Awards to Public Health Heroes

**Sidney Sax, Life Member, Mentor of the Year, Tony McMichael and Aileen Plant awards**

The Hon Nicola Roxon, former Attorney General and Minister for Health and Ageing will address the Public Health Association of Australian (PHAA) Annual Dinner and present awards to public health heroes who have made major contributions across a range of areas. Nicola Roxon was the recipient of the 2012 Sidney Sax Medal – the highest honour bestowed by the PHAA.

**The Sidney Sax Public Health Award - Professor Caroline de Costa**

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.

Professor Caroline de Costa is the winner of this year’s Sidney Sax Public Health Award. Caroline is a professor of Obstetrics and Gynaecology and has an outstanding record for the advancement of public health within Australia, particularly in the area of women’s health. She has been a leading voice in the debate around abortion provision in Australia, made significant contributions to the reproductive health of Indigenous and migrant women, and has also advocated for workforce issues for women. She is a clinician, researcher and advocate for public health. (Refer to the October intouch for the full article)

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.

A few of the award winners at the PHAA conference dinner

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.
Awards to Public Health Heroes

Continued from previous page

Life Member – Associate Professor Jeanne Daly

The highest honour that the PHAA bestows on one of its own members is Life Membership of the PHAA. It is provided to a limited number of members for exemplary service to the Association and to public health. Jeanne Daly has been the backbone of the Australian New Zealand Journal of Public Health (ANZJPH) for more than a decade.

As Managing Editor, Jeanne accepted great challenges and in her determined manner used these as opportunities to meet the goals that have maintained and built on the success of our ANZJPH. At the same time as Jeanne was focussed on improving the calibre of the Journal, she reached out to researchers and students alike to regularly provide lectures on submission of papers, as she sought to make the Journal as accessible as possible.

Her legacy will continue to challenge those of us in public health to seek evidence based solutions to some of the most complex problems of our generation.

Mentor of the Year Award – Professor Sharon Friel

This award is annually presented to a senior member of PHAA who has demonstrated outstanding dedication to mentoring students/early career professionals/practitioners. Its purpose is to formally acknowledge the importance of mentoring in career development and in recognition of the time commitments and other sacrifices that are involved for mentors.

Aside from her stellar track record as a public health academic, what distinguishes Professor Friel as a mentor and role model for early career public health researchers is her unrelenting commitment to addressing socially-produced health inequities through her work, along with a natural ability to motivate and inspire others. She is constructive, open-minded and generous with her knowledge and experience.

Her mentoring qualities are evident in the effort she consistently puts into her work, the positive team environment she creates amongst her research staff and students, and the esteem with which she is held within our the academic community. She has a rare capacity to combine a ‘big picture’ vision with being highly detail-oriented and contribute to day-to-day tasks while providing strong direction and leadership.

Tony McMichael Public Health Ecology and Environment Award – David Shearman

This award has been established to honour the life and work of Professor Tony McMichael who has agreed to present the first award.

David Shearman, who has been awarded the inaugural Tony McMichael Public Health Ecology and Environment Award, has contributed extensively to policy development, research translation and advocacy in the combined fields of environment and health, within Australia and internationally. He is the honorary secretary of the Doctors for the Environment Australia.

UNSW/DoHA Aileen Plant Memorial Prize in Infectious Diseases Epidemiology - Dorothy Machalek

Professor Aileen Plant (1948-2007) was a renowned Australian Infectious Diseases Epidemiologist, whose sudden passing on 27 March 2007 was an enormous loss to global and Australian public health. To honour her legacy to infectious diseases epidemiology, the University of New South Wales and the Department of Health and Ageing together offer an annual national competition for the Aileen Plant Memorial Prize in Infectious Diseases, awarded for a paper published in the previous calendar year. The 2013 winner is Dr Dorothy Machalek, for her work on anal human papillomavirus infection and neoplastic lesions in men who have sex with men, published in Lancet Oncology.

Continued on next page
Awards to Public Health Heroes

Continued from previous page

Additional Awards presented at the AGM of the PHAA

Fellows of the PHAA

The following PHAA members have been recognised for outstanding service to the PHAA and public health by being made Fellows of the Association.

