Although the past year was remarkable for some great achievements it was also a time marked by great loss. In this edition of Intouch we mourn the loss of four people who have made great contributions to the public health community. Gavin Mooney and Del Weston died in tragic circumstances. But we also feel deeply the loss of other great public health activists Pippa Duncan who worked particularly with Aboriginal women and Katrine Baghurst an outstanding nutritionist. As we remember the outstanding and varied contributions we might also ask ourselves how might we also play an active role in improving community health outcomes. - Michael Moore CEO PHAA

Euology for Professor Gavin Mooney (1943-2012)

by Glenn Salkeld

Throughout his working life, Gavin Mooney believed passionately that health economics was a caring discipline that could be used to achieve social justice. Gavin was a proud communitarian and he argued in every way for a health and welfare system that put people and communities first. Countless students, colleagues, policy makers and politicians can recall Gavin’s most popular refrain ‘How can you run a health system unless you first know what the community want?’ ‘Ask the community’ he’d say. It was more than rhetoric – Gavin backed his good intentions with action, running numerous citizen juries that asked people what they wanted from their health system. Rarely was the answer ‘more of the same’. What did feature consistently in responses was a concern for fairness in our health system and a better balance between prevention and cure.

Community is at the heart of public health and public health was in the heart of Gavin. For many of us our first encounter with Gavin was at the 1987 annual PHAA conference in Sydney. The conference theme was ‘Just Health’. In his plenary talk Gavin declared his genuine affinity for Aussies and then he got straight to the point (as was his style!) – what do we mean by equity in health and what are we going to do to eliminate inequities? And when? He spoke of vertical equity – the unequal treatment of unequals – perhaps better expressed as positive discrimination for those in less fortunate socio-economic circumstances. It was a simple but important concept that Gavin would apply in his work across many countries, including Australia and South Africa.

In 1994 Gavin was appointed the Foundation Professor of Health Economics at the University of Sydney and Westmead Hospital. Seeing the need to build capacity in...
health economics and to integrate economics into ways of thinking about our health system he had supported the establishment of the Centre for Health Economics Research and Evaluation (CHERE) some years earlier and later the Social and Public Health Economics Research and Evaluation Group. Early career health economists, public health officer trainees and many others benefited from Gavin’s enduring commitment to mentoring individuals to reach their full potential. It is legacy that will benefit public health for many years to come.

During his time at Curtin University (2001 – 2008) Gavin established the WA social justice network. An outspoken critic of institutions, governments and some professional bodies he ruffled feathers and mobilized action for social justice. He could be as feisty as hell but then his Scottish humour and gentleness would emerge, and left you feeling like you had the best friend in the world. No matter what, Gavin had enormous compassion for people and he wasn’t afraid to show it.

Of all his numerous academic achievements – a prolific output of more than 200 publications, 23 books, and being one of the world’s leading health economics educators across generations – there is one achievement that stands out amongst all others. During his time at Curtin University he trained five Aboriginal health economists. It is a remarkable achievement and a true reflection of his commitment to Aboriginal health.

From his earliest days as a professor at the University of Aberdeen (commencing in 1977), then University of Copenhagen (1983), to Sydney (1994) and Curtin University (2001) and through his honorary professorship at the University of Capetown and Visiting Professorships at Southern Denmark, UNSW, Aarhus and Associate appointment at the University of Tasmania, Gavin brought the highest levels of integrity, intellectual rigour, advocacy and inspiration to his role as an academic. Indeed he inspired generations of public health students to question, to think and act about public health problems.

Not one for accolades, Gavin was genuinely moved when the University of Capetown awarded him an Honorary Doctorate as ‘one of the founding fathers of health economics’. It was fitting that some 30 years following the publication of his seminal book ‘Economics, Medicine and Health Care’, which he dedicated ‘to faither’ (father) he should be so honoured as faither of health economics.

No matter what the language, the culture or country, Gavin Mooney had what Steve Leeder described as a ‘challenging, clarifying and provocative style’. We need more of that in public health.

I shall miss him very much.

Glenn Salkeld was a friend and close colleague of Gavin’s for some 25 years.
Reflections on Gavin and Del

By Helen Keleher, Immediate Past President, PHAA

In this time of grief it helps to consider the relationships and shared values that we have all built up over the last decades. I went to Gavin and Del’s funeral a few weeks ago and have been asked by PHAA to share my personal reflections on how they were farewelled. The double funeral service was held in a chapel of the Karrakatta Cemetery in Perth, which is a beautiful and peaceful environment. About 100 people were there, mainly family and friends. The celebrant, Mary, was proudly Scottish in her plaid skirt and delightful accent, so reminiscent of Gavin. There was a cellist-pianist duo who played beautifully. There were a number of eulogies including one by Gavin’s brothers, as well as by friends and colleagues. Some beautiful poetry, including The Road Not Taken by Robert Frost, was recited.

