control, Dr Daniel Bausch from the UK Public Health Rapid Support Team, and Associate Professor Kristine Macartney from the National Centre for Immunisation Research & Surveillance. Novel surveillance methods for outbreaks were a popular topic, along with the potential which genome sequencing holds for understanding and controlling infectious diseases.

The Conference Dinner included several highlights, including Dr Annette Regan from Curtin University being awarded the prestigious Aileen Plant Memorial Prize for her work in increasing maternal vaccination rates. Delegates were also treated to a wonderful talk by previous Chief Medical Officer Chris Baggoley, who gave an engaging and humourous retrospective of the life of a CMO.

The final day brought a vibrant panel discussion about how Australia can reduce its epidemic risk, featuring infectious disease experts Professor Raina MacIntyre, Professor Tania C Sorrell AM, Professor Sharon R Lewin, Professor Bart Currie, Dr Jenny Firman, Professor Jodie McVernon, Dr Mark Veitch and Professor Ben Howden. A key issue discussed by the panel was the potential benefits of establishing a national Centers for Disease Control in Australia that is similar, although a considerably scaled down version compared to the USA.

Associate Professor Martyn Kirk, the Chair of the Conference, noted that the discussions from CDC 2017 were well summarised in a tweet by the Australian Partnership for Preparedness Research on Infectious Disease Emergencies, ‘Research can inform emergency responses but shouldn't be relied on for implementation’.

PHAA thanks all those who attended CDC 2017, and also our sponsors for their strong support of the event. We hope to see you all again at our National Immunisation Conference in June 2018 in Adelaide!
The PHAA and the Communicable Diseases Control Conference Advisory Committee would like to acknowledge and thank the following sponsors for their support of the Conference.
CDC 2017 Reflection

Samantha Carlson, PhD Candidate, School of Public Health, University of Sydney
Research Officer, National Centre for Immunisation Research and Surveillance

The Communicable Disease Control (CDC) Conference brought together those passionate about working in interdisciplinary teams and supporting capacity building to ultimately strengthen communicable disease control. The importance of teamwork and training was highlighted in every plenary presentation given by national and international experts. As an early career researcher, it was encouraging to hear that this is a key message of those who have been highly influential in public health.

I am a first year PhD candidate supervised by Associate Professor Kristine Macartney and Associate Professor Julie Leask, and work within the Paediatric Active Enhanced Disease Surveillance (PAEDS) network. Associate Professor Macartney presented about the 10 years of PAEDS in one of the plenary sessions at the CDC Conference (and you can read more about it here.) Parents of children hospitalised from influenza or pertussis are recruited to our study through PAEDS, and using a mixed-methods approach, we aim to determine the key factors that lead to under- or no vaccination against pertussis and influenza in children, and their mothers during pregnancy. Recommendations will then be made of ways in which immunisation policies and practices may be improved upon or changed to prevent children from acquiring severe pertussis and influenza, and potentially other vaccine preventable diseases.

I presented early findings at the PAEDS satellite symposium, held the day before the CDC conference, and was fortunate enough to be able to extend my time in Melbourne to attend the CDC conference. Being able to attend was invaluable for several reasons. These included:

1. Discussing my PhD plans with other researchers, health practitioners and program managers working in the field. I intend to implement many of the suggestions that were made to me.

2. Meeting people whose work I have been reading for my systematic literature review, people who I have emailed on a frequent basis, and people I follow on Twitter (you can follow me @samicarlson). This lead to an invitation to be an advisor on another research project looking at online vaccine communication and promotion.

3. Attending presentations about pertussis and influenza, with up-to-date data on vaccines and disease burden. The presentation by Dr Annette Regan, (also the co-recipient of 2017 Aileen Plant Memorial Prize), about maternal immunisation was a particular highlight for me.

4. Finally, it was inspiring to see how other speakers have already influenced policy and practice through their research and commitment to communicable disease control.

I am looking forward to attending the next PHAA National Immunisation Conference (2018) and PHAA CDC Conference (2019) where I hope to share some of my findings.

SAVE THE DATE!

16th National Immunisation Conference
Tuesday 5 to Thursday 7 June 2018
Adelaide Convention Centre, Adelaide SA
Opioid Substitution Therapy: what comes next?

