The Public Health Association of Australia is the major organisation for public health practitioners in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.

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### WA’s Battle of the Bulge

**WA Branch News**

*Steve Pratt, Cancer Council Western Australia*

Recent data suggest that WA has the highest proportion of overweight and obese people of all the States and Territories. Two-thirds of WA adults are an unhealthy weight, making this one of the biggest health issues of a generation. This is a complicated issue with a number of potential causes, but there is no doubt, prevention is the most realistic, efficient and cost-effective approach for dealing with the adult obesity epidemic.

Most people know what they need to do to lead a healthier lifestyle - but they aren’t doing it. Being overweight or obese and having a ‘bigger body’ is becoming a common sight on our streets, leading many people to be unclear about what a healthy weight actually is. The LiveLighter Campaign has been encouraging Western Australian adults to lead healthier lifestyles by making a few simple changes to their eating, drinking and physical activity habits through a comprehensive awareness campaign.

You may be familiar with the ‘toxic’ (visceral) fat advertisements taking West Australians on a journey inside their bodies to show the damaging effects of being overweight or obese. The ads encourage people to take an honest look at themselves and asks: “Do you have a ‘grabbable gut’? If so, you could be carrying too much ‘toxic fat’ around your organs.” It’s this ‘toxic fat’ which has been linked to an increased risk of disease.

People tend to be more concerned about the fat they can see without thinking about the hidden fat that is the biggest danger to their health. This is where the campaign stands apart from other healthy weight campaigns, it shows viewers what this toxic fat looks like. It’s certainly not pretty, but it grabs their attention.

One of the tools LiveLighter released is the free Meal Activity Planner and since launching a year ago, those registered for the Planner from WA have lost a recorded 442kg so far.

The campaign isn’t just having an effect on individuals, fast food giant; McDonalds lodged a complaint to the Heart Foundation saying the LiveLighter advertisements placed at bus shelters across Perth were targeted towards them. From our perspective, is a big tick for our public health campaign.

*Continued on next page*
WA’s Battle of the Bulge

Continued from previous page

Will LiveLighter be the answer to the obesity epidemic? Definitely not on its own. We know that public health campaigns on their own cannot deliver sustained changes. We need support from government and industry to ensure fresh, healthy food is the easy choice. We need increased protection around junk food marketing and most of all we need everyone to continue raising awareness about the consequences of being overweight and what they can do to start living a healthier life. For more information, visit www.livelighter.com.au

Mental Health SIG News

Michael Smith, Mental Health SIG Convenor, PHAA

Since June 2011 the Mental Health SIG has re-invigorated its activities with new convenors and committee members. Mike Smith and Lara Corr co-convened the SIG, with Kristy Sanderson taking over for Lara in early 2013, and have received valued contributions from Robyn Tapp, Steve Druitt, Harris Eyre, Sarah Dwyer, Diego Rodriguez, Marielle Neesham, Anná Price, Therese Fitzpatrick, Peter Trebilco, and Fiona Cocker. The MH SIG is now actively building its profile within the PHAA and within the Public Health field more broadly. The MH SIG’s most significant achievements thus far have been revising the SIG foundation document and developing of two position statements focusing on Work and Mental Health, and Insurance and Mental Health, to be released by August.

The Insurance and Mental Health position statement was prompted by the release of the "Mental Health, Discrimination and Insurance: A survey of consumer experience 2011" report issued by The Mental Health Council of Australia (MHCA), in collaboration with beyondblue. This report suggested individuals with a history of mental illness or those disclosing mental illness experience discrimination and significant and ongoing difficulties accessing insurance coverage and making claims, and the process of interacting with insurance companies can be inadequate and inappropriate. Recommendations to address these identified inadequacies were outlined in the report and the MHCA and beyondblue have launched the "Mental Health and Insurance Project (MHIP)" website to better inform people with a history of mental illness about their rights and responsibilities. The MH SIG affirmed the recommendations outlined in the report and website and made a series of additional recommendations to improve the experience of individuals with mental illnesses navigating the insurance process.

The development of the Work and Mental Health position statement was in response to a substantial body of literature which identifies work as a key social determinant of health and, by extension, mental health. The statement notes that work influences the health and wellbeing of all working populations and is important for the entire workforce regardless of mental illness status. With an increasing focus on mental health promotion and prevention and most Australians spending approximately one third of their lives at work, the workplace has become a key setting for promoting positive mental health and wellbeing. Amongst other recommendations, the position statement encourages the development of a greater evidence base of workplace mental health promotion interventions and good practice to ensure the persistence of safe and inclusive workplaces which promote and support mental health.