For Del, her daughter Kathryn spoke first – she is heartbroken of course and her six year-old Rueben was so sweet. She was honest in saying that she had lost the many years of grand-parenting that Rueben would have had; more poignant because her own father died when she was four. Alex, Del’s son, is a couple of years older than her other son Nick, their father was East Timorese (and disappeared during the war). However, Alex said that Gavin had been a father to him. There was a break of about 45 mins after the service before we walked to the interment site, so I was able to talk some of the family.

At the interment, Curtin University Associate Professor Ted Wilkes and his son had been smoking the graves and when the coffins were positioned, they conducted a brief Aboriginal ceremony. What a wonderful honour to bestow on our friends - it was very moving. Then East Timorese people laid cloths on Del’s grave and a traditional Timorese farewell song was played.

I am so glad I went to the funerals. Being there helped with my grief. The family has asked for donations in memory of Del and Gavin, to go to the Schizophrenia Research Institute. PHAA will make a donation in lieu of flowers, as I have, and this is a way that members of the PHAA can also honour Gavin and Del. I hope this reflection gives you a sense of the funerals and farewells and helps with your grief.

Tribute to Gavin and Del as members of the Political Economy of Health SIG and the People’s Health Movement

By Fran Baum (PEH SIG and PHM) and Leslie London (People’s Health Movement South Africa)

The tragic deaths of life partners Gavin Mooney and Del Weston is a huge loss to the progressive health movement around the world. Gavin, a leading health economist and one of the founders of the field of health economics, and Del, who had just completed a PhD on the political economy of Climate Change, were social justice activists associated with the People’s Health Movement for the past decade. They were founding members of the Western Australian Social Justice Network which has been the de facto People’s Health Movement in that state. In the brief time they had spent in Tasmania they had become involved in launching the Social Determinants of Health Advocacy Network, and Gavin in facilitating Citizens’ Juries as a more democratic way for people to participate in setting priorities for the health systems. They both played an important part in defending the rights of Aboriginal peoples and lobbying for health equity. They were both active the PEH SIG (Political Economy of Health Special Interest Group); the photo was taken at the SIG meeting in Canberra in 2009 at which Gavin was a speaker.

In recent years, Gavin and Del had spent much time in South Africa engaging with health activists on questions of equitable health care financing, climate justice, and the rights of refugees. He and Del were deeply affected by South Africa’s liberation struggles and spent much time in the country, learning, engaging, mentoring, sharing and being activists, particularly concerned at the failure of South Africa’s so-called democratic revolution to

Continued on next page
reduce social inequalities and deliver better health for its peoples. Gavin and Del established important and valued relationships with many colleagues, comrades and activists, particularly from the marginalised refugee communities in Cape Town. They were truly wonderful people who showered others with grace, warmth and assistance, but who were also able and willing to speak uncomfortable truths to power when it mattered – be it in standing up for Aboriginal rights in Australia, or for health equity and climate justice across the world.

Gavin will be remembered as not only one of the founders of the discipline of Health Economics but as a mentor to many and an absolutely fearless fighter for social justice. His contributions were seminal in opening up for debate the value base of the discipline of health economics, challenging the prevailing orthodoxy in much of health economics which prioritised concerns with efficiency over the distributional consequences of decisions. He despaired of the health effects of neo-liberalism and looked forward to a world that was not governed by the logic of markets and profits.

Their deaths represent a huge loss to the global movement for social justice and health equity. The PHM and the PEH SIG mourns the loss of two wonderful global citizens, who saw another world was possible, one where justice and equity could be a reality, and commits to remembering what Del and Gavin stood for in our work in the future.
In memory of Phillipa Duncan (1953-2012)

By Ben Bartlett, PHAA Member

Pippa was a RN and midwife motivated by a keen sense of social justice. In Central Australia, she worked at Utopia as a nurse helping develop and deliver primary health care (PHC) services to people living on the network of outstations there. She embedded herself in the community and developed lasting relationships with community people and staff. This experience gave her great insight into the importance of community controlled PHC services, a commitment which guided her for the rest of her life. Her work in this area included consultations with central Australian Aboriginal women on reclaiming birthing rights, and operationalising the Alukura model. The fact that the Alukura is now a well established women’s health service is in large part due to Pippa’s work.