David McDonald FPHAA, National Centre for Epidemiology and Population Health at ANU & Dr Marianne Jauncey, Medical Director at the Uniting Medical Supervised Injecting Centre

The incidence of opioid-related deaths in Australia (as elsewhere) continues to rise. The latest figures (for 2013) showed 597 deaths among people aged 15-54 years, with an ongoing upward trend estimated for 2014 and 2015. While this is far below the numbers seen in the late 1990s during the heroin glut, annual deaths now are nearly double the number from the 2001-2007 period.

Considering how successful opioid substitution therapy (OST) can be for many people who are opioid-dependent, what else needs to be done to create even better outcomes for people who are opioid dependent? This was the topic addressed in the Canberra Conversation Public Lecture held on 27 July 2017. This Series is a product of the Institute for Governance and Policy Analysis at the University of Canberra.

The public lecture was introduced by Professorial Fellow Jon Stanhope AO; facilitated by Adjunct Professor Michael Moore AM; and the speakers were Dr Marianne Jauncey, the Medical Director at the Uniting Medical Supervised Injecting Centre (MSIC) in Sydney’s Kings Cross and David McDonald FPHAA, a Campus Visitor at the National Centre for Epidemiology and Population Health at ANU.

The Public Lecture marked 20 years since Prime Minister Howard rejected a randomised controlled trial of heroin-assisted treatment for opioid-dependent people. The session was themed ‘Heroin prescription: the need for rational policy’ and Michael Moore and David McDonald, spoke about their involvements in the development of the trial proposal in the 1990s. Dr Jauncey highlighted, from her experiences at the MSIC and elsewhere, the small proportion of people who are dependent on opioids and despite much effort, don’t do well on available treatments. Such people remain at serious risk of overdose death, repeated acquisitive criminal offending to fund their dependence as well as being victims of crime, and poor physical, mental, and social functioning.

What is the likelihood that opioid substitution treatment using an injectable opioid medicine — would be helpful to this small group of people failing to benefit from the existing treatment resources? The Canberra Conversation reviewed the findings from the seven RCTs that have been conducted abroad, in which the trial participants received an expanded range of OST drugs, typically a choice of methadone, methadone and injectable heroin, or injectable heroin alone. In all of the trials, regardless of size, positive outcomes were observed, including better retention in treatment, lower mortality rates, markedly reduced levels of heroin use, markedly decreased criminal behaviour, and improved health, social functioning and quality of life. The intervention was not only efficacious but also cost-effective and has a valuable side-effect of destabilising heroin markets in the areas where heroin-assisted treatment is provided.

In discussion, it was agreed that, scientifically, a ‘heroin trial’ is not needed in Australia, as the findings of the overseas trials provide sufficient evidence. Participants also pointed to the potential value of using hydromorphone (Dilaudid) instead of heroin, as the injectable opioid medicine for Australia. This product is not only already available and registered here as an analgesic, but does not carry the negative connotations associated with heroin. Importantly, Canadian evidence also shows hydromorphone used as addiction treatment is equally effective as heroin, and indistinguishable to heroin among participants blinded to their treatment.

Pleasingly, two members of the ACT Legislative Assembly were present at the Conversation, a fact that draws attention to the need for champions who will lead advocacy to further expand available drugs and available routes of administration of the medicines used in OST, potentially including heroin and/or hydromorphone. We wonder if PHAA members could have a role in this?
NSW Schools Physical Activity and Nutrition Survey 2015 (SPANS)

Dr Louise L Hardy - Principal Investigator, Senior Research Fellow, Physical Activity, Nutrition and Obesity Research Group, Prevention Research Collaboration, University of Sydney

In NSW, the weight and weight-related behaviours of school-age children are monitored through the Schools Physical Activity and Nutrition Survey (SPANS). Since 1997, SPANS has been conducted approximately every 5-years by the University of Sydney (funded by NSW Health) with surveys conducted in 1997, 2004, 2010 and 2015. SPANS is a unique and sustained surveillance system with objective measures for children and adolescents and, is completely unique in Australia, and few parallels internationally, so the findings are a valuable public health resource.

The SPANS 2015 findings are now publically available and show there have been some positive gains, but also show that many children and adolescents are not meeting government health behaviour recommendations that are associated with not only unhealthy weight, but other chronic diseases. Potentially, the focus on overweight and obesity as ‘the’ health issue, rather than the low adherence to health behaviour recommendations may be distracting communities on how they can help ensure children can reduce risk of a range of chronic diseases, not just obesity.

