2017 has been a big year for the Public Health Association of Australia on all fronts. From hosting major events and conferences to numerous policy submissions and activities spanning a huge range of contemporary public health issues, the PHAA has shone brightly in its role as Australia’s peak body for public health.

The pace intensified early on at the National Office this year as preparations for co-hosting the 15th World Congress on Public Health in Melbourne in April took place. The Congress, which was also hosted by the World Federation of Public Health Associations (WFPHA), was a wonderful success thanks to the efforts of so many teams and individuals involved here and abroad. It saw nearly 3000 delegates attend from over eighty countries, and indeed was a week of ‘voices, vision, and action’ in public health.

A particular highlight of the Congress was the establishment of the Indigenous Working Group at the WFPHA, which will serve to advocate for Indigenous health globally. As part of its own commitment to promoting Indigenous rights and health, the PHAA commenced a Reconciliation Action Plan which it will continue developing in 2018.

The other PHAA events this year such as the Communicable Diseases Control Conference, Global Alcohol Policy Conference, AGM & Symposia and Health Star Rating Forum were also successful, and helped to continue broadening the PHAA’s influence, capacity and networks.

Almost 70 policy submissions were made in 2017, an extraordinary achievement which all those involved in should be proud of. Submissions were made on everything from the influence of political donations to industrial chemicals and electronic cigarettes. PHAA also continued to advocate for climate and planetary health as the critical public health issue of our time.

The year was not without its sadder moments, particularly with the loss of two of the giants of public health: Basil Hetzel AC, and Peter Trebilco OAM ED.

The PHAA also recently announced the retirement of its long-time CEO Michael Moore AM in April 2018, who has led the Association since 2008. The PHAA will be forever indebted to Michael for his extraordinary work and there is no doubt he will be deeply missed.

The PHAA congratulates its President David Templeman for serving his first full year as President after being appointed in September 2016. His steadfast leadership and support has been of immense value throughout the year.

The PHAA also extends a heartfelt thanks to its Board, staff, SIGs and Branches for their tireless work and support.

Lastly, we sincerely thank all of our members for their ongoing commitment to our organisation and to public health. We wish you all a safe and joyful holiday season and a healthy, prosperous New Year.
2017 Christmas Stakeholder Drinks
PHAA to farewell long-time CEO Michael Moore

Earlier this month the PHAA announced that sadly its long-time CEO Michael Moore AM will be retiring from Easter 2018. Michael will retire after serving in the role for over ten years since the beginning of 2008. Michael is one of the most esteemed leaders and advocates in public health, not only in Australia but also overseas. This is in part due to his role as the President of the World Federation of Public Health Associations (concluding in May 2018) and also because of his major achievements in advocating for evidence-based, preventive health policies which translate across different national contexts.

Michael’s position at the PHAA followed a long and distinguished career in Australian politics and education. His health advocacy largely began during his time as an Independent Member of the ACT Legislative Assembly in 1989. He then continued on to serve as Australia’s first independent Minister when he was appointed as ACT Minister of Health and Community Care in 1998. Michael campaigned tirelessly on thorny issues such as drug law reform, prostitution laws, and voluntary assisted dying during his time as Minister, and didn’t shy away from tackling complex health policy matters during his time at PHAA either. In particular, he has maintained a keen focus on the social determinants of health and has made significant progress in having these increasingly recognised by Australian health policymakers.

He has also been a major contributor to public health through his academic roles as an Adjunct Professor with the University of Canberra, and as a Visiting Professor at the University of Technology Sydney. He was honoured for his major contribution to the protection of health this year when he was made a Member of the Order of Australia.

The current and past PHAA Presidents have all expressed what a wonderful leader Michael has been for the PHAA, and thanked him for his endless support of the Association over the years:

“Michael has been a political champion for society’s most underprivileged, from his progressive stance towards drug law reform as an MLA and as ACT Health Minister, to his strong commitment as PHAA CEO to having the social determinants of health recognised by Australian policymakers. This dedication to protecting the health and wellbeing of vulnerable population groups is testament to Michael’s fearlessness in tackling the difficult health issues, as well as his deep kindness and compassion.” - David Templeman, PHAA President

“It has been a privilege, and fun, to work with Michael. He has balanced the ‘art of policy making’ with very sound business practices to ensure our member-based Association is efficient, sustainable and supportive of collective action for public health outcomes in Australia.” - Professor Heather Yeatman

“Michael has provided exceptionally capable leadership for public health advocacy, nurturing strong partnerships between the PHAA and many other NGOs about the big public health issues.” - Professor Helen Keleher

“Michael has been an outstanding CEO for PHAA. He has been critical to ensuring a strong and effective voice for evidence-based public health both nationally, and internationally through his role as President of the World Federation of Public Health Associations. He is an exceptional achiever and a true champion for public health.” - Professor Mike Daube (PHAA President at the time Michael was appointed)

The PHAA has now commenced the recruitment process for the new CEO, and looks forward to welcoming that person to the role when it embarks on a new chapter in April 2018.