Pippa’s work also included the Central Australian and Top End Planning studies, reviews of PHC services (Urapuntja, Alukura, Winnunga, Cape York Women’s Program, etc), developing and maintaining the Aboriginal Medical Services Alliance Northern Territory Administration Manual for Aboriginal PHC Services in the NT as an online resource, Primary Health Care Access Program service development in the Warlpiri and Northern Barkly Zones, orientation program for Walgett AMS, CRC Aboriginal Health Accreditation Project and guiding Congress services (Main Clinic, Alukura and Ingkintja Male Health) through Australian General Practice Accreditation Limited accreditation.

As well as being a long standing member of the PHAA she was also a committed unionist – a member of the Australian Nursing Federation.

Pippa was actively involved in the East Timor Solidarity movement and Peace Movement. She was an Election Observer in Timor Leste in 2007 and 2012.

Linking her understanding of the social determinants of health, and Aboriginal health issues, Pippa provided practical support to the Adult Literacy Campaign pilot in Wilcannia and supported women’s literacy programs in Timor Leste.

Pippa had the enviable ability to, whilst understanding and building on the past, remain in the present but with an eye on the future. She was able to bring fun and lightness to people even in the most distressing and difficult situations – she helped people make the most of it.

She will be sadly missed.
In memory of Dr Katrine Baghurst

By Heather Yeatman, President PHAA

In December 2012 Dr Katrine Baghurst passed away after a protracted illness. Her death represents an enormous loss to the nutrition and public health community in Australia.

I first remember Katrine at the early Nutrition Australia meetings at CSIRO, Adelaide, in the late 1970’s, with Professor Basil Hetzel and other nutrition scientists. She was breast-feeding her daughter Imogen and juggling the responsibilities of work and motherhood – a challenge that continued for many years as her family grew. She was always passionate about improving diet and health in Australia, while at the same time being very generous with her time and expertise. In other words, she was a great role model of a public health professional.

Katrine was a leader in public health nutrition and a distinguished nutrition scientist who was very exacting, technically and professionally. She worked for most of her career as the senior principal research scientist and program manager of the Social Nutrition and Epidemiology Program, the Consumer Research Program and the Consumer Science Program, CSIRO. She led the work on the Nutrient Reference Values (NRVs) and Dietary Guidelines with Professor Colin Binns, and she also contributed to much of the other nutrition work of the NHMRC. She developed a food frequency questionnaire that was used in many diet surveys and her work on the 12345+ Food and Nutrition Plan was an important dietary education tool in Australia and was widely available from the early 1990s.

Amongst her many roles she was an advisor to SIGNAL (Strategic Intergovernmental Nutrition Alliance), and the 2007 National Children’s Nutrition and Physical Activity survey. She was also a Board member of the Food Standards Australia New Zealand (FSANZ). Recently she led the work on the new modelling system to inform the development of the revised Australian Dietary Guidelines and the Australian Guide to Healthy Eating.

Many will also remember her as very caring and kind. She was such a stalwart. We all miss her very much.

FOR INFORMATION - NATIONAL MEDICAL TRAINING ADVISORY NETWORK

Health Workforce Australia (HWA) has released three volumes of the Health Workforce 2025 Report (HW2025). Volume 1 contains the overall findings from a workforce planning analysis of the trends in the supply and demand of doctors, nurses and midwives in Australia, volume 2 contains detailed supply and demand projections for midwives and registered and enrolled nurses by area of practice, as well as state and territory projections for all professions and volume 3 contains detailed supply and demand projections for the medical workforce, by specialty.

Recently the Standing Council on Health (SCoH) approved the policy responses to HW2025, including a project on national co-ordination of the overall medial training pipeline through the establishment of a National Medical Training Advisory Network (NMTAN) by December 2013. To support this work, the HWA will develop a discussion paper in early 2013 that will outline the key issues and potential contributions of the NMTAN to improving the coordination of the medical training system.

All of the HW2025 reports are available from the HWA website – www.hwa.gov.au/health-workforce-2025 and information about the NMTAN will be available on the website soon.

Enquiries can be made to: NMTAN@hwa.gov.au
Almost all of us have had a bit of a whinge at one point or another about our politicians. I can’t open a newspaper or visit my Grandad without hearing how the country’s going off track and how it could be fixed. It’s easier to throw stones than build bridges.

Have you ever tried taking your ideas and concerns to your politicians, and engaging them in a respectful discussion about an issue? The politicians I’ve met welcome meeting with their constituents and genuinely want to learn more about the issues that they face.

I’ve spent the last semester researching why politicians say yes or no to policy proposals from their constituents. Here are ten top tips to help you get your ideas on board!

1) Do your research.

Know how things stand. What does the politician think about this issue? What have they written or said publicly about it, previously and recently? How have they voted on this issue in the past? What is their party’s position? What do their constituents want? What has their party already accomplished on this issue?