Jaya Earnest  Sara Gollschewski  Robert Hall  Liz Hanna
Natasha Howard  Gwyn Jolley  Stephen Lambert  Helen Hanna
David McDonald  Priscilla Robinson  Rosalie Schultz  Jessica Stewart
Jackie Street  Sarah Thackway  Ingrid Van der Mei

Health Promotion Special Interest Group Awards

These awards are presented annually to outstanding PHAA members who have contributed significantly to the advancement of health promotion.

Individual Awards for Service- Paul Gardiner and Christine Morris (article on page 6).

For their commitment to Health Promotion over a long period: Paul Gardiner in ageing and Christine Morris in oral health.

Early Career Award - Jonine Jancey (article on page 6).

Awarded in recognition of her work in the area of physical activity and nutrition across the lifespan.

Sponsorship

The Foundation for Alcohol Research & Education (FARE) and the Public Health Association of Australia (PHAA) wishes to thank the following organisations for their support to the Australasian Fetal Alcohol Spectrum Disorders Conference.
The Public Health Association of Australia (PHAA) held its 42nd Annual Conference on the theme ‘A “fair go” for health: tackling physical, social and psychological inequality’. At the opening session Victoria State’s Minister for Health and Ageing, the Honourable David Davis, described very clearly how this State government is dealing with the inequalities in access to health care. He especially mentioned the plight of refugees in Australia and also Indigenous people’s health.

This introduction was followed by WFPHA President Jim Chauvin, invited by the PHAA to present this year’s Douglas Gordon Oration. This commemorates the significant contribution made by the late Dr. Douglas Gordon (1911-93) to public health in Australia. The purpose of the presentation, ‘An alliance for global civil society advocacy for the public’s health: WFPHA and the PHAA’, was to share with conference delegates his reflections about the important role played by national public health associations and to make a call to action for the members of these organisations to be active and fully-engaged participants in global public health advocacy. The presentation helped sensitise PHAA’s members about the important role that their Association can play in the Asia Pacific and global public health arenas, and helped reinforce the relationship between the PHAA and the WFPHA.

This was a high level conference with a special emphasis on advocacy: there were several Public Health Action Workshops, where advocates with experience and success shared their ways of working at the political, the scientific and the population level. For all tobacco campaigners worldwide it is important to note that Australia became the first country in the world to require tobacco products to be sold in plain packaging. Both Professor Mike Daube, an ardent public health advocate, and former federal Health Minister Nicola Roxon, both emblematic figures of this success, presented their views.

Health equity was dealt with in several lectures, including one by Sharon Friel, Professor of Health Equity at the Australian National University in Canberra, the recipient of the PHAA’s 2013 Mentor of the Year Award, who made an excellent presentation on tackling the physical and psychological determinants of health. In addition, the large spectrum of public health activities both from the academic and the field were showcased in the numerous concurrent sessions and poster presentations. It was an impressive conference.
I was the lucky winner of the Indigenous scholarship for the 2013 PHAA National Conference which was held from 16-18 September in Melbourne. This was a great opportunity for me to broaden my understanding and knowledge of Public Health and also appreciate the importance of Public Health for all. As the PHAA Presidential Associate Professor Heather Yeatman reminded us in her opening session:

"Health care is vital to all of us some of the time, but public health is vital to all of us all of the time." (C Everett Koop)

Throughout the three days I jumped from room to room ensuring I was not only listening in on the health issues I am passionate about, which are smoking and nutrition, but also taking the opportunity to listen to speakers presenting on areas within Public Health which were not as familiar to me. The presentation by Darrin Hodgetts on addressing social determinants of health, and the structural violence occurring in New Zealand was truly engaging and thought provoking. The symposium – Time: A social determinant of health was also a highlight, with an exceptional presentation from Tim Olds about where time comes from when starting an exercise program.