Advice about the role and applying may be obtained by emailing ceo@phaa.net.au
The PHAA honoured those who have made an outstanding contribution to improving public health at its annual awards ceremony in Sydney this year, held prior to its annual general meeting.

The recipients of the 2017 awards were diverse and unique in their achievements which included mentoring students, leading innovative solutions to public health issues, and highlighting environmental health as a critical issue affecting human health. They have all demonstrated an admirable commitment to the work of the PHAA, and we are very grateful for their ongoing support.

Life Member - Professor Helen Keleher

Professor Helen Keleher, School of Public Health and Preventive Medicine, Monash University, and Past President of the PHAA was awarded Life Membership with the Association to recognise her longstanding dedication to the PHAA and her important work in the field of public health.

Sidney Sax Medal - Dr Peter Tait

Dr Peter Tait, General Practitioner and Clinical Senior Lecturer at the Australian National University, Co-Convenor of the PHAA Ecology and Environment Special Interest Group, was awarded the Sidney Sax Public Health Medal, the Association’s pre-eminent annual prize. Dr Tait was awarded for his outstanding work in the protection and promotion of public health, particularly through advancing awareness of planetary health and the impact of climate change on human health.

Mentor of the Year – Distinguished Professor Jon Adams

Jon Adams, Distinguished Professor of Public Health at the University of Technology Sydney and National Convenor of the Public Health Association of Australia Special Interest Group in ‘Evidence, Research and Policy in Complementary Medicine’ was awarded PHAA Mentor of the Year 2017 to recognise his significant contribution to mentoring early career researchers in the critical public health area of research and evaluation of traditional, complementary and integrative health care.

Tony McMichael Public Health Ecology and Environment Award – Fiona Armstrong

Fiona Armstrong, Executive Director of the Climate and Health Alliance, was awarded the prestigious Tony McMichael Public Health Ecology and Environment Award for having made a significant, discernible contribution in the combined domains of public health and ecology or environmental health. The award is named in honour of the late Professor Tony McMichael who was a world leader in research on and advocacy for incorporating ecological and environmental factors into the field of public health.
PHAA 2017 Awards

President’s Awards
The PHAA President’s Awards recognise actions undertaken by people in a variety of positions, each making significant contributions to achieving important public health outcomes.

Assoc. Prof. Peter Sainsbury
Summer May Finlay
Dr Liz Hanna
Dr Bruce Simmons

Fellows
The Fellows awarded have been members of the PHAA for five years or more, and have made a significant contribution to the Association and in the field of public health.

Dr Rosemary Stanton
Dr Joe Hlubucek
Prof. Mark Lawrence
Dr Julie Woods
Patricia Carter
Bronwyn Ashton
Prof. Donna Mak

L-R: Peter Sainsbury, Liz Hanna, David Templeman, Summer May Finlay

Peter Sainsbury, David Templeman
Summer May Finlay, David Templeman
Liz Hanna
Peter Tait, Peter Sainsbury, Heather Yeatman
Vale Peter Trebilco OAM, ED (1927-2017) - a giant of public health

It was with great sadness this year that the PHAA said farewell to a major leader in public health and one of the Association’s most treasured Life Members, Peter Trebilco OAM, ED who died on 27 October 2017.

Born on 15 December 1927 in Hawthorne, Victoria, Peter led an eminent career in public health and academia. He was also a commissioned officer (Major) in the artillery (CMF Citizens Military Force, now Australian Army Reserve) who protested against Australian involvement in the Vietnam war – an early instance of his determined political activism.

Peter was one of the founding members of the Australian Public Health Association (APHA) in the late 1960s which was the precursor to the PHAA, and attended his first APHA conference in 1973. Peter served many years on the PHAA NSW Branch Committee from the 1980s onwards, as well as on the National Council as a PHAA Branch President or SIG representative. He was the PHAA National Treasurer between 1996-98, as well as the National Vice President (Finance) between 2002-06.

In 2004 Peter was awarded a Medal of the Order of Australia with the citation ‘For service to the community through a range of health, social justice and welfare organisations.’ In 2005, he became Chair of The Public Health Education and Research Trust (PHERT).

The PHAA awarded Peter with its highest honour, Life Membership, at its Annual Dinner in 2006 in Sydney. Peter received the award to a standing ovation. In making the announcement, the PHAA President at the time Dr Cathy Mead said Peter had played a pivotal role in the development of the Association over three decades.