Also be sure to check whether your issue is within this politician’s area of responsibility. If you’re not sure, you can always ask their office staff. Don’t be embarrassed the division of power is complicated, and government power is more limited than most people believe. Just ask which political representatives (e.g. council, state or federal) have responsibility for this policy area and how you can contact them.

2) Go to the meeting in a group of one or two people.

Any more people prevent a good conversation from developing – and this meeting should be a respectful, persuasive conversation, not a one-way rant.

3) Clearly and concisely explain why you want the politician to change the policy.

Show statistics (ideally from the Australian Bureau of Statistics or from peer-reviewed research) and tell personal stories from your constituents, to explain the human impact of the current policy and how their constituents would benefit from the proposed policy. New evidence, or evidence that the politician hasn’t seen before, is vital for persuasion. Don’t make arguments that go beyond what your statistics can support, and avoid emotional pressure. Politicians are looking for an informed, respectful debate, not negative emotions without statistics and reason.

4) Explain to your politician why this issue could be relevant and important to them.

- What are your politician’s personal and political values? How are these values served by the proposed policy?
- In their life before becoming a politician, were they interested in your issue or did they work on your policy issue?
- What did they go into politics to achieve? How does your policy proposal fit in with their personal motivations?

5) Acknowledge their work so far and explain what you want the politician to do, immediately and in the long term.

If they’ve already worked on this issue in the past, say thank you for what they’ve done and give some examples of the human impact of their work. Then, make a respectful request for what you’d like them to do next e.g.
Ten top tips for engaging with politicians

Continued from previous page

would you like them to write to the relevant Minister, make the policy proposal in a party forum, move a private member’s bill, or meet with you in one month to discuss the result of their efforts?

6) Show the politician any evidence you have that their constituents care about your issue and agree with your proposed policy.

This doesn’t have to be a poll: politicians will probably be skeptical of your capacity to accurately poll their constituents. Instead, mention the number of attendees at a recent local rally, letters to the editor, public meetings or lectures on the issue. Demonstrate growing momentum in public support.

Don’t expect constituent concern to be enough to move the politician to action. Most politicians won’t do something just because their constituents think it’s a good idea. They will need to think it’s a good idea too.

7) Ask the politician what they think of your proposal: do they agree with the proposed policy? Do they agree with what you want them to do about it?

This is a two-way discussion: what are their thoughts? Be honest about the shortcomings of your proposal. Don’t over simplify your issue: it’s nuanced, with many stakeholders, and you are doing them a disservice by taking a black and white stance. Try to see all sides of the issue.

If they don’t seem willing to help, find out why. Is it because they don’t agree with the proposed policy? Their fear of separating from their party’s position? Their fear of not being re-elected? If you know the real reason why they’re unwilling to act, you have a better chance of finding a way around it.

Just because your politician has worked on this issue in the past doesn’t mean they’ll automatically lend it their support now. This could even have the opposite effect: they might think they’ve done enough and other priorities need the government’s time and money now. They might think their party has no political capacity to take this issue any further at the moment, due to opposition from the public, other lobby groups, or other parties.

8) Ask the politician what they need you to do before they add their support the campaign. How can you support them?

Do they need you to find more evidence of how the proposed policy will improve the lives of their constituents? Gather pledges of support for the proposed policy from a wide range of groups? Increase the issue’s profile in the media or on social media to demonstrate community support?

If they ask something of you, settle a definite date by which you’ll give them an update on how it’s going.

9) Give them a summary.

When you leave, give your politician a printed one page summary of why the proposed policy is a good idea and what you want them to do about it, now and in the long term.

10) Thank them.

Of course, say thank you to them and their staff for holding the meeting. But also thank them publicly. Acknowledge their support at your events, on our website, in your printed publications mention it in your op-eds. If your politician knows you’ll acknowledge their efforts publicly, they’ll be more willing to help you.

If the politician already has a view on an issue, then it’s unlikely that your meeting will change their view. Seventy-five percent of politicians and political advisers that I interviewed said that a policy campaign had never changed their opinion of a policy. But that’s not your only goal: you can raise the issue as a priority for them, and you can inform them of the arguments and counter-arguments on the issue. And if they haven’t yet formed an opinion, this discussion could be instrumental in winning them as a champion of your cause.

Emily Murray recently completed an internship with Andrew Leigh MP within the Australian National Internships Program. Emily has produced a report titled ‘Pressure Politics: Why Australian Politicians Support or Ignore NGO Policy Campaigns’ which can be downloaded from http://emilymurray.com.au/publications/.
Nicola Roxon wins highest public health award for 2012

PHAA Sidney Sax Medal awarded to former Health and Ageing Minister

Attorney-General, Hon Nicola Roxon MP was announced as the Sidney Sax Medallist for 2012. This is the highest award given annually by the PHAA to a person who has made an outstanding contribution to public health. PHAA’s Immediate Past President, Professor Helen Keleher, presented the Medal at a public health dinner, last December.