The 2015 prevalence of overweight/obesity in primary school age children is 22.9%, which is similar to the 2010 prevalence 23.9%. While this is a good news story, once we examine the prevalence among sub-populations, the prevalence is significantly higher among children from low socioeconomic neighbourhoods, compared with children from high socioeconomic neighbourhoods (34.9% vs 18.9%, respectively) and among children from Middle Eastern language backgrounds, compared with children from English-speaking backgrounds (42.9% vs 21.8%, respectively).

Change in the population prevalence of overweight/obesity is a distal outcome; that is weight-related behaviours must change to effect change in adiposity. The overall stability in overweight/obesity in primary school age children in NSW reflects the sum of the many obesity prevention activities that have been initiated over the past decade under the auspices of health and education. Children aged less than 12-years have had exposure to a range of obesity prevention programs, including state-wide interventions to up-skill the early childhood sector workforce in the delivery of healthy eating and physical activity activities. Between 2010 and 2015, the greatest changes in weight-related behaviours have occurred among children in kindergarten (first year of school), with the significant declines observed among the consumption of discretionary foods.

In contrast to primary school age children, the prevalence of overweight/obesity has significantly increased among adolescents in high school. The driver of the increase has been in overweight, with the prevalence increasing from 16.9% in 2010 to 21.7% in 2015. In contrast to children, where there has been substantial obesity prevention interventions within the school setting, there are no similar interventions in high schools, which means adolescents have had less long-term exposure to obesity prevention interventions.

Overall, the findings from 2015 SPANS show that investment is required among families living in low SES neighborhoods and areas with high concentrations of families from non-English speaking backgrounds to reduce health inequalities in these children and adolescents. Qualitative research will assist with determining the needs of families with less social and economic advantage which can then be adapted to the current intervention frameworks so that interventions are targeted and tailored to meet different sub-population needs. The focus must be on improving weight-related behaviours of all children, not only children who are overweight/obese.
A novel approach to Diabetes Screening in the Oral Health Setting

Dr Michael Smith1,2, A.Prof. Margaret Rogers1,3, Dr Jacqui Pawlak1, Ms Lindy Carroll1,
Ms Sharon Sharp1, Ms Stacey Law1,2, Prof. Trisha Dunning3,4
Oral Health Services, Barwon Health1, Oral Health Services, Colac Area Health2, Deakin University3, Barwon
Health4

The Australian National Oral Health Plan for 2015-2024 has the goal of reducing the incidence, prevalence and effect of oral disease across the Australian population. Coincidentally, diabetes is a National Health Priority Area in focus by the Australian Government. Diabetes and poor oral health are reported to coexist with detriment to the periodontal ligaments and increased dental problems in general. We hypothesized that undiagnosed diabetes might be present in those with poor oral health.

The community dental clinic at Colac Area Health, in partnership with Barwon Health, is conducting a pilot study into screening for diabetes within the oral health setting. The Colac-Otway Shire of Victoria, Australia includes some disadvantaged sectors of the community. Our disadvantaged communities often carry the highest burden of disease with respect to oral and general health.

Adults who consented to the screening completed the Australian Type 2 Diabetes Risk Assessment (AUSDRISK) Questionnaire. The AUSDRISK Questionnaire (Dept Health, Australia) is aimed to assess the risk of developing type 2 diabetes over the next 5 years. To date the questionnaire does not include an oral health component. Those participants at high risk were offered a finger-prick blood test which establishes those with elevated glycated haemoglobin levels (HbA1c) using an Alere Afinion™ AS100 analyser. The Oral Health Educators: Dental assistants trained in oral health promotion administered the Questionnaire and performed the HbA1c blood test at point of care.