Peter was one of the most regular attendees at state and national PHAA events, always good-natured, enthusiastic and encouraging towards young and new PHAA members. He was registered to attend the PHAA 2017 Annual General Meeting and Symposia in Sydney in October, and had mentioned to a close friend early in the week of the event how much he was looking forward to it. It was his failure to attend which alerted his friend to a potential problem and led to the discovery of his passing, which was a short time before his 90th Birthday. It was noted that, poignantly, his name badge sat uncollected on the PHAA registration desk that day.

Peter was an academic at UNSW from 1972-1980, and an Honorary Visiting Fellow at the School of Public Health and Community Medicine at UNSW from 1981, totalling in 45 years at the university. Peter made unique contributions to public health during this time, including developing a system for assessing social determinants of health. He also had an active interest in mental health and the prevention of mental illness, serving as Chairman of the Mental Health Association NSW along with numerous other positions in mental health organisations and services.

His work in mental health overlapped closely with his political advocacy in the LGBTQI area, and Peter was a pioneering gay rights activist who helped to found the Campaign Against Moral Persecution (CAMP) in 1969, a gay and lesbian political organisation. He served as a telephone counsellor for CAMP’s Phone-A-Friend initiative for LGBTQI people experiencing distress. This formed part of his 40 years as a phone counsellor with the Gay and Lesbian Counselling Service of NSW, for which he also served as co-president and board member.

In a video interview, Peter reminisced about the 1978 gay liberation parade and the arrests of 53 participants. His advice for activists today was: “join a group, don't be a solitary activist!”. Peter also asserted that liberation and equality could work together, and said: "I'd be much happier to see not tolerance but acceptance". Peter worked hard to spread the message of acceptance, and was a prison visitor at Long Bay jail where he helped police officers develop their community sensitivity and understanding of HIV/AIDS in the days before treatment.
A lovely, generous, kind, supportive man, and always a consistent and committed supporter of public health and PHAA. – Mike Daube

I took my first job with Peter in 1974 in the Health Commission and got on with him like a house on fire. Seeing him over the years occasionally was like meeting an old friend. A passionate, caring man. One of the very best. – Simon Chapman

I knew him for 46 years: he was a fixture, an Edwardian/Federation person of wit, twinkling intelligence and charm and mahogany-solid values and strong opinions. A lovely self-deprecating humour wrapped in warmth. We won't see his like again. And we will miss him. – Stephen Leeder

I had a very long association and friendship with Peter. He was a Tutor in the School of Community Medicine at the UNSW before I started, and continued with me during the entire 30 years I was on staff (1976—2006). The name changed to the School of Public Health and Community Medicine, and Peter continued his association up to this year: approximately 45 years. During my time, Peter was the staunchest of supporters. Always turning up early to help arrange chairs, put out cutlery for food which accompanied Tutor meetings, and easing the way for new tutors. He was a very generous supporter of the students and other tutors, and a generous supporter of all the various approaches we took to teaching (which in the early days were far from conventional), and to me personally. After I left UNSW he and I continued to meet. It seems odd that I can’t pick up the phone to arrange lunch with him. – Paul Macneill

The PHAA extends a special thanks to Richard Thode for helping with this obituary, and to all those who contributed their thoughts and memories of Peter.

Correction: The PHAA E-bulletin on 2 November incorrectly noted Peter Trebilco as ‘Dr’ rather than ‘Mr’, his correct title. We apologise for this error.

It is bittersweet that the overwhelming ‘yes’ vote that resulted from the national survey on marriage equality this year was announced just weeks after his death. No doubt Peter would have been heartened to see how acceptance toward LGBTQI people has grown in Australia during his lifetime. It is in no small part because of activists like him.

The PHAA is extremely grateful to Peter for being such a staunch supporter of its work over the decades, and also for his enormous contribution to the field of public health. His passionate advocacy in relation to the social determinants of health, the protection of human rights, and for environmental conservation has left an enduring legacy. He was a man of deep humanity, who also retained his humility throughout his life of great achievements. He will be deeply missed as a colleague, mentor and friend to many.

Tributes

He was always kind with his advice and gentle in putting forward well thought out views with regular phone calls. The PHAA has lost one of its great stalwarts. – Michael Moore

When I think of Peter I think of a true gentle-man. He was so committed to social justice and Public Health. I will miss his presence at our meetings and always remember him very fondly and with admiration for his lifelong commitment. – Fran Baum

He was a true public health warrior (if one can use that word in a non-combative sense) and such a committed and active support of PHAA. We’ll miss him greatly. – Peter Sainsbury

The PHAA extends a special thanks to Richard Thode for helping with this obituary, and to all those who contributed their thoughts and memories of Peter.

