Sidney Sax Public Health Medallist for 2013
Professor Caroline de Costa

By Danette Langbecker, PHAA Queensland Branch

Each year the Public Health Association of Australia bestows the Sidney Sax Public Health Medal to an individual 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. As announced at the recent PHAA 42nd Annual Conference, the Sidney Sax Public Health Medal for 2013 has been awarded to Professor Caroline de Costa. The PHAA-QLD Branch Executive nominated Professor de Costa for this award and we are delighted that her outstanding contribution particularly in the areas of abortion law reform, the reproductive health of Indigenous and migrant women, and workforce issues for women has been recognised.

PHAA-QLD has collaborated with Professor de Costa for many years through the group, ProChoice Queensland, a collection of health and women’s rights organisations who advocate under one banner for abortion law reform in Queensland.

Professor de Costa’s contributions to this public health area include abortion advocacy, law reform, improved abortion services, destigmatisation of societal views of abortion, and research into clinical and societal aspects of abortion provision in Australia. Professor de Costa has worked tirelessly to advance and raise awareness of abortion, promoting evidence-based information, and advocating both to reduce the inequity caused by lack of access and to destigmatise abortion. She was fundamental in the campaign to overturn the Harradine amendment in Federal Parliament (2005-2006), changes to Queensland abortion law (2009) and decriminalisation of abortion in Victoria (2008) and Tasmania (2013, a work in progress).

Professor de Costa has advocated to ensure abortion is included in the curriculum for Australian medical students and specialist obstetricians/gynaecologists of Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Pivotaly, she was co-investigator on a pilot program which saw the use of TGA Authorised Prescriber legislation to import and use mifepristone (RU486) in Cairns, which resulted in over 180 doctors being able to prescribe it, and in the successful TGA application for Marie Stopes International to market the drug nationally.

Continued on next page
Professor de Costa’s public health commitment extends to the reproductive healthcare of Indigenous women. In her professional work, Professor de Costa has provided specialist obstetrics and gynaecology services for Indigenous women in NSW (1992-1998) and in Queensland (from 1994). Pivotal to this was the establishment of the first specialist obstetrics and gynaecology clinic at the Aboriginal Medical Service in Redfern, Sydney. This professional interest fostered a personal interest in improving the health of Indigenous women and their babies. Her work into foetal alcohol syndrome advanced community awareness, and has been used to develop and inform programs designed to minimise harm from foetal alcohol syndrome.

Professor de Costa’s work in women’s health has extended to recently-arrived immigrant women. She established dedicated antenatal clinics for women from the Middle East and South East Asia. It is now normal practice to provide interpreters, health workers and other assistance for these women, who were previously often presenting late, or not at all, for antenatal care. Professor de Costa also helped to establish counselling services for couples and young women in these communities to inform them about possible congenital anomalies in the offspring of consanguineous marriage, to help them make informed choices. Professor de Costa performed this work as a member of the NSW Maternal Mortality Committee and numerous subcommittees for 15 years, establishing perinatal mortality and morbidity recording systems which were adopted for use throughout Australia. She advocated for the incorporation of midwives into standard antenatal care in New South Wales to improve the care of women, a practice which has been adopted across Australia. Importantly, this public health knowledge has been translated into practice, with Professor de Costa working with RANZCOG to increase the proportion of women admitted to the specialist training program.

It is not an understatement to say that Professor de Costa’s work in women’s health, particularly in the area of abortion, has been critical in shaping this important Australian public health issue. PHAA-QLD are delighted that our nomination of Professor de Costa for this award was successful, and that Professor de Costa’s vital work is receiving recognition that is so justly deserved.