Since its inception, six hundred and seventy adults were invited to participate (April 2016–2017) in the study, however, 75 reported already being diagnosed and 125 currently monitored by their general practitioner for diabetes. Three hundred and seventy-four patients completed the AUSDRISK Questionnaire. The average age of participants who were in the high risk group (n=192, 51%) according to the AUSDRISK tool was 63 years and 31% were presenting for emergency dental visits. It is, unfortunately, that young adults, in the 24-44 year age group, are less likely to present to the dental clinic and may partly explain the older average age. The average number of decayed missing or filled teeth in these individuals was 25, with the average adult mouth holding 32 teeth. Sixty-nine (36%) of these patients had a direct relative with diabetes, 80 (42%) currently taking high blood pressure medication, 55 (29%) currently smoked, 47 (24%) physically inactive and 83 (74%) with medium to high waist measurements. Fourteen participants had HbA1c scores in the high range for diabetes. High risk patients were offered oral health education strategies to improve health-related behaviours and referred on to a Diabetes Educator or their General Practitioner.

Screening for diabetes will improve awareness. Identifying diabetes at an early stage will improve outcomes and reduce the impact of complications associated with diabetes.

*(We would like to acknowledge the generous contribution from the Collier Charitable Fund to purchase the analysers.)*

Interested in oral health? Find out more about the PHAA Oral Health Special Interest Group

Read PHAA’s Policy on Oral Health
The following is a summary of the PHAA NSW Forum on Planetary Health held earlier this year, and is a preliminary instalment to our upcoming October feature issue on planetary health.

“Planetary health is a social justice issue” - Professor Tony Capon

Advances in population health have come at the expense of the environment but human survival depends on planetary health, Professor Tony Capon told a recent Public Health Association Australia forum. “We’ve lost the plot on the fact that ... health wellbeing and survival fundamentally depends on the health of natural systems,” the University of Sydney’s Professor of Planetary Health said. Although there are significant inequities, measures including life expectancy, poverty, child mortality, show that we are healthier than ever before, Professor Capon told the NSW branch’s Planetary Health Forum on 28 June. “We’ve achieved this by exploiting the planet at an unprecedented rate,” Professor Capon said, citing carbon dioxide emissions, ocean acidification, energy use, tropical forest loss, water use, and fertiliser use. “Solutions do lie within reach despite the challenges we face,” Professor Capon said, but they “require a definition of prosperity to focus on quality of life and improved health for all, together with respect for the integrity of natural systems.” Professor Capon is collaborating on the Australian National Development Index as an alternative to GDP. “Planetary health is a social justice issue,” Professor Capon said. Maps developed by Professor Jonathan Patz of the University of Wisconsin-Madison have shown the impacts of environmental degradation are most heavily felt in south Asia and sub-Saharan Africa. But the drivers of much environmental degradation can be traced to countries where major industrial revolutions occurred. “Those least responsible are already the most affected,” Professor Capon told the forum.

“Nobody should be dying from climate change” - Dr Carlos Corvalan

Dr Carlos Corvalan told the PHAA forum that almost one quarter of the burden of disease is linked to environmental factors, with the toll predicted to rise to 250,000 a year by 2030. “Nobody should be dying from climate change,” Adjunct Professor Corvalan, Deputy Director of the Environmental Health Branch, NSW Health, said.

Professor Capon said former PHAA president the late Tony McMichael first sounded the alarm over links between climate change and health impact in his seminal book Planetary Overload (1994).

“Healthy people, healthy country” - Waminda Parker

According to the Nature Conservation Council of NSW’s Waminda Parker, Australians have a bad case of “nature deficit disorder”, which she said is linked to obesity, anxiety, attention deficit disorder, poor cognitive development, low self-esteem, stress and depression. “This has had dire consequences not only for nature but also for people,” Ms Parker, who is program director of healthy ecosystems, told the seminar. “We need to learn how to enjoy nature not fear it,” Ms Parker said. “We need to get more people out there experiencing nature and connecting to nature,” she said. The Nature Conservation Council of NSW is developing programs to improve people’s interaction with nature. “From an Indigenous perspective, nature and people are one,” Ms Parker said. “A Dharug Elder once told me that if we had listened 200 years ago to Indigenous communities we’d be in a much better place than where we are today.”

Continued on next page
Professor Mary Chiarella told the forum the Climate and Health Alliance’s recently launched Framework for a national strategy on climate, health and well-being for Australia focuses on tackling environmental impacts on health. “It’s every health professional’s business,” the University of Sydney Professor of Nursing said. Professor Chiarella said the plan was to forge an organisation structured along the lines of the ministerial drug and alcohol forum. “Why do we need a national strategy on climate and health?” she asked. “Because it is the defining health issue of the 21st century.” The framework offers to support Australia fulfilling its Paris Agreement obligations and protecting residents from health impacts of climate change. The framework aims for health in all policies including: energy, climate, environment, transport, nutrition, education, planning, infrastructure, inter-generational equity, Indigenous rights, and reconciliation. “We do believe that the responsibilities go well beyond the health sector,” Professor Chiarella told the forum.