Another great aspect of attending the conference was for me to support fellow colleagues from Hunter New England Population Health and listen to the great work which is being done inside the walls of where I work. I felt privileged and proud to be working with such passionate colleagues who are working towards healthier and brighter futures and a “fair go” for all!

Being a new graduate and a new colleague within the health sector, I found the conference to be both inspiring and motivational as I listened to the array of speakers from across our country and from across the globe. Upon reflection I also found aspects of the conference, in a positive light, challenging. As I sat on my flight back to Newcastle thinking about the Panel Session: Public Health Action-Advocacy and our new national government, I knew I needed to develop a better understanding of these two areas and the profound impact that they can and do have on Public Health and Public Health Policy.

Although Public Health has a challenging road, if we continue to work together and stay focused on our goals we can achieve “a fair go” for health. As stated by Fiona Armstrong; “If you want to go fast go alone, if you want to go far go together”. So let’s stay committed and continue to collaborate and communicate.

I hope I have the opportunity to attend not just the next annual PHAA conference but the many more to come and one day inspire someone just like me in the crowd.

Thank you for this great opportunity!
Awards season

Justine Leavy, Co-convenor HP-SIG

It is my great pleasure to announce the recipients of the Health Promotion Special Interest Group Awards for 2013. We have two annual awards, the Early Career Award to ‘an outstanding PHAA member who has contributed significantly to the advancement of health promotion, who is in the first 10 years of their career; or has been involved in health promotion for more than 10 years but has completed a PhD within the last 5 years’ and the Individual Service Award to ‘an outstanding PHAA member who has contributed significantly to the advancement of health promotion over a long period of time (minimum 10 years’).

At the Annual PHAA Conference in Melbourne the recipients were announced and presented with their award; with such a strong field of applicants the Committee decided to award two Early Career Awards to Dr Jonine Jancey, Western Australia and Dr Paul Gardiner, Queensland.

Dr Jonine Jancey has made substantial contributions to PHAA at National and State levels and fulfils one of the most important criteria for this award. In 2007 she was awarded the PHAA (WA) Postgraduate student award for excellence. Since then she has committed enormous time to PHAA work and has been one of the most active members in WA. Her outstanding commitments to PHAA, along with other voluntary work, whilst she balanced an academic and research career in the area of physical activity and nutrition across the lifespan together with family responsibilities of three children is exemplary.

Dr Paul Gardiner has made a significant contribution to the PHAA at the Queensland Branch level. Since 2009, Dr Gardiner has been a member of PHAA and a PHAA-QLD executive member who has worked consistently, tirelessly and significantly towards improving public health within Queensland. His contributions in Queensland have included membership of the 2009 organising committee for the PHAA-QLD State Branch Conferences and convening the state conference in 2010. Recently, Dr Gardiner has focused on collaborating with other QLD-Branch members to host a series of professional development workshops for public health students and professionals. These have included “Efficient preparation of a Systematic Review”, the upcoming 2013 Elkington Oration and a planned session on social media and public health.

The very worthwhile recipient of the Individual Service Award for her contribution to oral health promotion was Ms Christine Morris, South Australia. Christine exemplifies what it is to be a member of the Public Health Association of Australia (PHAA), and her involvement with the Association over the years has been exceptional. Alongside leading Health Promotion researchers and practitioners, Christine has been recognised by the PHAA as a Fellow Member. As a long term SA Branch Executive Committee member, as well as a former Branch President, she has incorporated her passion for health promotion, social inequalities and public health issues in general, contributing to health promotion advocacy and policy development. At a national level, Christine was a former member of the PHAA Board holding the position of the Vice-President (Development), in addition to this she has served as a Convenor of the Oral Health Special Interest Group.

It is our pleasure to reward hard work, passion and diversity. Congratulations to all three recipients.
The 2013 annual PHAA conference started out like most conferences. Top quality key note speakers, a multitude of research themes- spread across concurrent sessions - with many aspects of public health practice and research catered for.