### Previous Sidney Sax Public Health Medallists

- 2012 Hon. Nicola Roxon MP
- 2011 Professor Mike Daube
- 2010 Medal not awarded
- 2009 Professor Stephen Leeder
- 2008 Professor Simon Chapman
- 2007 Patricia Anderson
- 2006 Professor D’Arcy Holman
- 2005 Dr. John Scott
- 2004 Associate Professor David Legge
- 2003 Professor Annette Dobson
- 2002 Professor Judith Lumley
- 2001 Professor Mary Sheehan
- 2000 Dr. Neil Blewitt

Next Edition

PHAA Mentor of the year Award, PHAA Fellow and other Awards
By Peter Tait, Ecology & Environment SIG

On Wednesday 18th September, at the University of Melbourne, the joint PHAA Climate and Health Alliance (CAHA) film, The Human Cost of Power, was launched. As one of the outputs from the Energy Choices and Health project on which we are collaborating with CAHA, this film features several prominent doctors and experts summarising the evidence for the adverse effects of fossil fuel use.

The Melbourne launch was followed by a lively Q&A session. Many of the over one hundred audience members interacted with the panel comprising the science journalist Alexandra de Blas, along with Dr Jacinta Morahan, psychiatrist - who lives next to the Anglesea mine and power station in Victoria, Dr Jeremy Moss, philosopher, David Karoly, climate scientist, and Cam Walker, Friends of the Earth.

Further launches and showing will be happening in cities and large towns around Australia over the coming months. Branches will be kept abreast of these and members are invited to attend.

As Ian Lowe said at the close of proceedings: “we need to subject fossil fuel corporations to capital punishment; that is stop their capital”.

Delegates will be regularly checking and updating Twitter throughout the day. By using the hashtag #FASD2013, you can make comments and give feedback throughout the conference.

Visit our website for more information at: www.phaa.net.au
The Doctors for the Environment, Australia (DEA) founder and Honorary Secretary, Professor David Shearman from Adelaide, was presented with the inaugural Tony McMichael Public Health Ecology and Environment Award (TMPHEEA) at the PHAA annual conference dinner on September 18th before hundreds of guests, including last year’s Sidney Sax Medal recipient Nicola Roxon.

The award was created by the Ecology and Environment Special Interest Group for two reasons. Firstly, to acknowledge and celebrate the life and work that Tony McMichael has contributed to understanding human interactions with the ecosystem, and the need for protecting its role in making human society possible.

Secondly the Award is to recognise and appreciate the achievements of a person, not necessarily a PHAA member, who has made a significant, discernible contribution in the combined domains of public health and ecology or environmental health, consistent with the aims of the PHAA and the EESIG.

David Shearman has indeed done this. Besides being a long term member and President of the SA Conservation Council, an IPCC third and fourth assessment reports contributor, author of several books and countless articles on health and the environment, he is a quiet, unobtrusive, gentle mover and shaker within the corridors of parliament and power. He works closely with all parties to get the message of the importance of the environment for human health across to decision makers.

As his proposers summed up in their nomination: “[his] leadership in Doctors for the Environment, and as a physician and citizen, has contributed to improving the health of generations through protection of the environment. David’s energy, commitment, tenacity and advocacy skills have achieved a great deal.”

In his acceptance speech, David made it clear that his achievements are not his alone; he is a member of a large and very hard-working, committed team. A humble man, he usually eschews awards and only accepted this one for his team. He is encouraged by younger members joining DEA, and is cognizant of their responsibility for getting humanity onto the right track.

Both he, and Tony in making the award, spoke of the need for the PHAA to be more active in the area, to avert dangerous environmental change.

Health in All Policies PhD Scholarship

The Southgate Institute for Health, Society and Equity and Flinders University are offering a three-year PhD scholarship for full-time research on an NHMRC funded project entitled ‘Does a Health in All Policies approach improve health, well-being and equity?’

The scholarship is open to Australian citizens and permanent residents. It is available to start as soon as a suitable candidate can be appointed.

For further information please refer to the attached flyer or contact Toni Delany on toni.delany@flinders.edu.au or 08 7221 8466
Elimination and even eradication of some infectious diseases is a feature of many global health initiatives this decade. For some diseases it is finishing off an agenda – like poliomyelitis, lymphatic filariasis, dracunculiasis, leprosy and onchocerciasis; for others it is trying again – like malaria; and others who have started the long path towards eliminating the globe of the diseases such as measles, neonatal and maternal tetanus, trachoma and Chaga’s disease. A common theme that is raised in articles and reviews on these efforts is how to sustain commitment to “get the job done”: political commitment, financial commitment, health sector commitment and community commitment.