The MH SIG will continue to advocate for mental health promotion and the prevention, treatment and management of mental health disorders. It will continue to focus on populations recognised as at greater risk of poor mental health and in need of more targeted support and advocacy, and respond to emerging and ongoing issues relevant to mental health primarily through generating evidence-based position and policy statements, submissions and supporting the work of other organisations. The Australian Institute for Health and Welfare

Continued on next page
(2005) identified mental health disorders as the leading cause of non-fatal disease (30%) and the third largest cause of the entire disease burden (13%) within Australia. Mental health accounts for 27% of years that are lost to disability. MHSIG will advocate for improved prevention and promotion and the improvement of services for people living with mental illness and mental health problems.

More specifically, it will liaise with other SIGs, particularly International Health and Child Health, to produce a statement for the PHAA on refugee and asylum seeker health and mental health, and develop position statements relating to nutrition and public mental health and physical activity and public mental health. The MH SIG will hold its AGM during the PHAA 42nd Annual Conference in Melbourne, September 6-8, during which time they will identify their priorities for the coming year and invite anyone who wishes to contribute to the committee to join them.

Members of the MH SIG committee are also actively presenting work at public health and mental health conferences and events. The MHSIG will continue to provide input for the National Mental Health Commission and hopes to be involved with the NSW Mental Health Commission in the future.

Road to Good Health

Robyn Alexander, Health Promotion Officer Aboriginal & Cultural Diversity, Diabetes Australia - Vic

We receive some great feedback from Aboriginal health professionals who deliver our type 2 diabetes prevention program, Road to Good Health. It’s hearing about the experiences of our facilitators and participants with comments like “I think it’s a fabulous program”, that reassures me that we’re on the right track.

Given the greater burden of type 2 diabetes experienced by Aboriginal Australians — it is over three times more likely to occur than in the non-Indigenous Australian population — there is an urgent need for an effective diabetes prevention program for Aboriginal and Torres Strait Islander peoples.

The Road to Good Health (RTGH) program was first piloted by Diabetes Australia — Victoria (DA-Vic) in 2009. The program educates participants about healthy eating and physical activity as well as teaching skills (such as goal setting) to help people make changes to their behaviour.

The Healthy Living Course was adopted after being adapted and trialled by Rumbalara Aboriginal Cooperative in collaboration with Goulburn Valley Division of General Practice to ensure it was appropriate for use and accepted by the Aboriginal community. Their excellent work led to important changes to help meet the specific needs of Aboriginal people, as the original course carried an undercurrent of Western knowledge and themes.

Recommendations that were incorporated into the adapted course included:

- providing information and education that relates to ‘real life’. Being aware of current behaviour among Aboriginal peoples helps understand their information needs, so pragmatic strategies can be provided which can be put into action immediately and implemented locally.
- the use of clear and simple language and incorporation of visual resources.
- encouraging a conversational approach, rather than an emphasis on a ‘reading and listening’ approach and dependence on written material.
- the social context was taken into account, fostering group support by encouraging family and community members to take part in the program. Messages emphasised maintaining good health for one’s family or community, rather than focus on an individual.

Continued on next page
• It was recommended not to call it a diabetes prevention program. The community accepted the name Road to Good Health and helped design a logo.

Since its introduction around four years ago the achievements of the program have been gradual and have also encountered some challenges. We recently conducted a review of the program, measuring the program against 'Principles for better practice Aboriginal health promotion' in order to describe factors that contribute to its effectiveness, and more importantly, identify opportunities for improvement.

One of the strengths of the program lies in the early consultation work. Supporting community input was an important first step and has helped embed good practice. This, together with the establishment of a Working Group comprising Aboriginal and Torres Strait Islander members, has helped to guide planning and provide feedback over the years.

We believe Aboriginal Community Controlled Health Organisations (ACCHOs) are a key setting for program delivery as they have a culturally appropriate approach that provides community members with a place to seek help and advice in a safe, familiar environment. The program helps build the capacity of ACCHOs to deliver prevention programs and activities as well as to build workforce capacity, training Aboriginal Health Workers (AHWs) and Aboriginal allied health professionals. Although diabetes specific; the skills and knowledge gained in training are transferrable, enabling workers to deliver healthy lifestyle information in different ways in their day-to-day work.