Senator Richard Di Natale, Australian Greens Senator for Victoria, opened the conference by sharing his passion and visions for public health. Senator Di Natale spoke from an ex-GP/now Australian Greens Party perspective to an audience of like minded public health professionals. With the Federal election results only a week old we were keen for inside information about how prevention and public health will be handled under a new Government. While too early for the many answers, it was reassuring to know the Greens position on prevention and public health, which helped set the scene for the ‘Advocacy in Action’ theme within the conference focus of “fair go” for health.

As a recipient of a scholarship from the Queensland Branch of the PHAA I am very grateful for the support and commitment the PHAA Qld Branch continues to make to Indigenous health and the professional development opportunities for members. My research focus is on Aboriginal and Torres Strait Islander cardiovascular health, so I did my best to attend sessions with Indigenous health content.

On day 1 in the Social Determinants of Health concurrent session, Joan Cunningham from Menzies School of Health Research presented on analysis of self reported racial discrimination collected in the 2008 National Aboriginal and Torres Strait Islander Survey. This presentation highlighted Professor Cunningham’s work with Associate Professor Yin Paradies from Deakin University. The health impact of racial discrimination is an area of research that is gaining much needed attention and this session was excellent and informative. I believe this is an important issue which has been described as a social determinate of Indigenous health and wellbeing.

The presentations on Indigenous eye health were very informative and reminded audience members of the extent of poor eye health and the challenges in addressing this issue in the Indigenous community and the great work being undertaken by the Indigenous Eye Health Unit. The two most alarming points about eye health were the severity and impact of health on the quality of life of many Indigenous people, and that 94% of vision loss is preventable.

Vanessa Lee Chaired the Aboriginal and Torres Strait Islander Health: Access, Planning and Evaluation concurrent session on Day 2, that contained an excellent cross section of presentations on prominent Indigenous health priority issues. In particular, Dr Ben Scully’s paper on Path of care of patients with Acute Coronary Syndrome (ACS): Inequalities by Aboriginality presented results from his study showed that differences in acute care received by Indigenous people compared to non-Indigenous people who presented at an Emergency Department with ACS.

I also really enjoyed the Advocacy theme across the conference, especially the Panel Session: Public Health Action-Advocacy on Day 3. Fiona Armstrong’s three c’s: conversation, collaboration and commitment, Rohan Greenland’s five points for advocacy, which included we should stop giving Politian’s excuses for inaction and stressed that we should be singing from the same ‘hymnbook’. Rohan focused on the current debate about how best to address obesity, and said we need to stop continuing to make obesity too complex. Mike Daube presented his 11 commandments, some of which were: have a clear message; don’t sleep with the enemy; overnight success takes time; and give credit where it belongs.

I could identify with the advocacy strategies because they have much in common with attempts to tackle the disparity in health between Indigenous and non-Indigenous people. Like the mixed messages presented on how to address obesity, there continues to be debate about what will and is working for Indigenous health and the attempts at finding simple solutions to the very complex Indigenous health issue.

Attending the conference was also an excellent opportunity to spend time with colleagues Vanessa Lee from the University of Sydney and Leanne Coombe from the University of Melbourne from the Public Health Indigenous Leadership in Education Network (PHILE). PHILE plays an important role in not only bringing together academics from across Australia to build capacity of Indigenous public health teaching and learning but the Network also makes a significant contribution to shaping the MPH curriculum to better integrate Indigenous health content.
Improving oral health of people with HIV

Priyadi Prihaswan, Health Promotion Officer, HIV/AIDS and Related Programs Unit, South Eastern Sydney Local Health District

Poor oral health is common in people with HIV. Despite effective antiretroviral therapy (ART) reducing the incidence of AIDS related oral conditions, oral health issues remain a concern for people with HIV. The Enhanced Primary Care (EPC) program for people diagnosed with a chronic health condition has made a significant difference for people with HIV in NSW but unfortunately the scheme closed in November 2012 amplifying the need for oral health promotion initiatives to prevent expensive and debilitating oral health problems.

In 2010, the HARP (HIV/AIDS and Related Programs) Unit, SESLHD instigated the formation of the Oral Health Promotion Working Group in order to address issues relating to oral health promotion and care among people with HIV. The working group consists of representatives from HIV/AIDS and related clinical and health promotion services in NSW, Oral Health Services and Sydney Dental Hospital S&SWS LHDs, ACON (AIDS Council of NSW), BGF (Bobby Goldsmith Foundation), and Positive Life NSW.