The Australian Government has shown leadership in supporting the global effort to control and eliminate malaria. One of the initiatives they support, across a broad portfolio is the Asia Pacific Malaria Elimination Network (APMEN www.apmen.org). The Secretariat for this country led network is jointly held by the University of Queensland School of Population Health and the University of California, San Francisco (UCSF). APMEN is composed of 14 Asia Pacific Country Partners (Bhutan, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Malaysia, Nepal, The Philippines, Republic of Korea, the Solomon Islands, Sri Lanka, Thailand, Vanuatu and Vietnam) that are pursuing malaria elimination, as well as regional partners from the academic, development, non-governmental and private sectors and global agencies, including the World Health Organization (WHO).

Recognising the challenges of sustaining commitment and financial allocations to the pre-elimination phase (targeting the remaining pockets of local malaria transmission), reaching elimination and maintaining elimination through preventing re-introduction of malaria, APMEN country partners identified the development of advocacy skills and tools as a priority activity for 2013. Recently APMEN held the first of the capacity development activities in the region to develop advocacy for malaria elimination.

Six of the countries in the network, who are progressing towards elimination, and/or may lose eligibility of Global Fund financial assistance due to middle income status (and low malaria burden), attended a three day workshop in Manila. Supported by facilitators from; Global Health Partners; Pilipinas Shell Foundation, Inc. ACTMalaria; Asian Development Bank, Malaria No More, Center for Communication Programs at Johns Hopkins Bloomberg School of Public Health, WPRO, Global Health Group (UCSF)and the APMEN Secretariat team at the University of Queensland. The workshop presented a programme that was skills based and covered issues such as: understanding the malaria elimination landscape, lessons learnt from other disease elimination advocacy efforts, making public-private partnerships work, working with the private sector, performing stakeholder analysis, developing successful advocacy tools, developing a communications plan, campaigning for social mobilisation and resource mobilisation, local level advocacy approaches, and monitoring and evaluation of advocacy strategies and activities. Each of the six APMEN country teams has developed an advocacy plan for the next six months. Progress and resulted will be reported to other APMEN countries at the 2014 APMEN Annual Meeting. Remaining APMEN countries will be invited to attend advocacy workshops in the next 12 months.
The Gympie Project for Aboriginal and Torres Strait Islander Young People’s Sexual Health, Relationships and Wellbeing

By Jo Stewart, Coordinator of Sunshine Coast Projects, Family Planning Queensland

Family Planning Queensland (FPQ) is committed to developing innovative and collaborative responses to community-identified needs. The Gympie region has high sexually transmitted (STI) infection rates and a dearth of sexual health-specific services offering education and support in the area of sexual and reproductive health, particularly among Aboriginal and Torres Strait Islander young people. Since the project commenced, a new sexual health service has opened, which is a wonderful addition to the health service landscape in the region.

Thanks to a generous partnership with Sunshine Coast Medical Local and, in collaboration with Gympie and statewide Aboriginal and Torres Strait Islander community organisations, The Gympie Project for Aboriginal and Torres Strait Islander Young People’s Sexual Health, Relationships and Wellbeing was born.

The Gympie Project (as it is called for short) included a range of professional training and community workshops for a wide range of people who can make an impact on young people’s health, including general practitioners, nurses, school based youth health nurses, foster carers, girls and Aunties, youth workers, disability workers and a range of other community partners. The Gympie Project used a culturally appropriate, holistic community development approach. Community development models are the most appropriate pathway to achieving successful sexual health campaigns within Aboriginal and Torres Strait Islander communities.