Images of forum participants supplied by Catriona Bonfiglioli.

Planetary health is defined as “the health of human civilisation and the state of the natural systems on which it depends”, according to Whitmee and colleagues in their 2015 paper, Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health.

Earlier this year, Professor Howard Frumkin said planetary health has been dubbed “public health 3.0”.

“The core disciplines and paradigms of public health are a key part of the geneology of planetary health,” Professor Frumkin told the inaugural Planetary Health Conference in Boston in April 2017.

“These involve thinking on a population scale, thinking about the root causes of disease so that prevention can be emphasised and putting the most vulnerable people and communities at the centre of our practice,” Professor Frumkin said.
For the month of July I interned for the Council of Academic Public Health Institutions Australia (CAPHIA) at the PHAA National Office in Canberra as part of my final year of my undergraduate degree in Public health at Griffith University. This was a big change from the sun of the Gold Coast with not one of the days over July reaching above 20 degrees. During my time on site I conducted a literature review to quantify the supply, demand and latent demand for Public Health expertise in Australia and New Zealand using international examples.

During this review it was clear that there wasn’t much being done in this space either in Australia or New Zealand and that the most consistent work in the area was hailing from the United States, peaking my interest when stumbling across research out of Hawai‘i (for the obvious reasons).

Both my direct supervisor Dr Devin Bowles and the staff at the PHAA supported me throughout my internship with guidance and practical advice that has increased the quality of my research exponentially. Although I had conducted research assignments before undertaking my internship, I had not been given the opportunity to conduct research that moved beyond the classroom, and especially not for a peak body. This meant that although there were higher expectations for my work, I was given the opportunity to work independently with feedback that followed my progression and was tailored to me, while also being able to seek guidance when needed.

Beyond my pure research this internship was also a good opportunity to see first-hand the functional roles of the PHAA; from organising events to policy submissions and everything else inbetween. This opened my eyes to the huge amount of work that goes into advocating for Public Health, the success of which goes beyond those who work in the PHAA National Office or even the state/territory offices, but is fundamentally underpinned by the contribution of every member.

Overall my experience interning for CAPHIA at the PHAA has been a period of academic and personal growth which has driven me to continue to work hard to succeed, reiterating the importance of understanding the Australian and New Zealand Public Health workforce in order to improve the health of our population.

Are you interested in internship opportunities with the PHAA?

We’re always looking for engaged and driven young public health professionals to contribute to our work at the PHAA National Office through our internship program. Interns have the opportunity to tailor their placement to suit their individual needs and are given the chance to work on a variety of projects spanning policy, research, communications and events. Send us an email at phaa@phaa.net.au to find out more.
The Global Alcohol Policy Conference makes its first appearance Down Under

Amy Ferguson, Director of Policy and Research, Foundation for Alcohol Research and Education

World-leading alcohol policy makers, researchers and practitioners will descend upon Melbourne for the first time this October 3-6 for the annual Global Alcohol Policy Conference (GAPC2017), to tackle the universal challenge of eradicating alcohol harm.

GAPC2017 will forge links between evidence and action, using rigorous policy research to inform effective responses at local, state, national and international levels to reduce harm caused by alcohol.

The conference will see a range of presentations, symposiums and workshops from speakers who will explore new ways of strengthening the links between research, clinical practice and policy. Speakers will also shed light on research and personal experience, and how to reinvigorate efforts to reduce alcohol-related harm worldwide.

Hosted by the Foundation for Alcohol Research and Education (FARE), Public Health Association of Australia (PHAA), the National Alliance for Action on Alcohol (NAAA), and Global Alcohol Policy Alliance (GAPA), the GAPC2017 theme is Mobilising for Change – Alcohol policy and the evidence for action.

GAPC2017 provides an opportunity for all those working in alcohol policy and public health to hear from their peers across the globe. The program is full of amazing speakers and workshops that will provide practical tools for advocates and policy makers in achieving change.