The working group developed an action plan to guide the planning and implementation of multifaceted health promotion activities combining a needs assessment, resource development and capacity building activities.

In 2012, the working group carried out oral health knowledge, attitude and practice (KAP) surveys with health care professionals (HCPs) and people with HIV in NSW to identify HCPs’ specific needs in participating in oral health care for people with HIV and oral health information needs of people with HIV.

Findings from the surveys revealed that although most HCPs discussed oral health issues with clients/patients, some reported lack of oral health resources or tools to educate people with HIV on oral health issues. People with HIV reported needing more oral health information relating to healthy eating and drinking habits, oral hygiene and practical tips in managing symptoms of common oral health problems such as dry mouth, pain and discomfort, bad breath and taste change.

Responding to these needs, the working group developed a set of oral health resources to provide oral health information to non dental HCPs and people with HIV to encourage them to have some discussions about oral health that would lead to regular oral health checks by dental health care professionals.

A dental health assessment and referral tool was developed for HCPs to encourage them to conduct oral health screening with their clients/patients in order to increase visit to dental clinics which has shown to be effective in reducing poor oral health.

“Very helpful tool! I am excited to guide clients through oral health problems in more detail” (Social Worker).

“I like the title – immediately gets your attention. The blue factsheet is very clear and easy to read because of the boxes” (Nurse).

Assessment and referral tool for health care professionals working with people with HIV

The working group has also developed an oral health booklet for people with HIV to provide essential information relating to oral health emphasising information relating to maintaining a healthy mouth, including: eating and drinking habits; tips to effectively clean teeth and dentures; common oral health problems in people with HIV; tips in managing some of the symptoms of common oral health problems; and a self assessment tool.

Open Your Mouth – a guide to maintaining a healthy mouth for people with HIV booklet.

"Important information that some of us miss out about our dental hygiene” (People with HIV).

"Reinforcing advice about eating and drinking, like less sugary food, drink more water and rinsing after acidic drinks” (People with HIV).

The resources are currently awaiting approval from the Ministry of Health. Once approved, the resources will be distributed to HCPs and people with HIV through various channels. PDFs of the resources will also be available online.

The working group in collaboration with the Australasian Society for HIV Medicine (ASHM) will carry out a series of oral health webinar sessions for HCPs in 2013 to build their capacity on oral health issues and assist them in utilising the resources.
Increasing Access to HIV Testing – The Success of Rapid Oral Testing in Sydney

Michael Stewart, A/Prof Derek Chan, Maggie Smith, Tony Price

In July of this year, the NSW Ministry of Health released concerning statistics that showed an overall 24% rise in new HIV diagnoses between 2011 and 2012. Amongst men who have sex with men (MSM) there was a 33% rise.

One of the key strategies for addressing the HIV epidemic is known as “test and treat”. The strategy is two-fold: promote HIV testing, and then treat those living with HIV. The theory behind test and treat is that when people living with HIV are on treatment, their viral load is reduced to undetectable levels. Evidence shows that this substantially reduces the risk of transmission to uninfected partners.

Whilst this is great in theory, in practice test and treat falls apart if you can’t get people to test. There are many reasons people may choose not to test for HIV. The most obvious, and most frequently reported, is the fear of a positive result. But our clients also tell us they don’t like having blood taken, they don’t like having to wait days for blood results, and they find it inconvenient having to return to the clinic to receive their results.

Rapid HIV tests can address a number of these concerns and (hopefully) encourage those previously unwilling to test to learn their HIV status. In January of this year The Albion Centre (Albion) initiated the THOR (Targeted HIV Oral Rapid) study. Albion is a large multidisciplinary HIV clinic situated in the inner Sydney suburb of Surry Hills – at the centre of the city’s HIV epidemic – with a predominately MSM client population. THOR is a trial of rapid tests that work through detecting HIV antibodies present in saliva. Clients provide a swab from inside their mouths with preliminary results available in 20 minutes. Unlike in the USA, the tests are not TGA approved and so results are confirmed with standard serology.