The project activities were diverse and far-reaching. They included everything from a workshop for about 30 children and young people at the Well Persons’ Health Check Day in Gympie to a weekend camp for girls and Mentors held at Cobb & Co Nine Mile Camping Ground in collaboration with Cooloola Aboriginal Services Inc and Community Solutions. Kym Kay, Assistant Project Officer provided informal sexuality education to girls (Elders and others) at the camp. A Yarnin’ Together Without the Shame workshop, was held at Gunabul Homestead in Gympie, for 29 community workers and two partnering forums including several Elders in attendance took place to promote better linkages and networking. In addition, health and other professionals participated in training, including Nationally Recognised Training for 16 participants at the TRACC foster carer service in Gympie; Clinical Training for health professionals at Gympie Conference Centre, including Contraception and STI Update workshop with 11 doctors, five nurses and two health workers, and Adolescent Sexual Health workshop with five doctors and four nurses. FPQ’s renowned Traffic Lights framework for sexual behaviours in children and young people was presented at a workshop for 15 community workers, and one workshop for five Aboriginal and Torres Strait Islander parents of children, as well.

As a result of this five month pilot project and associated activities, there is now a network of about 90 individuals/organisations who are regularly contacted about events related to improving sexual health outcomes for young people in Gympie.

This project has resulted in many formal and informal conversations about sexual and reproductive health; about how it relates to healthy relationships and keeping children safe from sexual abuse. This yarnin’ has been happening in many areas of the Aboriginal and Torres Strait Islander community of Gympie including Elders, parents and carers, community workers, school staff, doctors, nurses, organisations and of course with children.
The Gympie Project for Aboriginal and Torres Strait Islander Young People’s Sexual Health, Relationships and Wellbeing

Continued from previous page

and young people. Yarnin’ helps to reduce shame, thus breaking down barriers and encouraging young people to seek help when they need it.

The University of the Sunshine Coast evaluated the project to ensure that outcomes of this project are monitored and recommendations are made for future work in this area.

The findings indicate that the project has made progress in developing support for community workers in the area of Aboriginal and Torres Strait Islander young people’s sexual health. The Gympie Project should be considered for longer term investment to ensure the continued development of connections and partnerships between community health organisations and the continued involvement of all levels of the community.

We know that ongoing funding streams coupled with routine evaluation of the success and lessons learnt from sexual health promotion activities are vital to enable community development programs to be sustainable. Ultimately, it is through creating and sustaining partnerships, networks and connections, between community health workers in the Gympie area, that reductions in STI notifications will be possible.

My experiences of Public Health Association of Australia (PHAA) Conference Melbourne 2013

By Wayne Pelling, RN BA BHlthSci(Nursing) MPHC

I found PHAA Conference 2013 to be a refreshing and challenging experience. It was a time of refreshment, as it allowed me to see the world beyond the silo of my everyday practice in aged and community care. It provided time for me to network with people who are passionate about healthy outcomes for the people they work with.

I was especially inspired by those working in Indigenous health; Bruce Simmons and Vicki Gordon working in Alice Springs, respectively in dentistry and remote area nursing; Cheryl and her colleagues completing their traineeship in Aboriginal public health in Sydney; and Melissa Haswell teaching in the Indigenous studies stream of the MPH.

The sessions by Patsy Burke, Sue Green and Lara Harvey, on falls prevention programs, showed how keeping older people active reduces falls and maintains their ability to live within the community. I have already shared this information with my colleagues.

At the session on climate change and health, Bruce Simmons presented our group’s ideas, and he made reference to a person-centred care approach in his practice. I usually hear that term within the context of aged care and disability. I was reminded that this approach is not the preserve of just one sector.

The conference also presented some of the challenges currently being tackled:

Sharon Frier’s presentation described how to work with communities and government policy in order to bring about change. Darren Hogget’s presentation discussed how people, in the abyss of poverty, and as recipients of welfare, were punished by economic policies and these did nothing to promote access and equity. Gandhi’s

Continued on next page
My experiences of Public Health Association of Australia (PHAA) Conference Melbourne 2013

Continued from previous page

comment that “poverty is the worst form of violence” came to mind.

The sessions on Indigenous health—especially on acute coronary diseases and eye health, reminded me that the challenge for health practitioners is to ensure that the gap between Indigenous and non-Indigenous health is eliminated—hopefully sooner than later. (Perhaps a year in remote communities for optometry/ophthalmology graduates would be a start!!).