For those that love all things policy and advocacy, Plenary Two on day one will get us thinking about the possibilities to achieving change! Dr Bronwyn King will present her experiences and achievements in achieving tobacco free portfolios. Plenary Three on the third day will also get us thinking about how we deal with the powers of vested interest. Alison Douglas will share Scotland’s ‘David vs Goliath’ experience in advocating for a minimum unit price.

Other program highlights include a workshop on new media and how we use these new platforms in our campaign efforts; a session from the team at Deakin University providing highlights on their Corporate Political Activity project; and many presentations covering new research from around the world. There are also some great pre-conference workshops, including one on responding to the devastation of alcohol-related family violence and another on how to advocate for policies to target cheap booze.

Visit www.gapc2017.org.au to find out more and register to secure your place amongst international and national experts this October.

The team at FARE are excited about meeting so many amazing public health advocates from around the world.

See you in Melbourne!
OzHarvest is well known for being Australia’s leading food rescue organisation – and for good reason. Since its inception in 2004, OzHarvest has grown from its Sydney roots to a national force, now rescuing over 100 tonnes of food each week and delivering it to more than 1,000 charitable agencies across Australia helping to feed people in need. But there is more to OzHarvest than just food rescue.

Education is central to OzHarvest’s work to enable positive change for vulnerable people. Public health and community intervention is at the core of the Nutrition Education Sustenance Training (NEST) program, which provides tailor-made workshops to charities to increase knowledge and skills to make dietary related lifestyle changes. The program aims to positively influence nutrition and diet choices, identified as the most important behavioural risk factors affecting health by working with existing agencies and community partners who receive OzHarvest’s food rescue service.

The NEST program has eight modules based on the Australian Guide to Healthy Eating and is facilitated by an experienced nutritionist. Participants learn valuable skills and knowledge on nutritious healthy eating choices, low cost meal planning, reading food labels, correct storage of food, shopping tips, healthy cooking techniques and ways to minimise food waste. Workshops can be tailored to meet the needs and requirements of different demographics and combine hands on nutritional education activities with discussions and practical cookery skills.

Leading management consulting firm Bain & Company recently measured OzHarvest’s social return on investment (SROI) to show the true value to the community. NEST returns an impressive $9.73 for every dollar invested, by increasing living skills and education around health and nutrition, leading to better physical and mental health and increased connectedness within communities. These results are reinforced by ongoing program evaluation data from NEST workshop participants.

Following a successful pilot program in 2012, NEST has been rolled out nationally resulting in over 1,400 workshops reaching over 4,500 participants. The growth and SROI value of this crucial education program shows the positive impact NEST can have in the community. To continue to expand this program across the country, requires an increased network of quality industry partners and volunteers. If you are interested in supporting OzHarvest’s work in this area please contact nest@ozharvest.org

Interested in volunteering for NEST? Sydney is actively seeking volunteers Sydney.nest@ozharvest.org

To see OzHarvest/NEST locations across the country, please visit http://www.ozharvest.org/what-we-do/nest-nutrition-education/
A Romanian idyl, Mt Blanc hiking, cycling the Danube, and pressing the flesh for public health

Michael Moore, CEO of the Public Health Association Australia, President of the World Federation of Public Health Associations

The following piece was originally published in the CroakeyGo series which profiles healthy travels and pursuits. It details PHAA CEO Michael Moore’s recent active travels through Europe and the public health insights gained along the way.

It was a shock while travelling in Romania to hear that 17 unvaccinated children had died in that country in an outbreak of measles.

I took the opportunity to talk to health leaders while on leave Romania, on my way to the World Health Assembly in Geneva, as part of my responsibilities as President of the World Federation of Public Health Associations (WFPHA).

**Bucharest and the Danube Delta**

The Danube Delta is a UNESCO world heritage site. It did not take long to realise why. For Helen and I, it was reminiscent of Kakadu National Park – although we could be relaxed about lack of saltwater crocodiles.

Teeming with bird life, a complex set of marshlands finally flow into the Black Sea. The weather was miserable. It improved a little in the afternoon as we visited an ancient Roman ruins and stopped to dip our feet in the Black Sea.

The ancient history of this Roman country surrounded by Slavic nations was fascinating, as was the recent history of Bucharest, particularly under the communist dictatorship of Nicolae Ceaușescu.