“The PHAA was proud to present an award to someone who has really made a difference in public health,” said Professor Keleher in making the announcement. “As Minister for Health and Ageing Nicola Roxon embraced public health, understood the role of social determinants and recognised the importance of prevention. Most importantly, however, she was prepared to take action including standing up to big tobacco and vested interests in the alcohol industry in favour of a healthier community.

“Nicola Roxon’s own words in response to a question when she was launching the report of the Preventative Health Taskforce in October 2009 summarises her approach: ‘we are killing people by not acting’. As Health Minister from December 2007 through to December 2011 and then as Attorney-General she has pursued public health issues with vigour and with considerable success,” said Professor Keleher.

The most prominent achievement is the world leading plain packaging of tobacco legislation which has only been successful due to her outstanding leadership. There are also many other achievements in fighting tobacco including a 25% increase in excise on tobacco, a ban on internet promotion, a boost for funding of anti-tobacco campaigns through the National Preventive Health Agency and a $125 million program to tackle Indigenous smoking.

However, her other outstanding achievements cited in the nomination include:

- The establishment of the Australian National Preventive Health Agency (ANPHA)
- Facing down the spirits industry over the “alcopops” tax - reducing the number of young women introduced to spirits in early puberty
- An additional $50 million into campaigns around binge drinking
- Oversight of the biggest increase ever in funding to prevention of $872.1 million from Federal, State and Territory contributions

Continued on next page
Nicola Roxon wins highest public health award for 2012

Continued from previous page

- Seeking healthier communities through careful targeting of specific groups and settings including children, Indigenous people, workers and local governments.

“The PHAA is proud to have Nicola Roxon accept this award from the Association as it highlights the impact that a Minister can have when they are prepared to provide leadership in the area of public health,” concluded Professor Keleher.

The Award

In 2001, the Public Health Medal was renamed the Sidney Sax Public Health Medal in honour of the late Dr Sidney Sax. Dr Sidney Sax was a major leader in public health, health service reform and in establishing innovative research in these areas.

The PHAA bestows this competitive award on a person who has provided a notable contribution to the protection and promotion of public health, solving public health problems, advancing community awareness of public health measures and advancing the ideals and practice of equity in the provision of health care.

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<tr>
<th>Year</th>
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<tr>
<td>2012</td>
<td>Hon Nicola Roxon MP</td>
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<td>2011</td>
<td>Professor Mike Daube</td>
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<td>2010</td>
<td>No Sidney Sax Medal awardee</td>
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<td>2009</td>
<td>Professor Stephen Leeder</td>
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<td>Professor Simon Chapman</td>
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<td>Patricia Anderson</td>
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<td>Professor D’Arcy Holman</td>
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<td>Dr John Scott</td>
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<td>Associate Professor David Legge</td>
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<td>Professor Mary Sheehan</td>
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Winners of the award to date

Nicola Roxon and Helen Keleher
Early steps on the journey to reconciliation

By Anita Tang, Policy & Advocacy Manager, Cancer Council NSW

The cancer disparities for Aboriginal people are undeniable - Aboriginal people are 60 per cent more likely to die from their cancer diagnosis than non-Aboriginal people. For a non-profit dedicated to defeating cancer, we needed substantial action to tackle cancer amongst Aboriginal people.

We wanted to do more than offer sporadic programs for Aboriginal communities. We recognised that we need to fundamentally change the way we engage with Aboriginal people so that it was not just seen as the responsibility of those few people who happened to be delivering specific programs. We wanted to create an internal culture where all staff and volunteers would take responsibility for Aboriginal engagement relevant to their own role, whether in fundraising, volunteer recruitment, community engagement or HR.

But we faced some challenges. There was no specific position in the organisation dedicated to Aboriginal programs or engagement; only one dedicated Aboriginal staff position (part of a research project), and no specific budget for Aboriginal engagement. However, we had enthusiastic staff willing to step up to help progress our work in this area and the support of our formal leadership, including at CEO level.

We decided to adopt the Reconciliation Action Plan (RAP) model as the vehicle for developing our organisational strategy because of its structured format; linked to a nationally recognised model; and because it required us to consider our internal organisational practices as well as external program delivery.