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Students and Young Professionals in Public Health

Earlier this year the Board of the PHAA were asked to develop a position for an Early Career Professional Board Member. The request was sparked in response to the 2017 World Congress on Public Health where the World Federation of Public Health Associations (WFPHA) President Michael Moore identified that the WFPHA had established a position on the Governing Council for a young professional. The Early Career Professional Board Member position was introduced and passed at the PHAA AGM in October. Aimee Brownbill is the Early Career Professional Board Member for 2017-2018. Aimee has worked closely with two other PHAA early career professionals, Sid Kaladharan and Hilary Murchison, to form the Students and Young Professionals in Public Health (SYPPH) Committee. The committee aims to represent the interests of SYPPH members of the PHAA.

Putting faces to the names

Aimee Brownbill, South Australia

Aimee has shown a strong dedication to both her own professional development in public health and in encouraging other young professionals since joining the PHAA SA Branch as a student member in 2013. Aimee provided a student’s perspective to the committee and has since developed into executive roles and now manages the position of the Branch Members Secretary. Aimee has been committed to the organisation and delivery of the PHAA SA Branch Careers and Networking event in previous years, bringing together public health students/young professionals and public health leaders in SA. She has shown a strong interest in exploring the ways in which the branch can further engage student committee members and support their role as representatives of public health students and has become a mentor to the committee’s student members. Aimee has recently joined the World Federation of Public Health Associations Students and Young Professionals Working Group, further demonstrating her passion and commitment to the support and professional development of young public health professionals. Aimee is currently a PhD Candidate with the University of Adelaide’s School of Public Health. Her research interest is on the advertising of sugary beverages.

Sid Kaladharan, Queensland

Sid is the current Vice President of the PHAA-QLD and also works as a research coordinator at the University of Queensland, undertaking his research in chronic infection management to improve access to treatment & services for Culturally & Linguistically Diverse (CALD) communities in Queensland. He is also a co-investigator in various other research projects involving multiple stakeholders & tertiary institutions. Since taking on the VP position at PHAA-QLD, Sid has worked with student networks & organisations in various universities in the state to improve student representations at the branch level and to support young professionals & graduates to create industry links & support them in excelling in their careers in public health. Sid comes from a clinical background with a Bachelors in Medicine & Surgery and holds an Advanced Masters in Health Services Management with years of experience working in public and private health sector programs & projects focusing on chronic diseases management. Sid has worked in national & international projects & programs with organisations such as the WHO, UNAIDS, British Columbia Centre for Excellence, Department of Health-Papua New Guinea, working to improve equitable...
access to care. Sid has a strong passion for preventive medicine and strives to bring about adequate public health response to chronic & communicable diseases with increased screening, services and treatment to the whole community, thus working towards a healthy future posterity.

Hilary Murchison, Victoria

Hilary has recently graduated from a Bachelor of Public Health and Health Promotion and is very keen to start working in the field. She is currently a committee member for the PHAA Victorian branch, acting within the Seminars portfolio. This has enabled her to contribute to delivery of opportunities for student and young professional involvement, such as networking events and the annual Joint Public Health Careers Evening. Throughout her studies, Hilary has undertaken fantastic internship and volunteer opportunities, with organisations like the Climate and Health Alliance, Centre for Multicultural Youth and Riding for the Disabled Association. She credits these opportunities as being invaluable for her knowledge, skills, and involvement with the fields of public health and health promotion, which is why she is particularly passionate about expanding such opportunities for other students and early career professionals.

If you are a student or young professional in public health, the SYPPH Committee would love to hear from you. We encourage you to contact us with any ideas you may have for how the PHAA can better engage with SYPPH members and any news you would like to share. You can also contact us to express your interest in joining the SYPPH Committee. Members may include graduate and undergraduate students as well as recent graduates and/or public health professionals who are in their first few years of their career. Email: aimee.brownbill@adelaide.edu.au

Are you an early career public health professional looking for a great internship opportunity?

As part of our commitment to nurturing and developing students and early career public health professionals, the PHAA has an ongoing internship program at its National Office in Canberra.

As the peak body for public health in Australia, the PHAA offers interns the chance to gain diverse practical and theoretical skills and experience working in a dynamic, team-oriented environment.

Interns are able to tailor their placement to suit their individual/course needs and are given the opportunity to work on a variety of projects spanning policy, research, communications and events. They are also often invited to attend official meetings and events with PHAA representatives where they can observe and participate.

If you’re engaged and driven, and looking for an internship that will genuinely help to kick-start your public health career, send us an email at phaa@phaa.net.au

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sydney.edu.au/public-health/bioethics

The University of Sydney
Earlier this year I was lucky and honoured to be granted the Public Health Association of Australia Scholarship to attend the Global Alcohol Policy Conference 2017 (GAPC2017) from 4-6 October. The theme for this year’s event was, ‘Mobilising for change: Alcohol policy and the evidence for action’, and the conference was an opportunity to learn from experts from around the world during three days of inspiring, passionate, and innovative presentations and workshops.