The THOR study is on-going, with 7 sites in metropolitan Sydney currently signed up to provide the rapid oral tests. These are a mixture of government funded services, private GP clinics, and one community organisation that is conducting volunteer peer-led testing.

Data to date suggest that the trial has been extremely successful in addressing some of the concerns surrounding testing. Up to July this year we have performed more than 500 tests, with over 8% of participants reporting they have never previously tested for HIV. As would be expected, over three-quarters self-identified as homosexual/MSM. Overwhelmingly participants have told us that they find the tests less stressful than standard blood tests. Almost all clients have reported that they would test again using the oral kits, and that they would recommend the test to peers. The results seen are consistent across age groups, sexuality, and prevalence of sexual risk behaviours.

We find the results from this trial very encouraging. Were Australia to follow the USA and license rapid oral HIV tests, it may help address increasing HIV infection rates in MSM and others by enabling more frequent testing and, consequently, earlier treatment.
Monash Health is Victoria’s largest health care service and is proud to announce the successful commencement of its 2013 Aboriginal Nursing & Midwifery Cadetship. The Cadet position relates to the collaborative relationship between Aboriginal candidates studying in their undergraduate course and relevant services within Monash Health to provide culturally appropriate support and workplace experiences whilst they complete their studies.

During July 2013 we employed four Cadets who were enrolled in three different streams of undergraduate degrees: Bachelor of Nursing; Bachelor of Midwifery; and Bachelor of Paramedine/Bachelor of Nursing. The four Cadets work across the areas of delivery suite, paediatrics and the emergency department at Monash Medical Centre, Clayton. Each Cadet has been placed in a clinical environment that has been personally tailored to suite their personal and professional growth.

Initial funding was sought from the Closing the Health Gap in Victoria 2012-13 Training Grants Program issued by the Department of Health, Melbourne. This enabled the employment of a Project Manager and paid employment for the Cadets (2 days per week) for the duration of the Cadetship. It is anticipated that the Cadetship will provide comprehensive support to enable the Cadets to confidently enter the process of applying for Graduate Nurse Programs in 2014.

The Cadetship at Monash Health offers a unique program that is personally tailored to meet the needs of the Cadet. The Cadets have the opportunity to share their cultural knowledge and experiences with the organisation as they develop working relationships with colleagues. They also gain cultural experiences through participating in community events such as the August launch of the Monash Health Reconciliation Action Plan with the local Aboriginal Community.

Monash Health is committed to growing and supporting our Aboriginal nursing and midwifery workforce. The success of the Cadetship stems from this commitment which is evident in the support shown to the Cadets from CEO level through to each clinical area. In the words of one Cadet... “I am enjoying every minute of it!” (Kerry).

For further information regarding the Aboriginal Nursing & Midwifery Cadetship at Monash Health please contact: sarah.ong@monashhealth.org
Jessica Malone, Policy Officer, Women's Health Victoria

Women's Health Victoria launched The Labia Library in mid-September. The Labia Library is a website that is designed to equip women with information about the diversity of genital appearance.

Labia are the lips or folds of skin that sit on either side of the vaginal opening. Women have two sets of labia: the labia majora (outer labia) and the labia minora (inner labia). Increasingly, women are seeking cosmetic surgery to alter the appearance of their labia. Between 2000 and 2011, 3,000 Victorian girls and women accessed Medicare benefits to undergo labioplasty. We cannot be exactly sure how many of these were cosmetic procedures, there is no corresponding increase in vulval disease that could explain this increase.

After exploring this phenomenon in an Issues Paper on Women and Genital Cosmetic Surgery, we found that women who are seeking genital cosmetic surgery often talk about the desire to be “normal”. Our analysis suggests that female genital cosmetic surgery may actually be increasing because many people have no idea what healthy female genitals really look like.

Just like any other part of the body, women's labia come in all shapes and sizes. But they are hidden away - women's genitals aren't usually on display in public toilets and change rooms. Many women don't know how much variety there is and some have never even seen their own.