Peter Trebilco’s presentation on the possibility of a new public health in the light of climate change included the challenge that we need to live in and work with our environment. Ignorance and political spin are inadequate and dangerous when facing the consequences of extreme weather events or the social isolation brought about by reliance on roads and the ever polluting fossil fuels, rather than developing sustainable means of transport-public and private.

The English poet John Donne, in one of his meditations, spoke about being involved with humanity. The PHAA Conference 2013 certainly reflected this.
Healthy Liver Brekkie at Tranby

By Allison Plenk, Uniting Care

Last Friday saw Tranby clients indulging on a grand cuisine of omelette, fruit salad and pastries, bread rolls and fresh orange juice; a healthy breakfast kindly hosted by Hepatitis WA. It was Hepatitis Awareness Week and the WA foundation visited a number of community services agencies to give out information and encourage people to get a blood test.

"Hepatitis means the liver is inflamed" Support Worker Kim from Hepatitis WA explains. She and her colleague set up a stall inside Tranby early in the morning and spoke to numerous individuals about the disease; how you can get infected and why they should get tested.

Approximately half a million people in Australia are living with chronic viral hepatitis B and C. Hepatitis C only spreads through blood to blood contact. This can occur when sharing needles, razors or even a toothbrush with someone who has been infected. Another high risk situation is when you get a tattoo or piercing. "These days there is a lot of backyard tattooing going on" Kim explains "people buy a tattoo gun from the net and do it at home themselves and then share the equipment amongst mates." However, "in Australia the number one cause of hepatitis infection is drug abuse."

The trick with hepatitis is that there are virtually no recognisable systems. So why should someone who identifies as at risk take action? "Over time the liver may get scarred (fibrosis) and this may eventually result in more serious ailments such as liver cirrhosis and cancer. Hepatitis is the number one reason for liver transplants in Australia" Kim explained.

Kim’s main message for visitors was "to get tested with the Tranby doctor if they feel they might have been exposed either through the sharing of injecting equipment or other high-risk activities such as unsterile tattooing or piercing; additionally people with Indigenous heritage are over-represented in regard to viral hepatitis." Her main message to staff is "you don’t get it from shaking hands or a cough, it’s not transmittable like that, but be extra careful when exposed to blood."

PAMPER THE FAMILY

Uniting Care West’s Aboriginal Family Respite Service (AFR) offers a break for families who are affected by mental health. Families living in the Northern suburbs are welcomed at the Aboriginal Evangelical Church in Balga to relax and socialise every second and last Tuesday of the month. They have the opportunity to get pampered with a massage, foot reflexology or a haircut.

Last Tuesday, the activities included art supplies so children could paint, traditional cooking and music to celebrate NAIDOC Week. AFR Community Support Worker Michelle Albanese was making kangaroo stew. A participant named Ruby was making a damper which is traditional bush bread made of seasonal grains and seeds.

AFR is available to any family that has one member living with mental health problems. There is a non-intrusive screening process for the family; many have suffered from trauma. Counsellors are available on site if visitors wish to make use of the service; however, Michelle finds that after people become comfortable with the staff and environment, you eventually learn everyone’s story.

AFR is not only an opportunity to socialise, but for the UCW team to promote mental and physical wellbeing. Families are offered healthy food and given the chance to unwind. It is an opportunity for people to build their self confidence. Michelle is used to seeing the same faces, so she knows that the program has a positive effect, otherwise the same families wouldn’t be coming back again and again.

THINK.EAT.SAVE

Think.Eat.Save is the theme for this year’s World Environment Day. Think.Eat.Save is an anti-food waste campaign that encourages you to reduce your “foodprint”. According to the UN, every year 1.3 billion tonnes of food is wasted. This is equivalent to the same amount produced in the whole of sub-Saharan Africa. At the same time, one in seven people go to bed hungry and more than 20,000 children under the age of five die from hunger every day.

Continued on next page
Healthy Liver Brekkie at Tranby

If food is wasted, it means that all the resources used in the production of all the food are also lost. For example, it takes about 1,000 litres of water to produce one litre of milk and about 16,000 litres goes into a cow’s food to make a hamburger. The resulting greenhouse gas emissions from the cows, and throughout the food supply chain, all end up in vain when we waste food.