As a result of this review, and along with facilitator feedback, previous evaluation reports and consultation with the Working Group, we are proposing a small shift in the program, to enable a more flexible delivery. A significant response was facilitator capacity. Staff reported a lack of time to organise and deliver the program, a consistent theme across a review of health promotion programs for the Aboriginal community. Over the next 12 months we propose to work in partnership with local Aboriginal organisations to explore opportunities to alleviate time as a barrier and improve access to diabetes prevention education for the Aboriginal community.

1 July 2013

Dear Prime Minister,

Congratulations on being reappointed as Prime Minister of Australia.

I am writing on behalf of the Public Health Association of Australia to ask you to remain committed to maintaining strong Carbon Price and Energy Legislation that was negotiated through the multi-party climate committee. This committee took account of the advice of independent people with appropriate expertise to develop a sensible and logical system.

Despite the protestations of the Leader of the Opposition and his colleagues this legislation is not only working – it is seen to be working.

Climate change is a health issue along with the other economic and social issues. It is an issue on which your Party has shown leadership since you first came to the position of Prime Minister in 2008. Please do not weaken that position in any way.

There is plenty of research regarding the impact of climate change on health – please see:

- Climate Commission Report


We need to work quickly towards the time that coal and gas will stay in the ground. Our health and well-being - particularly our food and water security, as well as our economic prosperity, depends on these policy reforms. Further encouragement of the development and use of renewable energy technologies will also play an important part in dealing with climate change.

If you are considering moving a year earlier than planned, to an open market emission trading scheme, please consider the ramifications this has in other respects and particularly with regard to the free permits that are currently allocated to ‘big emitters’. If there is a change in the system these permits should be revoked. It is appropriate to remove the billions currently being paid in fossil fuel subsidies.

The Public Health Association of Australia wishes you well and encourages you to stay building on these important reforms.

Michael Moore
CEO Public Health Association of Australia
Growing Momentum as Health NGO’s Partner with the Community Sector to Tackle Smoking

Phil Hull, Cancer Council NSW

In June delegates from five Cancer Councils and Quit organisations from across the country met for a three-day workshop focusing on smoking and disadvantage.

They gathered to observe training and visit smoking care projects being implemented in non-government social and community service organisations as part of Cancer Council NSW’s Tackling Tobacco Program. Quit Victoria, Quit South Australia, Cancer Council Western Australia and Cancer Council ACT were represented in addition to Cancer Council NSW.

The Tackling Tobacco Program, now in its seventh year, works with non-government, not-for-profits serving disadvantaged groups with very high smoking rates. These groups include the homeless, people with severe mental illness, people with alcohol and drug problems, disadvantaged families, at-risk youth and Aboriginal people. Tackling Tobacco provides resources and support to help organisations shape their service policies and practice to reduce exposure to tobacco smoke and support clients and staff to quit.

Tackling Tobacco Senior Program Coordinator Jon O’Brien said: “This meeting was a real step forward for a national approach to changing the culture of community services so that smoking is taken as seriously as other issues that services deal with. We emphasise that quitting not only has huge health benefits, but also has a big positive financial impact for people on very low incomes.”

The approach is founded on the view that social and community services provide increased reach beyond health care settings for effective tobacco control and smoking cessation support to disadvantaged populations. There are nearly 6,000 social and community service organisations in Australia, and nationally many staff already have skills and experience in supporting behaviour change, so integrating smoking care is theoretically not too big a stretch. Research also shows that clients are open to receiving quit support from services they already know and trust to help them with other life issues. Organisations that have worked in partnership with Cancer Council NSW have included Salvation Army, Benevolent Society, Uniting Care Burnside, Schizophrenia Fellowship, Mission Australia and Anglicare Sydney.

Quit SA has had its own version of the Tackling Tobacco program for the past four years building on its work in the area of smoking and mental health over the past decade. But now other organisations are reorienting services and resources to focus on priority populations and engagement of the community sector. Quit Vic, Cancer Council WA and Cancer Council ACT have developed teams, or are developing teams, to establish smoking care projects with local community sector partners. The goal is for community services to treat addressing smoking as usual practice, through both service policies and practices, rather than viewing smoking as “the last pleasure” of vulnerable population groups, an attitude that has sometimes prevailed in the past. While the size of programs and available resources differs, all the Cancer Councils or Quit organisations are able to offer training and policy and project support to assist social and community organisations to get more serious about tackling smoking. Quit Vic and Quit SA are also responsible for providing Quitline services, so are in an excellent position to promote that service within the community sector.