As a public health student and coming from a medical background, I was particularly interested in learning more about the current research and understandings of risk communication regarding alcohol and health, and the difficulties for advocacy and prevention that arise from the tactics of the alcohol industry (which can overpower the health messages being delivered to the public). Over the course of the conference it was reinforced that the evidence against alcohol as a serious health risk is mounting, and that the damage associated with alcohol in terms of health, wellbeing, relationships and social cohesion is becoming undeniable. However, communicating this to the public and individuals can be complicated, and can be hindered by the marketing strategies and misinformation spread by the alcohol industry.

While all the presentations were fantastic, a few statistics and key messages from the presentations I attended really stuck with me. As Mr Dag Rekve from the World Health Organisation, Geneva, discussed in his address, the harmful use of alcohol is a causal factor in over 200 disease and injury conditions, highlighting the imperative to tackle alcohol as a key public health issue (although I was surprised to learn that depression is not included in this group and in the estimates of alcohol-attributable disease burden). The Foundation for Alcohol Research and Education (FARE), presented on the, “What Women Want to Know” project, and explained that while some 97% of Australian women think health professionals should ask about alcohol use in pregnancy, health professionals may not be aware of alcohol guidelines for drinking in pregnancy, and doctors may be uncomfortable having conversations about alcohol intake. These findings highlighted the imperative for clear messages and education around the risks of alcohol consumption, and the need to ensure that everyone is informed.

The importance of facilitating conversations about alcohol and effectively communicating health risks was further highlighted by the statistics presented in the workshop, “Fetal Alcohol Spectrum Disorder: From Research to Policy”, that 47% of women drank alcohol before realising they were pregnant, and 20% continued to drink after finding out (compared to the global statistic of around 10%). These statistics also demonstrated that effective alcohol policy is not only a global issue, it is a key concern in Australia. This workshop also addressed the different perspectives and philosophies which may influence attitudes towards alcohol policy and the health risks associated with drinking (including some fascinating and challenging thought-experiments about the many ways these guidelines could be perceived, and the ethics of enforcing them).

These presentations highlighted for me the importance of risk communication to the public and to individuals, and the improvements that still need to be made in this area. In addition, a number of presentations addressed the issue of industry tactics, the influence the alcohol industry has on public perceptions of alcohol, and the challenge of overcoming these tactics in the public health sphere. Professor Kyrpos Kypri, School of Medicine and Public Health, University of Newcastle, spoke about the many vested interests in alcohol, and the conflict of interest arising from health research funded by alcohol companies. The second day of the conference included a fascinating panel Q & A session, during which a discussion was had on the controversy around the, “Drink Responsibly”, labelling on alcohol; it was suggested that the notion of ‘responsibility’ takes the focus off health, and is simply another absolution and promotion for the alcohol industry. Professor Rob Moodie AM, Professor of Public Health, University of Melbourne, further reinforced the reality of the threat to public health posed by the alcohol industry, discussing the many strategies employed to create a smoke screen over the harmful effects of alcohol,
including tactics such as attacking legitimate science, funding disinformation campaigns and influencing political agendas, among many others.

These presentations made obvious the challenge that the alcohol industry poses to improving public health. And while the revelations could have been somewhat depressing, they somehow weren’t. Instead, they spurred a sense of determination and a collective energy and commitment to the cause of promotion of public health, pushing back against the tactics of a seemingly corrupt industry, and joining forces on a global scale to reduce alcohol harm worldwide.

The event culminated in a communiqué, based on the input from the various attending regions. This document can be found here, and showcases the vision form the conference and the innovative concepts that grew from the event, such as the call for a “World No Alcohol Day”; it will be exciting to see how these plans progress in the lead up to GAPC2019!

I was also very lucky to be introduced to the staff from the McCusker Foundation and PHAA, who were so welcoming and friendly, and made the conference experience not only educational, but fun! I would like to extend a big thank you to PHAA and the Alcohol, Tobacco and Other Drugs Special Interest Group for the chance to attend the conference; it was a wonderful opportunity which has provided me with insights and understandings that have already been useful in my work and studies.

PHAA thanks the following sponsors of GAPC 2017 for their support:
How the NT reformed abortion law

Public health in action

Associate Professor Suzanne Belton, Adjunct Menzies School of Health Research & Dr Rosalie Schultz, Central Australian Rural Practitioners Association

Changing laws that regulate access to abortion is rare and difficult to accomplish as Queenslanders, New South Welsh folk and Tasmanians know. There are places in Australia that have not seen health law reform in decades, jurisdictions where women’s health law is antiquated.