Food Rescue attempts to reduce food wastage and alleviate hunger by rescuing surplus, perishable, edible food and distributing to 35 charities in Perth. Show your support for Food Rescue by liking them on Facebook or following them on Twitter.

A day in the life of... Clondic and Aggie

Clondic and Aggie work as Outreach Workers for Street to Home. They engage with people living rough, people who have fallen through the cracks and might otherwise not access services. Here, Aggie and Clondic tell us a little about what they do on a daily basis. The program is a collaboration between several agencies” Clondic explains. “It consists of Outreach Workers, Mobile Mental Health Workers and Housing Support Workers. Together we are Street to Home”.

As Outreach Workers they walk through the city, some days as early as 7am, others as late as 8pm. They start by chatting with potential clients and inviting them to Tranby for breakfast. Sometimes they just hand out jackets and rugs. The first aim is to win the client’s trust so they can do an initial assessment. During assessment they identify issues and develop a case plan.

Clondic enthusiastically shares one of her clients’ successes. “When I first met her, this particular lady was walking around with bags and her four year old daughter. During assessment we established the issues that caused her to be in this situation; a history of depression and attempted suicide, she described herself as the black sheep of the family. She needed the assistance of a doctor and was homeless as she had recently been thrown out by her sister. Despite this hardship she kept her daughter with her.”

Together with the Assessment Officer, Clondic developed a case management plan and secured the women accommodation. “We organised help with paying rent and bills as well as financial counselling. The little girl now goes to school and the Mum is in a stable situation.”

Aggie shares how recently she came across a 74 year lady who was sleeping in her car in the middle of winter. The lady had severe health problems and was breathing with the help of an oxygen tank. Within a week she was set up in a unit, thanks to the collaboration of many agencies. “Seeing someone at their most vulnerable and then seeing them grow is the most beautiful thing” Aggie explains. “It is a tough job, but the challenge drives me, even from the concrete something beautiful can grow” Clondic laughs. “When you get a ring from someone and they say – I didn’t think that I could get to this point – it is the most beautiful thing when they reach their goal”.

The best thing of the day, according to Clondic and Aggie: Love and Laughter, with clients and colleagues. It kind of sums up what these two are about – sharing the love with a laugh. Thanks for sharing ladies, the world already is a better place thanks to the two of you!

Hepatitis WA is available for support and is happy to come out to talk about the subject. You can contact Kim through support@hepatitiswa.com.au
‘Social and cultural context of managing type 2 diabetes in migrant women from Fiji living in Queensland’.

By Heena Akbar, PhD Researcher, Queensland University of Technology

My name is Heena Akbar and I am currently undertaking my PhD at the Queensland University of Technology on a topic which I am very passionate about – ‘Social and cultural context of managing type 2 diabetes in migrant women from Fiji living in Queensland’.

As a young person in Fiji I stayed with my parents and three siblings and my dad who worked at the Fiji Sugar Corporation. We were lucky to have lived in five different towns where I went to eleven schools for my primary and secondary education. I came to Brisbane to study at QUT in 1991 and have lived here ever since after meeting my husband and being blessed with twins who are now 16 years of age.

My dedication to this PhD has its roots in my family story and my love for Fiji. Like many of us living overseas, I love my island homeland and the wonderful people of Fiji. We all try to give something back in our own way. In my case our family have been affected by diabetes, a very common condition in the Pacific Island countries. Diabetes is in epidemic proportion in Fiji. “1 in 3” (30%) people in Fiji have diabetes compared to five percent of Australians with diabetes. A recent survey has shown 41% of the adults over 40 years have type 2 diabetes. Type 2 diabetes is much higher in females (59%) compared with males (41%) and with majority of the women diagnosed within the age of 50 - 59 years. Deaths from diabetes is also common. My immediate family have been affected by it. In particular, I lost my dear grandmother from this devastating condition when she was only 50 years old, having had diabetes for 13 years without being diagnosed.