We set ourselves a tight timeframe with our Statement of Intent in November 2011 committing us to having a RAP by May 2012. We also set ourselves an ambitious process for developing the RAP, making a deliberate decision to be as inclusive as possible and to adopt a distributed leadership model. We invited 20 staff to take on the role of ‘Yarn-Up Leaders’ - responsible for working in pairs to host and report back on at least two discussion forums (Yarn-Ups) with staff, volunteers and community stakeholders. We held 24 Yarn-Up sessions across NSW involving almost 280 people including 132 from Aboriginal organisations and communities.

The Yarn-Up sessions generated over 900 suggestions for how Cancer Council NSW could demonstrate respect, build relationships, and create opportunities for Aboriginal people, including many ideas about improving the appropriateness and accessibility of our own programs and services. From the beginning, the helpful staff at Reconciliation Australia and many Aboriginal people we spoke to had warned us about the need to take ‘small steps’; and that any substantial initiatives needed to be developed in partnership with Aboriginal people. For this to happen, we needed to allow time and energy to build trusting, mutually respectful relationships. With these words of wisdom ringing in our ears, the Yarn-Up Leaders took the 900+ ideas to a two-day retreat for some highly disciplined collation, synthesis, pruning and prioritising. We came away from this effort with a draft RAP, which we circulated to all Yarn-Up participants, and internal stakeholders for comment. During this stage, there was much discussion about wording of ‘measurable targets’ – how would we hold ourselves publicly accountable for our planned actions in a way that balanced aspiration with feasibility?

Our RAP [http://www.cancercouncil.com.au/wp-content/uploads/2012/10/CC6580-CC-RAP-Brochure-FA-for-Web.pdf](http://www.cancercouncil.com.au/wp-content/uploads/2012/10/CC6580-CC-RAP-Brochure-FA-for-Web.pdf) outlines specific commitments to include Aboriginal perspectives in our work, and to continue to build our relationships with the Aboriginal community in order to encourage more Aboriginal people to address cancer. We have also identified practical actions to respect and celebrate Aboriginal culture and develop a culturally supportive workplace. Our plan includes specific actions to increase the number and proportion of staff and volunteers who are Aboriginal and ensure that our programs are meeting the cancer-related needs of Aboriginal people.

We know that we are only one very small part in the many factors that contribute to the cancer disparity for Aboriginal people, and we are conscious that we are only at the beginning of our journey of reconciliation. But in the words of one of our Yarn-Up Leaders “Everyone deserves the same level of health care and services in Australia, so this is our time to make a difference in tangibly closing the gap between Aboriginal and non-Aboriginal people.” Early steps yes, but at least the journey has begun.
45 and Up – the largest ongoing study of healthy ageing in the Southern Hemisphere

The Sax Institute

While the interests of the Sax Institute’s 45 and Up Study participants are many and varied, ranging from Guinness World Record holders to table tennis champions, they all have a common desire to help health researchers and policy makers unlock the secrets of healthy ageing.

Over the next 30 years, a quarter of Australia’s population is expected to be aged over 65. The effects of this profound societal change will be borne by older people, their families and communities, and the agencies that support them. There is therefore an urgent need to understand how we can best help people stay healthy and independent as they age.

To address this need, the Sax Institute established the 45 and Up Study, the largest cohort study ever conducted in Australia, to help determine the community’s future requirements and give governments reliable evidence to underpin sustainable policy.

Recruitment began in 2006. By the end of 2008, more than 250,000 NSW men and women had agreed to take part, and in 2012, the first five-year check-up of participants was launched. 45 and Up Study participants range in age from 50 to over 100 years old; 46% are male and 54% are female.

Five participants, aged 55 to 88, fronted the media in October to talk about their participation in the Study as it reached the follow-up milestone.

Saul Moss, the Guinness World Record holder for oldest scuba diver (from shore), and champion table tennis player Gillian Hutchinson, shared details of their sporting passions, while Gaetano Di Benedetto, Jan King and Merryl Humphreys discussed their approach to ageing and tips for a healthy lifestyle.

NSW Minister for Health Jillian Skinner and Sax Institute CEO Professor Sally Redman were present to explain the importance of the Study, and 45 and Up Scientific Director Professor Emily Banks outlined some key findings to date. These include: heart disease and depression being common causes of early retirement; and people who stand up more living longer and being less prone to obesity.

The Study aims to provide answers to many important health and quality of life questions, to further understanding of the causes and outcomes of conditions such as cancer, heart disease, arthritis, depression and obesity. Its large size gives it power to answer research questions quickly and address a diverse range of questions, even those relating to uncommon conditions and small population groups.

It is an open resource of world-class standard that researchers and policy makers can apply to use. More than 440 researchers are currently using the Study in their work on subjects ranging from sleep and physical activity to investigating the causes of early retirement.