In February 2017, the Northern Territory government voted overwhelmingly to reform the ‘Medical Services Act’ which had regulated women’s access to abortion since 1974. In July 2017, after four and a half years of campaigning, Northern Territory women could request and receive an early medical abortion provided in primary health care settings, in addition to surgical terminations in hospitals. There is much rejoicing not only in the NT but with our Australian colleagues.

The NT is a demographically small jurisdiction of 245,000 people, a quarter of whom are Indigenous. There are few health services spread over a vast landscape: just 5 government hospitals, 1 private hospital and no stand-alone abortion clinics. The 1975 abortion law was revolutionary in its day and there was groundbreaking work done by the second woman Dawn Lawrie to be elected into the Northern Territory parliament.

By 2013 the ‘Medical Services Act’ was moribund and medical science and social mores had changed. Platforms and flairs were out and smart phones and Microsoft were in. Since 1977 there have been 24 Ministers of Health - only 3 have been women and in 2013 the Minister of Health was Ms Robyn Lambley. An advocacy group called WHAT RU4 NT? made up of lawyers, health care providers and public health experts saw this historical opportunity and approached her. They wrote a letter itemising a modest list of desired reforms to the Minister. Nothing happened for a long time as she was embroiled in political skulduggery and resigned after calling the government a ‘boys club’ in June 2015. Many female politicians fled the Country Liberal Party government around this time.

WHAT RU4 NT? naively believed that the government would take the advice of the Department of Health and the Office of the Status of Women which were willing to review abortion procedures, policy and make recommendations regarding reforming legislation. The bureaucrats it seemed were reform inclined.

The strongest opposition came in the form of government inertia and from the Australian Medical Association NT, not religious groups or the general public. Spokesperson for the AMA doctors, who was not a gynaecologist, railed against the risks of termination of pregnancy and the dangers of pregnancy options.

Ms Kezia Purick held the position of Speaker of the House and Independent politician after leaving the CLP in July 2015. She followed the internal CLP dialogue on the abortion bill and decided to bring her own private member’s bill. This was risky for several reasons. Bills bought by members who are not part of government rarely pass, controversial bills that are not supported by government rarely pass and Ms Purick’s track record of writing her own legislation was zero. However WHAT RU4 NT? were grateful that she took up the challenge. She consulted with professional groups and the general public. She added legitimacy to WHAT RU4NT? demands and she challenged her colleagues inside parliament. She saw abortion law reform as a matter of equity and justice for all women.

Her Bill was read in parliament in the dying days of the CLP government. She received a standing ovation and there were some brilliant speeches and some cowboy tactics that derailed and prolonged debate over months. It was very difficult to stay focused and to continually think of new angles for the media. Everyone was tired after four years. WHAT RU4 NT?
had lobbied, petitioned, talked on radio, gone on TV, marched, danced, debated and engaged the community into public support. The majority of Territorians wanted change and they were frustrated with the government’s lack of action and not just lack of action but stalling of reform.

The 2016 election bought fresh parliamentary vigour. During the election, WHAT RU4NT? members demanded abortion law reform and lobbied all parties and independents to get them to publicly commit to reform. Most would not. A Labor Party won with a huge majority, the CLP were swept away and 5 independents were also elected. The most visible change was in the number of women 12 out of 25 seats (48%). The Minister of Health and the Attorney General position is held by Ms Natasha Fyles. She welcomed WHAT RU4 NT? into her offices and complemented us on the campaign which had kept the topic of law reform on the agenda.

The Minister, with the full mechanisms of policy and legislation wrote and presented the Termination of Pregnancy Bill 2017 to parliament.

- It decriminalises abortion up to 23 weeks
- It enables the provision of early medical abortion with tablets in a primary health care setting
- It normalises consent procedures for minors
- It ensures that women who came into contact with health staff who have a conscientious objection receive a referral within 2 days
- It puts safe zones around clinics to protect staff and patients
- It mandates the collection of deidentified data so reproductive health information can be tracked

However, the new law does other less appealing things:

- It appears to offer no access to an abortion after 24 weeks (unless the woman is dying)
- It gives powers of accreditation to the Chief Medical Officer of the NT
- It legislates that after 14 weeks gestation the woman must consult with 2 doctors for approval

A true reform would have involved repeal of all legislation, leaving abortion a totally medical procedure without unnecessary government interference. Such reform would then be compliant with Australian obligations to respect women and girl’s rights to access appropriate healthcare in accordance with the Convention on the Elimination of All Forms of Discrimination Against Women.