Initial results show that addressing smoking can be a powerful way to improve clients’ quality of life. But it is agreed that more systematic evaluation is required test the effectiveness of this way of working.

At the Sydney meeting all the delegates resolved to keep sharing ideas, resources and findings from their work. Working groups around training, evaluation and service engagement will be established to keep the momentum going.

Continued on next page
Client story from Tackling Tobacco Program, Cancer Council NSW

Brian* is a client in a community based mental health service in inner Sydney. The service was supported by Tackling Tobacco to offer a smoking care project to clients.

Brian is 36 and has been smoking about 35-40 cigarettes a day since he was a teenager. He was spending almost all of his income after rent on smoking. Brian’s smoking has had a direct impact on his health and wellbeing in several ways. Brian felt he did not have money to buy fresh food to cook meals and was living on take away and sausages. He has not been able to ring his family as a result of not having money to buy phone credit. Brian reported it had been ‘a long time’ since he had engaged in any recreational activity he enjoys because he has not had the money. He expressed an interest in reducing his smoking so he could have more money available to him. Brian has reduced his smoking significantly and this has had a big impact on his life. He now has money in the bank after buying food and as a result of this he has attended the cinema with friends and has been buying phone cards to ring his parents. Brian has been exercising to lose weight and his smoking reduction is helping him do this. Brian is now saving to visit his parents for Christmas.

*Name has been changed for privacy reasons

Advanced Epidemiology, School of Population Health, The University of Western Australia

30 September - 4 October 2013, Five-day intensive unit, PUBH5759 Epidemiology II

Presented by Professors Jane Heyworth and D’Arcy Holman, this intensive five-day unit broadens and extends understanding of the methodological concepts underpinning the science of epidemiology. Guest lectures will be given by senior epidemiologists with particular expertise on the topics under discussion.

Background

The course will address the development of modern epidemiological thought and explore its supposed precepts through the lenses of history and critical philosophy. The evolution (and revolution) of epidemiologic ideas, from early concepts to paradigms of the ‘modern epidemiology’ movement of the 1970s and 1980s; and extension to present day will be explored. The seminal contributions associated with names like Hume, Farr, Snow, Hill, Cornfield, Mantel, Haenzsel, Elandt-Johnson, Miettinen, Rothman, Morgenstern, Maclure, Suissa, Greenland and other groundbreakers and mythbusters of the field will be outlined on a canvas that depicts how the still-youthful and dynamic discipline of epidemiology has developed historically and continues to evolve today.

Building upon these theoretical concepts, the practical application of advanced modern epidemiological principles to current issues in epidemiology will also be presented, with particular emphasis on outcome and exposure assessment, selection bias, gene-environment interactions, causal diagrams and integration of data across studies.

This advanced-level course assumes familiarity with the basic epidemiologic lexicon and a level of understanding of principles and methods commensurate with successful completion of introductory to intermediate epidemiology units taught at the postgraduate level.

Who should do this unit?

Suited to current Masters level students or persons currently working or undertaking doctoral research in related areas, this unit is ideal for those who wish to deepen their understanding of epidemiology.

Further information

For further information please contact Professor Jane Heyworth

jane.heyworth@uwa.edu.au
The Alcohol Advertising Review Board (AARB) is a world-first alternative alcohol advertising review system developed in response to the weaknesses of the alcohol industry’s self-regulatory Alcohol Beverages Advertising Code Scheme (ABAC) which has failed to ensure alcohol advertising is socially responsible and to prevent young people’s exposure.

The AARB, chaired by Professor Fiona Stanley AC, was developed by the McCusker Centre for Action on Alcohol and Youth and Cancer Council WA, with support from health organisations around Australia, including the PHAA. The AARB’s role is to review community complaints about alcohol advertising and deliver rational and considered determinations, free of industry influence.

The AARB recently released its first annual report, available at www.alcoholadreview.com.au. The report highlights the urgent need for strong, independent controls on all forms of alcohol advertising and promotion, including controls to prevent exposure to young people.

The 200 complaints received and 145 determinations made by the AARB far exceeds those made through the ABAC Scheme – in a similar timeframe. This is likely to reflect both the level of community concern about alcohol advertising and support for an independent system of review.

In the AARB’s first annual report you’ll find introductions from Professors Fiona Stanley and Geoff Dobb, a summary of complaints, actions taken by advertisers, the top ten alcohol advertising shockers of 2012-13, comments from AARB panel members, a hypothetical weekend in the life of a child, and much more.