There are also a number of sociocultural factors that promote misconceptions about female genital appearance. These include:

- The prevalence of pubic hair removal among young women means that their vulvas are much more exposed than if they were covered in hair.
- Porn culture is also a consideration. Many porn actors have had labioplasties themselves and porn magazines are often airbrushed to remove visible labia minora and clitoris- the look they want is called a 'single crease'.
- There’s also an issue with the application of Australia’s Guidelines for the Classification of Publications 2005. Images of vulvas that appear in unrestricted publications (women’s magazines as well as soft core porn) are airbrushed to remove the labia and clitoris before publication. These are important sources of information about what’s normal, particularly for young women.

The Labia Library busts a few common myths about how normal labia look. It addresses common concerns around issues like labia size and shape, and provides advice to women who are worried about how their labia look. It also includes things to consider for women who are thinking about genital cosmetic surgery and equips women with media literacy around the images they see in magazines and pornography. There’s a photo gallery that shows just how unique everyone’s labia are. The photo gallery features images of 20 real vulvas from two different angles. The images are not altered in any way.

The website was developed with the input of young women and a range of professionals working in women’s health, including gynaecologists, psychosexual health specialists, sex educators and general practitioners.

Since its launch, The Labia Library has had over 43,000 visits. Results of the survey that we’re running on the site show that 95.3% of respondents have found the site useful, and that 86.8% were visiting for their own interest. We’ve received feedback from many women saying that they were worried about how their labia looked - some were even considering genital cosmetic surgery - and they are now completely sure that their genitals are normal. We’ve also had feedback from women and men of all ages, expressing how much the site has helped to inform their views about normality.

The Labia Library shows the diversity of female genitals in a way that is informative and factual, so women and men can draw their own conclusions about what’s normal. We’re hoping that The Labia Library will inform women before they resort to surgery. We’re also promoting the website as a resource to sex educators, as well as health professionals and beauty therapists, who are often the first port of call for women who are concerned about their genitals.
Chronic disease self-management in an urban Indigenous context: Let’s ‘Work it Out!’

Kyly Mills, Samara Dargan and Alison Nelson, Work It Out

Chronic diseases disproportionately contribute to the burden of disease in Australia experienced by Aboriginal and Torres Strait Islander people. Effective management of these conditions is fundamental to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation. Moreover, there is a need to design and implement programs which meet the unique needs of urban Aboriginal and Torres Strait Islander people.

The Institute for Urban Indigenous Health, the South-East Queensland community-controlled Aboriginal and Torres Strait Islander health organisation, has developed an innovative response to chronic disease self-management. Funded by the Department of Health and Ageing, ‘Work It Out’ (WIO) is a group program which adopts the holistic view of Aboriginal and Torres Strait Islander health and utilises an inter-professional allied health partnership approach to aid in chronic disease self-management within south-east Queensland. The program comprises an ongoing 12 week education cycle, with 45 minute education sessions delivered by exercise physiologists, occupational therapists, dieticians, psychologists, nurses, podiatrists, tobacco action workers, pharmacists and music therapists. This is followed by a one hour individually tailored exercise program developed by an exercise physiologist, in a group setting. Independent of the group sessions, clients have the opportunity to meet one-on-one with allied health professionals to aid in self-management strategies which are unique to their chronic condition.

The program began in 2011 at its maiden site of the Brisbane Aboriginal and Torres Strait Islander Health Service (ATSICHS) Woolloongabba and has been successfully implemented across five other sites - ATSICHS Woodridge, Kalwun Health Service Gold Coast, Moreton ATSICHS Morayfield, Yulu-Burri-Ba Capalaba and Moreton ATSICHS Strathpine. To date, over 250 Aboriginal and Torres Strait Islander people with/at risk of developing a chronic disease have engaged in the program, with approximately 60 clients per week attending on a regular basis.