Participants have consented to their answers being linked to information sources such as hospital, pharmaceutical and general practice records to allow researchers to join the dots on people’s experience of health and illness, giving the fullest possible picture of how our population is ageing.

The Sax Institute manages the 45 and Up Study in collaboration with major partner Cancer Council NSW, and partners: the National Heart Foundation of Australia (NSW Division); NSW Health; beyondblue: the national depression and anxiety initiative; Ageing, Disability and Home Care, Department of Family and Community Services NSW; the Australian Red Cross Blood Service; and UnitingCare Ageing.

An Annual 45 and Up Collaborators’ Meeting provides an opportunity for research partners, supporters and interested parties to come together to hear about and discuss the study.

Following the mail out of about 40,000 follow-up surveys in 2012, the remaining 210,000 study participants will receive questionnaires over the next three years.

For more information, go to www.45andup.org.au or phone 1300 45 11 45.
December 7, 2012

Dear Trans Pacific Partnership Negotiators:

On behalf of physicians-in-training in countries participating in Trans Pacific Partnership Agreement (TPP) negotiations, we are writing to urge you, and our government officials to ensure that any provisions included in the agreement text promotes public health and access to medicines rather than prioritizing multinational corporate profits over patients.

As the next generation of physician leaders, we are deeply troubled by both the lack of transparency surrounding these negotiations as well as the preferential access to agreement text negotiators afforded to industry. A recent Avaaz petition asking to make the “TPP process transparent and accountable to all, and calling on all participating parties to reject any plans that limit our governments’ power to regulate in the public interest” gathered over 700,000 signatures from concerned citizens around the world. We echo this call and others by various civil society organizations for release of the full text of the draft agreement, as well as the same privileges for stakeholders to participate in negotiations as has been provided to corporations. It is essential that the TPP text be subject to public scrutiny and reflect the priorities of the global citizenry.

During our medical training, we witness first-hand the crucial benefits that access to affordable medicines gives patients. The ability to receive such life-saving medicines is critical in preventing unnecessary deaths due to both infectious and non-communicable diseases. Unfortunately, it appears that current negotiations may compromise this access by imposing unprecedented TRIPS-plus intellectual property (IP) provisions. If included in the agreement, these provisions have the potential to jeopardize millions of lives in TPP participating countries by granting monopoly protections to pharmaceutical companies, significantly driving up the costs of medicines. It is unacceptable that the cost of this agreement will be access to medicines and, ultimately, the health of our nations’ citizens.

Therefore, we call for the following:

- Prohibition of “evergreening” or use of minor modifications of existing drugs to extend market exclusivity
- Exemption from patent infringement of diagnostic, therapeutic, and surgical procedures similar to 35 USC 287(c)
- Rejection of any provision to provide data exclusivity for biologics
- Preservation of existing national pharmaceutical benefit schemes such as Pharmac in New Zealand and Australia’s Pharmaceutical Benefits Scheme

In addition, tobacco and alcohol have been demonstrated to significantly contribute to global disease morbidity and mortality. Tobacco alone is responsible for one in ten deaths worldwide, and alcohol use accounts for nearly four percent of deaths globally each year. The Framework Convention on Tobacco Control (FCTC) recognized the role of “price and tax measures” in reducing tobacco consumption. In light of the unique status and potential for harm that these products have, it is essential that both tobacco and alcohol be carved out of any agreement.

On behalf of physicians-in-training in five TPP participating countries, we implore you to ensure that any TPP agreement ensures our future patients are able to access evidence-based and effective medicines and procedures rather than forcing us, as practitioners, to compromise our medical professionalism and the quality of care we are able to provide our patients. As the TPP is a historic effort, expected to set a precedent for future agreements, we hope that it will also set a precedent in prioritising the health of our nations.

Thank you for your consideration.
Risks to public health in TPPA: Webinar Announcement

The Political Economy of Health SIG of PHAA, with the People's Health Movement in Australia, is pleased to announce a Webinar on the Trans Pacific Partnership Agreement (TPPA) from 8pm on Thursday 21 February.

The TPP is a large regional trade and investment agreement currently being negotiated between eleven countries around the Pacific Rim: Australia, Brunei, Canada, Chile, Malaysia, Mexico, New Zealand, Peru, Singapore, the United States, and Vietnam. Japan and Thailand are considering joining.

Some of the provisions being considered for inclusion in the Agreement threaten to undermine public health policy and access to essential medicines. The proposed agreement includes not just traditional trade issues such as removing tariffs and other barriers to trade, but also extends into areas which have traditionally been the domain of domestic policy making including health programs and policies. Public health issues are now being decided in a forum where there are limited opportunities for public input and where trade-offs are likely between commercial and public health objectives. Even more concerning is that the agreement is being negotiated in total secrecy. Because of the secrecy and the myths about 'free trade' being 'good for everybody' the TPP has not had the scrutiny it deserves, including within public health.