Our guide to the Danube Delta and another guide later on a “free” street tour of Bucharest reminded us that not all was terrible under the dictator. The community members did have security and entitlement in their jobs, education and health, although very little opportunity.

This message was to be reiterated when meeting health leaders in Bucharest, who were appalled that the vaccination rates had dropped from 95% under Ceaușescu to significantly less at the time of the resultant outbreak of measles. A horrible situation but an important statistic to counter the anti-vaxxers and provide a warning about under-vaccinated communities and the real impact of controllable diseases like measles and pertussis (whooping cough).

The drop in the vaccination rate, we were told, was more about failure to maintain the primary health system than any former dictate regarding immunisation. Romania has lost thousands and thousands of their doctors to more lucrative practices in Western Europe and particularly Germany.

**Regional Romania**

Visiting Romania without including Transylvania would have been a travesty. We hired a car and headed to the Carpathian Mountains.

The same country that has the world’s third fastest internet speeds and an advanced and growing digital economy, has the contrast of shepherds with their flocks, and horses and carts carrying loads of grass that has been hand cut by scythes to be taken to feed stock. Pride in the care of the small towns was obvious, with brightly painted houses and manicured personal gardens.
We did visit amazing castles, including that of Vlad the Impaler made famous by the Dracula legends. However, more interesting were the dynamic regional cities like Brașov and Sighișoara, which continued to show the contrast of the modern and the ancient.

Tour de Mt Blanc

Then it was back to holidays. We joined a group of walkers to follow as closely as possible the Tour de Mt Blanc. Being a little early in the season, some sections were awaiting the erection of walking bridges to make them safe while another was still covered in metres of snow.

Our group set up camp in a chalet in Chamonix and were taken to walk section by section through the week. The ramifications were that every day commenced with a tough climb, followed by a long and steep descent down the mountain in the afternoon. It felt more challenging than the year before, when we had taken just less than three weeks to stroll across England on Wainwright’s ‘Coast to Coast’ walk.

There were certainly days, especially in the late morning, when I was asking myself why we were punishing ourselves in this way. In the end, the views, the surrounds, the company and the sense of achievement seemed to compensate.

This was the first walk we had done with a group and leader, which presented the added challenges of not being able to select our own pace, being constantly aware of the needs of others and watching the different personalities. On the plus side, it was a thoughtful and cohesive group with an outstanding leader and a range of talents including a botanical enthusiast who was happy to share his knowledge of the local flora.

Staying in the same place without having to carry our luggage or move it each day was quite a luxury on a walking holiday. The food was exceptional and the chalet warm and welcoming. The only disruption was an occasional work email, impinging on the evenings.

Geneva and the World Health Assembly

We then spent ten days in Geneva, participating in the activities in and around the World Health Assembly including watching at close quarters the final speech of Dr Margaret Chan and the process around the election of Ethiopian Dr Tedros Adhanom Ghebreyesus as the new Director-General of the World Health Organization.

My predecessor of the WFPHA, Dr Mengistu Asnake, was able to ensure that our organisation had the opportunity to pass on our congratulations to the new Director-General as soon as possible.

On my final day in Geneva I presented a statement to World Health Assembly on WFPHA’s Global Charter for the Public’s Health, and conveyed the messages from the Melbourne Declaration, an outcome of the World Congress on Public Health held in that city some weeks before in early April.

Heading down the Danube

The next phase of our holiday would keep us moving, as we want by bus and train across to Passau in Germany to pick up
bicycles for what would turn out to be a ride of more than 750 kilometres, largely along the banks of the Danube.

Our first stop was Passau cathedral which prides itself on having one of the largest organs in Europe. We were still adjusting the bikes we had picked up the previous afternoon and working out how to load the saddle bags. Our luggage was to be moved for us each day to the next location – so much better than trying to carry them in the bicycles. We did carry warm and wet weather gear, which we were fortunate enough to only need on one occasion late in the ride. There would be many more cathedrals, castles, monasteries and ancient ruins. One of the challenges was working out which of these we would bypass.

Included with the bikes was a small toolkit and a spare tube (which was never needed). It took a while to work out that leaving the tyres rock hard over cobble stones was a bad idea. It would have been an improvement to have gel seats and we now understand why more experienced riders wore their bicycle pants.