If you see an alcohol advert that concerns you, we encourage you to contact the Alcohol Advertising Review Board. Making a complaint is simple – just send a picture or link to the ad (if you can) and briefly describe why it concerns you.

The AARB has made a considerable impact in its first year and will continue to provide an avenue for people to voice their concerns about alcohol advertising and to advocate for strong, independent, legislated controls on all forms of alcohol advertising and promotion. We look forward to continued support from PHAA members for this world-first initiative.

To find out more about the Alcohol Advertising Review Board, to read the annual report, or to make a complaint, visit www.alcoholadreview.com.au.
How Effective are the Australian Government “Healthy Community Initiatives?”

Sarah Gayton B.Psych(Hons), Research Scholar, Centre for Research Excellence (CRE) in the Prevention of Chronic Conditions in rural and remote high risk populations.

The Australian Government Department of Health and Ageing has invested over $80 million in “Healthy Community Initiatives” (HCI) for 92 communities around Australia. These initiatives utilize programs such as ‘Swap It, Don’t Stop It’, ‘Beat It’, and ‘Living Strong’ for individuals, as well as social marketing measures to deliver health education to the wider community. But how effective are these?

As a Research Scholar with the CRE, I will be investigating this question after being awarded a scholarship for my study ‘Personal motivation, health behaviours and participation in a community-level health intervention’.

The project will investigate the impact of the Tablelands Regional Council (TRC) HCI ‘Wellbeing Tablelands’ initiative at the community, facilitator and individual participant level. The program will run for two years to promote healthy eating, exercise and lifestyles. At the community level, awareness of the initiative and behavioural influence will be assessed. Facilitators are in the position to detail what attracts people to the programs, keeps them engaged and why participants may disengage. The individual level refers to the personal experience of participating in programs such as ‘Beat It’. Personal motivations and barriers to participation will be investigated, along with influence on health behaviours, such as healthy eating and exercise. The findings will be able to inform the design of future initiatives to improve their ability to engage and assist participants.

As part of the research, I, along with 18 James Cook University (JCU) students from sport and exercise science, nursing, and psychology, took part in the TRC Health and Wellbeing Expo in Atherton on April 20th 2013. The Expo enabled health providers from around the region to exhibit within the one space, including gyms, food, sports and natural therapies. With one hundred exhibitors and thousands of people through the door, the day was a resounding success.

The students engaged with 150 community members to gather information about eating and exercise habits and opinions of Wellbeing Tablelands. They also assisted Queensland Health to show people some moves on the Wii Fit to encourage active living. Eight Nursing students conducted health questionnaires and gave Queensland Health a hand engaging the community at the bowel cancer and breast cancer screening stalls. The students all did an amazing job and community members were keen to stop and have a chat about JCU and the work they were doing, take part in the research and have a go on the Wii.

The results of the questionnaires completed on the day will be integrated into TRC’s government evaluation and presented back to the community. Through JCU participation on the day, the Wellbeing Tablelands co-ordinators will gain greater understanding of community perception of the initiative, as well as issues that need to be addressed. This in turn allows for better planning of events and enables better health outcomes for the Tablelands’ community.

The Centre for Research Excellence (CRE) in the Prevention of Chronic Conditions in rural and remote populations is a collaboration between the University of South Australia, James Cook University, the Aboriginal Health Council...
How Effective are the Australian Government
“Healthy Community Initiatives?”

Continued from previous page

of South Australia, Queensland Aboriginal and Islander Health Council and the Royal Flying Doctor Service with funding provided by the Australian Primary Health Care Research Institute (Australian National University) CRE Program (2012-2015). For more information about the Centre, its research and opportunities please visit the website at: https://research.jcu.edu.au/research/cre

PHAA 42nd Annual Conference

A “fair go” for health: tackling physical, social and psychological inequality

16 - 18 September 2013 - Hilton on the Park, Melbourne

For more information visit: www.phaa.net.au

PHAA members will be regularly checking and updating Twitter throughout the day. By using the hashtag #PHAA2013, you can make comments and give feedback throughout the Conference.

All PHAA coverage will be sent out via the @_PHAA_ account and will include the #PHAA2013 hashtag.