The implications are global; more countries are likely to join, and the TPP will set a template for future trade agreements. However, as the trade negotiations gather momentum, so too does an international civil society movement seeking greater transparency in the negotiating process and the prioritizing of health and other public interest issues over corporate interests in the TPP.

PHAA has joined with a number of other NGOs to urge the Australian Government to protect the Pharmaceutical Benefits Scheme and to refuse to include ‘investment protection’ provisions (the same kind of provisions which Philip Morris International is currently using against plain packaging) in the Agreement.

In this webinar Deborah Gleeson, Convenor of the PEH SIG, will outline the risks to public health presented by the TPP, focusing on access to affordable medicines and the capacity for governments to regulate for better health (in areas such as tobacco, alcohol and nutrition). Opportunities for health professionals to be involved in national and international civil society campaigns will be discussed. There will also be time for questions and discussion.

Diary, now: 'TPP and Public Health'; 8:00-9:00 pm (AEDT), Thurs 21 Feb. (This is 5 pm in Perth, 6:30 pm in Darwin, 7 pm in Brisbane, 7:30 pm in Adelaide, 10 pm in Auckland and 9 am Thursday 21 February UTC.)

This webinar will be presented through a combination of YouTube and Skype. To join the webinar you will need an internet connection and a Skype account. Write to phmoz@phmovement.org requesting to be registered for this webinar and you will be provided with further instructions.


SURVEY INTO ENERGY DRINK AND ALCOHOL USE

Participants needed for a survey into energy drink and alcohol use in New South Wales.

Deakin University, in conjunction with Turning Point, NDARC and the University of Tasmania are currently conducting an evaluation of about energy drink and alcohol use in New South Wales.

I would be very grateful if you would forward this email to your personal networks in NSW, in the hope that they might then forward this email to their networks.

The survey can be accessed here: https://www.surveymonkey.com/s/DeakinAED

Participants are needed over the age of 16 and go in the draw to win one of 10 iPads.

NB: the survey will close 29 February.
by Alexandra Cordukes,

After the birth of my second child eight years ago I had a life changing moment when I heard Dr Catherine Hamlin AC, interviewed on ABC radio about her medical work with girls and women who were suffering from a devastating birth injury called obstetric fistula. After much persistence I joined the Hamlin Fistula Relief and Aid Fund, initially in a voluntary capacity, and stayed working with them for nearly six years.

I became a passionate advocate for what was then a relatively unknown condition in Australia. I enrolled in a Masters of International Public Health at the University of Sydney so that I could hone my skills and recently graduated with Merit. I have to say that I am completely obsessed with women’s health – mental, maternal, sexual and reproductive - and hope that through my business I can really contribute to improving health in these areas by advocating in the media for policy reform, developing effective health promotion programs and marketing strategies and raising funds and awareness.

The Womac Agency was born on International Women’s Day in 2011. It is a dynamic women and children’s health communication and advocacy agency based in Sydney. Our mission is to use our diverse skills to improve the welfare of women and children in our local and global communities.

The Womac Agency is a platform upon which we will continue to build our expertise and knowledge through partnerships and collaboration. We have a fantastic team made up of creative and strategic thinkers and our clients love our innovative approach. Between us we have decades of marketing and communications expertise, corporate experience, public relations skills, media production and a thorough knowledge of public health and its challenges. We aim to collaborate within the not-for-profit sector, as well as across a range of community organisations, foundations, government health services and corporations that contribute to women’s and children’s health through philanthropy, research and health delivery. Using print media, on-line video, TV, radio, social media and events in order to bring these important messages into public focus, The Womac Agency seeks to cut through the clutter of information in order to effectively reach its target audience.

Acknowledging the complex and varied issues that can adversely affect women’s health, The Womac Agency is dedicated to the advancement of health equity and is also an advocate of early identification and subsequent care for women in NSW whose lives are affected by FGM (female genital mutilation) in order to assist in the improvement of the birth experience and its outcomes.

We also work with the Mirabel Foundation on an ongoing basis. Mirabel supports children who have been orphaned or abandoned due to parental illicit drug use. We focus on corporate engagement, delivery of innovative events and advocacy for kinship carers who are more than often single grandmothers.

My mantra is that the health of women is the cornerstone of the overall health of society. I love this paragraph from the Ottawa Charter for Health Promotion and this is what The Womac Agency is all about – creating the pathways for health.

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.”

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

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