An open and transparent research agenda runs alongside the program and fosters a mixed-methodology approach, with ethics approval through the University of Queensland. Recent analysis of blood pressure and blood glucose levels data collected over an approximate 18 month period shows promising and statistically significant decreases on both measures. In addition, preliminary evaluation of semi-structured qualitative interviews have shown encouraging results in increasing client knowledge of chronic conditions and motivation to empower self-management, as well as self-reported improvements in social and emotional well-being and general quality of life.

Significantly, the clients are the real ‘heroes’ in the ongoing success of the program. The program is an outcome of true community ownership and engagement in action and is strengthened through the continued advocacy clients have for the program. An unanticipated outcome of WIO is its creation of a genuine sense of community and family; it fosters a culturally safe space for clients to meet, share stories and provide support for each other on a weekly basis. These aspects point to its ongoing success and future sustainability, with a view to reach more locations. Ultimately, it is this approach to chronic disease self-management which aims to improve quality of life and decrease the need for high-cost interventions for this population, whilst allowing participants to continue to live well and interact fully in their urban communities.

“It’s like a meeting place, where everybody we all get along, we are basically interested in each other, we look out for each other, we encourage each other, and that is a really good thing...so it’s sort of like, an extended family you know,” Work it Out Client A.

“I have lost 10kg’s since Christmas and my blood sugar is better controlled...now I walk for an hour, and it doesn’t phase me, but before I had trouble walking for half an hour,” Work it Out Client B.

For more information email Samara Dargan at: samara.dargan@iuih.org.au
Dr Joe Hlubucek, Project Manager CAPHIA

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.

CAPHIA’s 2013 Teaching & Learning Forum was attended by over 60 participants from CAPHIA university members and attendees from a number of other universities and organisations, including State Departments of Health, The Australian Qualifications Framework (AQF) and The Australian National Preventive Health Agency.

The program covered topical subjects such as:
- Teaching and learning innovations
- European and Asia-Pacific Region public health accreditation developments
- Public Health, Tertiary Education Quality Standards Agency (TEQSA) and the AQF
- Massive Open Online Courses (MOOCs) - Manna or menace for Public Health education?
- Workshop on SWAT Analysis of Indigenous Public Health Integration Models

The Forum was opened with an invited address by Professor Jane den Hollander, Vice-Chancellor & President, Deakin University. The Vice-Chancellor helped set the scene for the Forum by highlighting the importance and speed of the digital revolution and how new technologies are changing education delivery and access to global markets. Social media had also enabled Deakin University researchers to access Crowd Source funding for eight new projects which were unlikely to attract funding from traditional sources, but came from 300 contributors who are keenly interested in the outcomes.

There were many creative teaching approaches shared which used cloud, mobile and social media learning technologies, and one example from the University of Queensland in which the classroom was flipped and replaced by individual and group activities to meet student requests for work on more real life examples.

The role of MOOCS for online and global outreach was highlighted by the approaches from leading universities such as Deakin and the University of Melbourne.

Another topical subject was course accreditation for public health courses with experts from TEQSA and the AQF available to outline requirements and answer questions. We were also fortunate to hear from our invited speaker, Professor Bettina Borisch, from the University of Geneva and also Head of the Secretariat for the World Federation of Public Health Associations on public health accreditation and other developments in Europe. This was complemented by a presentation from Professor Catherine Bennett, Deakin University and CAPHIA President, on voluntary accreditation trends in the Asia-Pacific region being championed by the Asia-Pacific Academic Consortium for Public Health (APACPH).

The Public Health Indigenous Leadership in Education (PHILE) Network organised a Forum Workshop to launch the first three evaluation reports on integration of Indigenous public health teaching in core programs at Australian universities. The reports showed the different approaches by the universities and identified several forms of best practice, ranging from dedicated subjects or specialised streams to consistent inclusion of content throughout the course.

The feedback from the forum program was very positive. It included some useful suggestions for topics for the next forum such as IT and other approaches for concurrent delivery to international students; successful collaborations between staff, students and the work place; and research opportunities from teaching practice.

The forum program with abstracts for the papers and links to the PowerPoint presentations are available from the CAPHIA website at www.caphia.com.au
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16