To follow PHAA on Twitter go to: www.twitter.com/_phaa_ or search for @_phaa_
University of Canberra (UC) staff member, Professor Tony Capon has been appointed to a major international role. As many readers will know, Tony Capon is a public health physician and researcher who has had a long involvement with the Public Health Association of Australia. He takes up the new position in August with the United Nations University (UNU), based in Kuala Lumpur. The specific post is Director, International Institute for Global Health and the contract is for a four year period. More information from http://unu.edu/about/unu-system/iigh#overview. This is great news for Australian public health and for the University of Canberra.

The UNU develops its academic programs in collaboration with other universities and so this appointment is an opportunity to extend Australia’s public and environmental health education and research programs internationally. The UNU role will allow Professor Capon to continue to support the Bachelor of Public Health and introduction of the new flexible-mode environmental health education offerings at UC from the beginning of 2014. He hopes to assist in opening up new student markets in the Asia-Pacific region and beyond. It will also enable the University of Canberra to extend active research collaborations based on the work of Professors Barbara Norman, Colin Butler, Helen Berry and Maggie Jamieson.

Tony has held the role of Foundation Professor of Public Health at the University of Canberra since 2011 when the Bachelor of Public Health commenced. Tony will continue his connection with UC as an Adjunct Professor and will return to UC to deliver an Intensive Short Course in Healthy and Sustainable Places; which is to run in November with Professor Andrew Dannenberg from the USA, via a Fulbright Senior Specialist Program award.

Benefits of the appointment and Adjunct arrangement include that Professor Capon will continue:

- Working with Faculty of Health and ACT Health Directorate colleagues to introduce innovative new environmental health education offerings from the beginning of 2014
- Supporting the development of the UC Public Hospital as a national exemplar of sustainable healthcare
- Continuing to collaborate with Professor Barbara Norman and CURF colleagues – who recently received $500k funding from ACT Government.

Professor Tony Capon is an authority on environmental health and health promotion. His research interests are in urban futures, sustainability and human health. Tony is currently working with the International Council for Science to develop a new interdisciplinary science program on health and wellbeing in changing urban environments using systems approaches. Professor Capon has held National Health and Medical Research Council and World Health Organization fellowships and has served in public health leadership positions in Australia and internationally.

The University of Canberra applauds Professor Capon’s achievements and his appointment to this important role. The Faculty of Health and Centre for Research and Action in Public Health, in particular, look forward to developing collaborations through the work of the United Nations University.

For further information see: http://www.canberra.edu.au/faculties/health/courses/public-health/staff-profiles/capon-tony
National Preventive Health Research Strategy 2013-2018 Launch – and Public Interactive Session on taking research through policy and implementation

Dr Joe Hlubucek, Executive Director, Council of Academic Public Health Institutions Australia (CAPHIA)

The Australian National Preventive Health Agency (ANPHA) launched its National Preventive Health Research Strategy 2013-2018 at a well-attended symposium at ANU on 26 June 2013. The Strategy is the culmination of several consultations and deliberations with stakeholders from June 2011 to March 2013. The Strategy's primary purpose is to foster approaches to research and evaluation which better enable all sectors to implement the most effective preventive health programs and enable individual choices to be evidence-informed:


The Strategy will build on the already strong research and evaluation capacity in preventive health in Australia and extend this to better support and build policy and program capacity. Specific priority-driven research agendas are being developed as Annexes to this Strategy. The agenda for tobacco control has been released, and the agendas to address obesity and harmful consumption of alcohol will be published later in 2013.

The Strategy was launched at a one-day symposium which was opened by Louise Sylvan, ANPHA CEO with an address by Professor Warwick Anderson, NHMRC CEO. The symposium highlighted some of the objectives of the Strategy with keynote speakers on the state of the policy-research nexus: Professor Elizabeth Waters spoke on ‘Experiences of local, state, national and international knowledge translation partnerships and contemporary evidence generation’; Dr Shelly Bowen presentation was titled 'Navigating and making sense of uncertainty and complexity in population health'; and David Butt spoke on ‘Creating Policy’.

This was followed by presentations on 15 Preventive Health Research Grant Projects in the priority areas of obesity, tobacco control and alcohol consumption. These included presentations on the power of social media in online food and beverage marketing, steward or nanny state considerations in addressing childhood obesity, and alcohol drinking patterns and market influences in Australia.

Other features of ANPHA programs include its Preventive Health Research Fellowship Program and the National Preventive Health Translational Research Awards which included presentations on proposed research by three Fellows, and on projects entered by the three award finalists. Professor Andrew Wilson outlined the work program and structure for the soon-to-be-launched second NHMRC Partnership Centre for Better Health: Systems Perspectives on Preventing Lifestyle-Related Chronic Health Problems; of which ANPHA is one of the five funding partners.