WHAT RU4 NT? and the Public Health Association NT believe that women have the right to make decisions about any reproductive healthcare from a health practitioner at all stages of their pregnancy without either of them facing the prospect of criminal prosecution.

The women of the Northern Territory gained some advances but ultimately their reproductive rights are held within the grip of legislation. Affirmative and enabling legislation is only one element of the provision of quality public reproductive health care. The issues for women are the right to access abortion services that are accessible, acceptable, efficient, high quality, comprehensive and affordable. Many of these issues are not contained within legislation but are issues of policy, health system design, Medicare and the Pharmaceutical Benefits Scheme. Health reformists need to be alert to the other factors which impede access to abortion services while they also seek to reform laws that are fossilised in times gone by.

Nevertheless, until the next generation of women wish to claim their rights the Northern Territory has a new law which is substantially better and enables more options to women.


Indigenous Data Sovereignty - an overview
Summer May Finlay, Co-Convenor of the Aboriginal and Torres Strait Islander Health Special Interest Group

Indigenous people in Australia and internationally have been advocating for Indigenous Data Sovereignty. For many non-Indigenous Australians, this may be a new concept. So, what is Indigenous Data Sovereignty?

Data Sovereignty, according to the recently published book *Indigenous Data Sovereignty: Towards an Agenda* by Tahu Kukutai and John Taylor is “linked with Indigenous peoples’ right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as their right to maintain, control, protect and develop their intellectual property over these”.

This concept, the challenges in maintaining data sovereignty and how they are implemented in practice was recently discussed at the *Indigenous Data Sovereignty Symposium* co-hosted by the University of Melbourne and Australian Institute of Aboriginal and Torres Strait Islander Studies.

Not surprisingly, the program primarily consisted of Indigenous people with a range of experiences and expertise from academia, peak bodies and other organisations, government departments, and communities who have been working on maintaining data sovereignty. Also on the program were non-Indigenous people academics and government employees.

Three key themes arose over the two days of the Symposium. The first was the power imbalance between researchers and governments and Indigenous peoples which impedes Indigenous Data Sovereignty. Secondly, Indigenous peoples desire to use their data to work on improving the outcomes for their communities. And third was the current deficit model that Indigenous data is viewed through which works against Indigenous people rather than assisting us.

Professor Maggie Walters from the University of Tasmania, one of the keynote speakers, said too often Indigenous people are in advisory roles which means the power imbalance is maintained and the needs of communities can be ignored.

“Advice is a double-edged sword. You can end up legitimising the research by your name being attached to it” said Walters.

Many of the speakers talked about how researchers and governments take data from Indigenous people which is then not accessible to those communities. There was a call for a move away from governments and researchers owning and dictating the use of Indigenous data. Our data needs to be in our hands so we can use it to determine and act on our priorities. Indigenous Peoples are intimately aware of the needs of their communities.

The relevancy of the data collected and how it is used was also raised. The presenters sent a clear message that what is currently being collected isn’t adequate and not being used for the benefit of Indigenous people. The solution is Indigenous people as equal partners in the design, collection and analysis of data. The call was again for researchers and governments to partner early with Indigenous people and communities to ensure that the right data is being collected.

So, what is the take home message for non-Indigenous people working in public health? It means a rethink on the way the majority of data is collected and managed. It also means understanding that Indigenous data is not neutral. It requires public health professionals to build in more time for genuine engagement with Indigenous peoples. It requires deep reflection by all those involved in the collection and maintenance of Indigenous data on the role they play in maintaining the power imbalance.

Videos of presentations at the Symposium can be found at: [https://vimeo.com/indigenousuom](https://vimeo.com/indigenousuom).
Orientation to Remote Primary Health Care Manuals

Dr Rosalie Schultz, Central Australian Rural Practitioners Association

The remote health workforce is characterised by high levels of turnover, requiring substantial numbers of short-term and agency staff. This has major implications for both staff orientation and service delivery. However, orientation of new staff to remote health services has historically been poorly executed with 70% of nurses in very remote areas in one survey stating that their orientation was inadequate\(^1\).

Clinical guidelines can assist, through guiding clinical practice to enable staff to provide consistent high quality care despite turnover of individual clinicians. The Remote Primary Health Care Manuals are a suite of clinical guidelines for primary health care practitioners in remote and Indigenous health services. The first edition of manuals was published in 1992, and the most recent edition in October 2017.

The manuals focus on conditions that are common and lead to a high burden of disease. Thus, a major portion of the Standard Treatment Manual is dedicated to clinical prevention and management of chronic conditions particularly diabetes, cardiovascular and renal disease.

Over the years, remote health services and stakeholders identified the inadequacy of their orientation to the manuals.

In response, Central Australian Rural Practitioners Association (CARPA) produced a video orientation to the manuals. The video aims to improve delivery of health care in remote Australia through improved use of the Remote Primary Health Care Manuals, thus enhancing both consistent practice and staff confidence.