Our helmets had come from Australia with us, despite being awkward to carry on planes and buses. Very early in the ride we stopped at a bike shop and bought mirrors. They were a bit expensive – but we felt worth every penny, both with much faster riders coming from behind (as many seemed reluctant to use their bell) and when we were riding on the roads.

As we headed for Vienna the rides regularly moved a small distance from the river to take in village scenery and places of interest. We were following the maps provided by the same company that had supplied the bikes, moved the luggage and organised the accommodation.

It was quite a civilised way to travel further than you can while walking but you can see much, much more than if you are in a motor vehicle zooming from one place to another. Along the way there were friendships made and, small world, we ran into people that we knew as well as friends of friends.

Melk

The Benedictine monastery at Melk is a UNESCO World Heritage site. It was a tough low gear ride up to the parking area, particularly when we had taken into account that we would be generally heading slightly downhill by following the direction of the river's flow.

The monastery was stunning, as were a series of castles along the river. However, it reminded us of an era when poverty was rife and the clergy and nobles spent astronomical amounts of money to build edifices and coat them in gold.

Even worse – it made us wonder if the current concentration of wealth in a small number of people, and the growing disparity, was taking the modern world in a similar direction.

Tulln

As we approached Vienna we took time to ride into Tulln.

Of particular interest in this town are the Ecological Gardens, which not only provide great viewing but are used as an education facility for schools and higher education. They also provide ideas and instruction on decorative and nutritious gardening.

The gardens had some water features with a series of sculptures. One at the entrance to the gardens was of a woman sitting in contemplation as she smoked a cigarette.

I took the opportunity to write a note and place it in the comments box regarding the inappropriateness of the sculpture in this type of facility, especially as they were doing such great work on sustainability and its impact on human health.

I am pleased to say that the general manager responded, pointing out that the statue was commissioned many years ago.
ago and they were now keen to discourage smoking.

In my reply to him I suggested he might consider making half of the outside eating area smoke-free to emphasise their commitment. I do not recall seeing an outside smoke-free area anywhere in this year’s European travels.

Onward from Vienna

Most of the riders we met on the trail handed in their bicycles when they stopped in Vienna. Knowing that we would have a few days in the beautiful Austrian capital before departing for home, we headed off the next day towards Bratislava.

The bike track through Slovakia and Hungary was quite different from the path in Germany and Austria – although it remained very interesting. The castle in Bratislava, and small towns in Austria, Slovakia and Hungary were all interesting.

Each day we prepared a couple of thermoses at breakfast so we were relaxed about stopping regularly to enjoy a cuppa and take in the surrounds. The tracks in these areas regularly moved quite a long way from the Danube but would then steer us back towards the river.

We sometimes pedalled a little harder so we could take time out in places like Hainburg and Bratislava and Gyor. The technique was to arrive at the destination early in order to have time to walk around the cities and towns.

Digressions and diversity

One of our digressions took us past the famous Hungarian horse stud, Bábolna Horse Stud, that has been training in riding since the 1789.

The track in Austria had been pretty reliable and followed the Danube reasonably closely – only varying to take us to sites of interest. The bicycle track, however, in Slovakia and Hungary meandered along country lanes and tracks, and included quite a few kilometres on dirt road on one of the days.

On one occasion we were directed along a busy highway for a short while and on others the ride included quite a few kilometres on paved road carrying light traffic, but fast traffic. The mirrors that we had purchased were invaluable. It all added to the diversity, the adventure and to the fun of such a trip.

Sometimes the maps were a little hard to follow, and then we would relax as we spied a sign for the European Cycle Route 6. This was largely the route we had taken since leaving Passau.

An arrival and a departure

On the last day of the ride we departed Esztergom and took advice to avoid busy roads, especially riding into Budapest. As an alternative we rode to Szentendre and boarded a river ship bound for the 15 kilometres leading into Budapest.

It was a fabulous way to arrive in the Hungarian capital with Buda on one side of the river and Pest on the other. From the wharf we rode along the banks of the Danube and through some city streets to find our hotel. For the final time, we arrived to find our luggage waiting for us.

We handed in the bikes, spent a couple of days in Budapest and finally took the bus back to Vienna to complete the holiday before heading home.

On rare occasions the roads were not paved...
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