The symposium was facilitated by Dr Gael Jennings, whose next challenge was to engage an expert panel and the audience in an interesting interactive session to demonstrate the challenges in taking research to policy and then implementation through the levels of government and NGOs. The experts included senior representatives from the NHMRC, ACT Health, DoHA, Heart Foundation, Physical Activity Foundation, Consumer Health Forum of Australia, researchers from the Universities of Melbourne and Sydney, and PHAA CEO, Michael Moore. This mix of experts promised a lively and insightful discussion – and they didn’t disappoint!

The session was launched by Facilitator Gael Jennings seeking comments from the experts on a “mythical report” about some early research which indicated that a program of Sitting and Standing during classroom lessons would be a way of incorporating exercise in school teaching programs.

Continued on next page
Most were rather cautious at first, noting the value of exercise for reducing childhood obesity, but questioning the validity of the research, how the exercise program might interfere with the education program, and of course concerns about costs from the state and federal government officials.

The debate hotted-up when action groups in support of the exercise measure became established, and became even more tense when a major fast-food company offered several million dollars to fund the program – as long as its logo was included on all desks – but this was quickly rejected. The governments remained hesitant, but the PHAA and the consumer organisations kept up the pressure for an appropriate measure for more exercise to address childhood obesity.

Next Jennings introduced a “survey of the school children” which revealed that the kids wanted more exercise, perhaps on the way to and from school. This was rejected because of safety concerns. The pace quickened when the Heart Foundation offered to part-support an alternative children’s exercise program during school breaks! This was quickly reinforced by the consumer organisations and the PHAA which had maintained a strong advocacy role for a good solution, and with an election looming the governments became enthusiastic and quickly called for applications for trial projects in a number of schools!

It was an entertaining session that highlighted the various interactions that come into play in progressing initiatives through the levels of government, and the important roles of consumer and other public sector advocacy groups acting both individually and collaboratively.

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**National Preventive Health Research Strategy 2013-2018 Launch – and Public Interactive Session on taking research through policy and implementation**

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**CAPHIA 2013 PUBLIC HEALTH TEACHING & LEARNING FORUM**

**PUBLIC HEALTH TEACHING AND LEARNING IN A CHANGING UNIVERSITY ENVIRONMENT**

Deakin University Melbourne City Centre, 550 Bourke St, Melbourne

19-20 September 2013

Three invited speakers:
- Prof Jane den Hollander, Vice-Chancellor, Deakin University
- Prof Beverly Olliver, Pro Vice-Chancellor Learning Futures, Deakin University
- Prof Bettina Borisch, University of Geneva, and Director, Secretariat, World Federation of Public Health Associations

20 papers and sessions on:
- Teaching and learning innovations
- Public health teaching and research priorities for the next government
- Public health competencies and curriculum development
- European and Asia-Pacific Region public health accreditation developments
- Public Health, TEQSA and the AQF
- MOOCs - Manna or menace for Public Health education?
- Public Health Indigenous Leadership in Education (PHILE) Network Workshop on SWAT Analysis of Indigenous Public Health Integration Models

More Program information and Registration:
[www.caphia.com.au](http://www.caphia.com.au) or contact the CAPHIA office on (02) 6285 2373 or caphia@caphia.com.au

THE COUNCIL OF ACADEMIC PUBLIC HEALTH INSTITUTIONS AUSTRALIA (CAPHIA) is the peak national organisation that represents Public Health in Universities that offer undergraduate and postgraduate programs and research and community service activity in public health throughout Australia
HELP PROMOTE PHAA AND OUR WORK

Invite a colleague or friend to join PHAA and help us reach our goal of 2,000 members by the end of the year!

The PHAA is a member of The World Federation of Public Health Associations which has a key priority area focusing on Public Health Workforce and if you’re a member of PHAA, then you can also be a part of this drive.

Our membership currently stands at 1915 just 85 new members needed. Please renew now to remain an active member. Otherwise your membership will lapse at the end of August 2013.

HAVE YOU RENEWED YOUR MEMBERSHIP?

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Child safety is an important subject for all parents irrespective of their social status and economic background. All working parents expect to rejoin their kids at home safe and well after hectic and stressful work commitments. However, tragic incidents involving babies and young children frequently pop up in the Australian media. The most recent and remarkable one is about a little girl in Queensland who died from accidental lithium battery ingestion.