The question of why I am concentrating my study on women is often asked. The answer is simple... “women are the ones who care and cook for their families. They look after everyone and often put themselves last. At the same time they have the greatest opportunity to influence healthy behaviour in the family and to make changes that will have a positive effect for all. This is the very reason why I am doing my doctorate study about women with diabetes for I believe we have a lot to learn, share and work together to build, promote and make sure that our women and children have a chance to live a longer healthy life. As a community, we can work together to promote health for women” (Forum speech, 2013).

QUT and Diabetes Queensland have awarded me a scholarship which has now allowed me to study full-time. Since beginning of my study last year I have met so many wonderful women from Fiji who are now resident in Queensland. Australian data and my own experience from conducting individual and group interviews has confirmed that this problem persists in the community, despite chronic disease education programs available in Queensland.

Recently with the strong support of the Pasifika Women’s Alliance and various NGO and government program coordinators in Brisbane, we hosted a “Pasifika Women’s Diabetes Health Forum” which was attended by approximately sixty women representing from various Pacific Island nations. The forum, opened by the Queensland member for Inala Hon Annastacia Palaszczuk, involved educational sessions, health checks and small group discussions which will contribute valuable information to the research.

My hope is that this study will not only contribute to helping women from Fiji living in Queensland better manage their diabetes, but also be translated to the Fiji situation and assist people living in Fiji. In the long term, studies such as this should enable us to be better informed, ensuring our children are less likely to suffer from problems associated with diabetes.

My dream is one day to return to Fiji in some capacity to contribute back to the country that is so much a part of me.
Photos from the PHAA 42nd Annual Conference

Left: The Hunter New England Health Group

Below: from left, James Chauvin, Michael Moore and Michelle Chauvin

Above: Joanne Walker and Heather Yeatman

Above: Vanessa Lee, Ray Mahoney & Leanne Coombe

Left: Donna Ah-Chee, John Boffa & John Lowe

Continued on next page
Photos from the PHAA 42nd Annual Conference

Continued from previous page

Left: Kristy Sanderson & Michael Smith

Above: Cheryl Hutchins, Helen Keleher & Tony McBride

Above: Vilma Palacios & Sharon Nowrojee

Above: Kaylash Juggernauth & Adrian Hepi

Right: the Hon Nicola Roxon
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

Sponsorship

The Public Health Association Australia Inc. wishes to thank the following organisations for their support to our PHAA 42nd Annual Conference
Office Bearers

SIG Convenors

Aboriginal & Torres Strait Islander Health Co-convenors
Jessica Stewart: jess.stewart.m@gmail.com
Vanessa Lee: vanessa.lee@sydney.edu.au

Alcohol
Mike Daube: M.Daube@curtin.edu.au

Child Health Co-convenors
Elisha Riggs: elisha.riggs@mcric.edu.au
Colin Macdougall: Colin.macdougall@flinders.edu.au

Ecology and Environment
Peter Tait: aspetert@bigpond.com

Evidence, Research & Policy in Complementary Medicine
Jon Adams: jon.adams@uts.edu.au

Food & Nutrition Co-convenors
Simone Braithwaite: skbraithwaite@gmail.com
Helen Vidgen: h.vidgen@qut.edu.au

Health Promotion Co-convenors
Justine Leavy: J.Leavy@curtin.edu.au
Emma Croager: ecroager@cancerwa.asn.au

Immunisation Co-convenors
Angela Newbound: Angela.Newbound@yahoo.com
Michelle Wills: mwills@amlalliance.com.au

Injury Prevention Co-convenors
Richard Franklin: richard.franklin@jcu.edu.au
Patsy Bourke: Patsy.Bourke@hnehealth.nsw.gov.au

International Health
Jaya Earnest: j.earnest@curtin.edu.au

Justice Health Co-convenors
Tony Butler: tbutler@nchecr.unsw.edu.au
Stuart Kinner: s.kinner@unimelb.edu.au

Mental Health Co-convenors
Michael Smith: mikejohnsmith@hotmail.com
Kristy Sanderson: Kristy.Sanderson@utas.edu.au