The video was launched at the AMSANT Leadership Conference in Alice Springs, May 2017, and is freely available online.

Video (with opportunity for feedback), online versions and purchase forms for the manuals and contact details for CARPA are all on our website: www.carpa.com.au.

\(^1\)Opie T, Lenthall S, Dollard M. Occupational stress in the remote area nursing profession. In: J Langan-Fox, C Cooper (Eds); Handbook of Stress in the Occupations. London: Edward Elgar, 2011.
Barwon Health Oral Health Service manages the Community Dental Clinics supporting the Greater Geelong, Surf Coast Shire and Colac-Otway region. Children with an average age of 6 years have required dental procedures under general anaesthetic due to gross decay and long waiting times for such procedures have occurred. These children presented with an average of 8 decayed, missing or filled teeth, 40% of their deciduous teeth. Dental treatment under general anaesthetic or emergency procedures can be a traumatic experience for both the child and carer, potentially imprinting a negative experience of dental services on the child for life. We identified that we needed to action a generational change of attitude towards oral health.

The Wide Smiles Oral Health program is a joint initiative by Barwon Health and Colac Area Health to improve access to dental services. Oral Health Services visited Kindergartens, Early Learning Centres and Schools in the region and screened children (aged 3-7 years) for initial carious lesions. After obtaining consent from parents, oral health therapists used minimal intervention dentistry to apply fluoride directly to affected tooth surfaces (white spot lesions). Changes in tooth surfaces were recorded at follow up visits to the centres. A dental kit was used at each visit and included: fluoride varnish, micro brushes, cotton roll, gauze, gloves, glasses, mirrors, rubbish bags, antiseptic hand scrub and head-torch. Every child was supplied with a toothbrush and toothpaste. Oral Health Therapists and dental assistants participated in the program. At each visit, a communal place would be chosen for dental examinations so children did not feel that they were being separated from the main group. A small table and two chairs were often used. The teacher would bring the children to the screening area. Parents were given a report of the visit and if advanced decay was detected, a referral was sent home with the child. Children are referred to the outreach dental van when visiting their town.

Early learning centres provide the ideal opportunity to introduce the child to dental screening in a friendly welcoming atmosphere. As many as 13,537 children have received dental screening in just four years with 92% of early carious lesions remineralized or stabilized. Each child will now have a new imprint of what visiting the dentist is to them with being introduced in a friendly, comfortable known setting. The Oral Health outreach program has broken tradition and brought dental screening and remineralisation to the children.

Parents and teachers have responded to the program with quotes such as:

“IT gives the children an opportunity to see a dentist in a non-threatening environment.”
“Such a fantastic program that caters for an important need in our community.”
“A valuable service that reinforces our everyday sometime food discussions.”
“Minimal disruption is excellent!”
“It’s great to see the children so confidently wanting to see the dentists, no fear at all!”
Public health community engagement initiatives showcased at student conference

School of Allied Health, Faculty of Health Sciences, Australian Catholic University

More than 20 soon-to-be public health graduates from Australian Catholic University (ACU) demonstrated how their years of study would translate to the workplace at the National School of Allied Health student conference on 2 November 2017.

Public health project oral presentations were among the wide range of work showcased on the Melbourne, Sydney and Brisbane Campuses.

Students presented case study data from placements undertaken at public sector and non-profit community organisations, where they worked to enhance the dignity and wellbeing of people and communities, especially those who are the most marginalised and disadvantaged.

Jana Chadid presented on the Make Healthy Normal campaign as part of her project with the New South Wales Ministry of Health. Jana worked collaboratively with internal and external stakeholders to develop a toolkit for local councils to guide them in implementing the Make Healthy Normal campaign.

“Working with culturally and linguistically diverse communities was one of the most enjoyable parts of this project,” said Jana who organised and participated in multiple Make Healthy Normal campaign events in different councils.

Lucy Read, who did her placement at the ACU Institute for Positive Psychology and Education, presented on the iPLAY program, a community based health promotion initiative that aims to provide support to schools and their communities to improve the physical health of children.

“I was involved in many activities within this program, such as data collection, recruitment and development of intervention content,” said Lucy, whose supervisors Dr Taren Sanders and Professor Chris Lonsdale were very impressed by her work and commitment. Lucy has since been employed as a Project Support Officer working on the iPLAY program.

National Head, School of Allied Health, Professor Christine Imms said the conference program was rich in diversity with project reports from a range of settings.

“I congratulate the students on their endeavours, the quality of their work and professionalism of their presentations. I also acknowledge and thank their lecturers and supervisors on their support of our students,” Professor Imms said.

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