The Australian public gave their utmost empathy to the parents of the deceased upon hearing the tragic news. Family, friends and local residents gave an extraordinary memorial service for the little girl. However, Australians could do more. By sharing the pain, anguish and grief of the concerned parents, we need to find a way to prevent similar incidents in the future.

In fact, all parents need to have a lengthy child safety checklist. Just to name a few.. burns and scalds through unattended kitchen or hot irons, electrocution from exposed live wires or sockets, balcony falls, crushed by heavy objects such as TVs or other large furniture, choking with small objects, poisoning with detergents, suffocation with plastic bags, strangulation with strings such as one from window blinds, driveway accidents, careless car reversal, drowning in the backyard pool and quite rarely anaphylaxis from food allergies, fatal bites or stings from reptiles and insects. There is also the peculiar behaviour of some parents leaving their children in a locked car while shopping, which has been increasingly reported in the Australian media in the last couple of years.

The first ‘World report on child injury prevention’ was released in 2008 by WHO and UNICEF. According to the report, every day around the world the lives of more than 2000 families are torn apart by the loss of a child to an unintentional injury (accident) that could have been prevented. The report also highlighted that once children reach the age of five years, unintentional injuries are the biggest threat to their survival. The report is available at: (http://www.who.int/violence_injury_prevention/child/injury/world_report/en/index.html)

Road traffic crashes, drowning, burns, falls and poisoning are the leading causes of child death from injuries according to the ‘10 facts on injuries to children’. This information is available at: (http://www.who.int/features/factfiles/injuries_children/facts/en/index.html)

Safety warnings for risks regarding babies and young children are in place. However, in the form of very much distributed manner. If we buy a new shirt, we can see a warning note to dispose the covering plastic bag to avoid suffocation risk to young children. Toys with small parts that could pose a choking hazard are marked 3yr + or older, but when you have more than one sibling in the house it is hard to segregate those toys from the younger child to avoid the risk. If we get prescription medicine, there is an accompanying warning note to keep those medicines away from children. However, how many of us pay attention to those boring notes?

A nationwide and robust IEC (Information, Education & Communication) tools for child safety is very much in need in Australia to reduce injury and death of babies and young children. Australian parents deserve more from mainstream TV channels and other media regarding this matter. There are free TV channels airing exclusively children’s programmes and it would be a good idea to have child safety messages during intervals. Retail sectors dedicated to children’s products also need to provide commitment on child safety campaigns for parents. Local councils and community organizations could also organize regular child safety campaigns in conjunction with major events. Further reading can be found at: http://www.kidsfensw.org/, http://www.kidsafewa.com.au/, http://www.kidsafeqld.com.au/, http://www.kidsafent.com.au/.
A Rose by any Other Name ...

Is it Global Warming or Climate Change?

Peter Tait, Ecology & Environment SIG, PHAA

It is actually both. Warming is the cause and climate change is one of the effects of the warming. Global temperature rise, warming, is also causing direct thermal expansion of the oceans and melting of the glaciers and polar ice sheets which together are raising sea levels. Warmer oceans and increasing fresh water at polar latitudes disrupt the global overturning circulation (thermohaline).

A warmer atmosphere also holds more water vapour, itself a greenhouse gas, which acts as important positive feedback for further warming. Warming includes other consequences such as increased evapo-transpiration causing soil drying and increased risk of fires.

The oceans are the major heat sink for these extra joules. Ocean's temperature drives climate which through water cycles, air temperature and atmospheric pressures cause weather. Warming and climate change act independently and synergistically.

However both climate change and global warming are nested sub-systems of two other processes. At the meta-level is global ecological change, within which greenhouse gas (GHG) effects sit (see figure). GHG effects encompass ocean acidification and eutrophication, with their flow on effects on corals and shellfish, and creation of hypoxic dead zones in the oceans respectively.

In parallel, are the psychological and political uses of the terms. In the USA the Republicans were advised to use climate change in preference to global warming as part of the doubt sowing campaign because a) is sounds more benign, and b) climate is always changing so 'it’s natural’ not anthropogenic. Further, the association with the climate change denial movement has currently debased climate linkages.

So which term to use, GHG effects, global warming or climate change, depends on what you are actually talking about, and to some extent to whom you are talking. Accuracy is not only an academic feature, but can help the community understand the full extent of what is happening. The present debate needs more accuracy.
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