One Health (Zoonoses) Co-convenors
Martyn Jego: jeggo.martyn@gmail.com
Julia Landford: julia.landford@gmail.com

Oral Health Co-convenors
Bruce Simmons: simmonsbruce@hotmail.com

Political Economy of Health
Deborah Gleeson: d.gleeson@latrobe.edu.au

Primary Health Care Co-convenors
Rachel Tham: rachel.tham@monash.edu
Jo Walker: jojowalker@bigpond.com

Women’s Health Co-convenors
Catherine Mackenzie: catherine.mackenzie@flinders.edu.au
Louise Johnson: ljjohnson@varta.org.au

The Board

President
Heather Yeatman: hyeatman@uow.edu.au

Vice President - (Policy)
Marion Carey: marion.carey@monash.edu

Vice President - (Development)
Yvonne Luxford: yvonne@palliativecare.org.au

SIG Convenors’ representatives
Jaya Earnest: j.earnest@curtin.edu.au
Richard Franklin: richard.franklin@jcu.edu.au

Branch Presidents’ representatives
Russell McGowan: lazarusss@bigpond.com
Ingrid Van der Mei: Ingrid.vanderMei@utas.edu.au

ANZJPH Editors

Editor in Chief
John Lowe: jlowe@usc.edu.au

Senior Editor
Roderick McClure:
Rod.McClure@monash.edu

Editors
Priscilla Robinson: priscilla.robinson@latrobe.edu.au
Alistair Woodward: a.woodward@auckland.ac.nz
Anna Ziersch: anna.ziersch@flinders.edu.au
Lin Fritschi: Lin.fritschi@uwa.edu.au
Sandra Campbell: SandraKaye.Campbell@unisa.edu.au

Branch Presidents

ACT Russell McGowan: lazarusss@bigpond.com
NSW Devon Indig: d.indig@unsw.edu.au
NT Clive Rosewarne: chrisandclive@bigpond.com (Acting)
QLD Sara Gollschewski: s.gollschewski@qut.edu.au
SA Rebecca Tooher: rebecca.tooher@adelaide.edu.au
TAS Ingrid Van der Mei: Ingrid.vanderMei@utas.edu.au
VIC Bruce Bolam: bbolam@vichealth.vic.gov.au
WA Emma Croager: ecroager@cancerwa.asn.au

Chief Executive Officer
Michael Moore: ph (02) 6285 2373
mmoore@phaa.net.au
intouch

Advertising Rates

Advertising Rates
1/4 page $100
1/2 page $150
Full page $200

PDF format preferred but PHAA staff can prepare your advertisement (rate of $20 p/h)

Conference listing (5cm column)
up to 5 lines $35
up to 10 lines $58

after booking, email to Vicki Thompson publications@phaa.net.au

If further information is required please contact PHAA via email: publications@phaa.net.au

or phone 02 6285 2373

New Members for August/September 2013

NEW SOUTH WALES
Dr Rex Pais Prabhu
Ms Catherine Henry
Dr Rohan Lal
Ms Sally Moore
Mental Health Association NSW
Ms Zara Plummer
Mrs Kelley Whitty

WESTERN AUSTRALIA
Miss Leisha Aberle
Ms Yvonne Chatsala
Mrs Ladawan Lane
Miss Ashlee Potocznyj

QUEENSLAND
Dr Caroline Harvey
Miss Anita Edney
Ms Mahdis Daniali
Mr Lachlan Graydon
Miss Abbey Notley
Ms Valerie Obare
Ms Sylvia Louise Ramsay

SOUTH AUSTRALIA
Miss Anne Schaefer
Ms Antoinette Marie Wade
Ms Natalie May

VICTORIA
Ms Sharon McHale
Dr Anneliese Gillard
Ms Michele Braid
Miss Miriam Henderson
Ms Sarah Meiklejohn
Mr Atemthi Dhiu Dau
Ms Jaklina Michael
Ms Kelsey Dalton
Dr Elizabeth Enoh-Tanya
Ms Melanie Gibson
Dr Md Nazmul Karim
Ms Medha Kumar
Mrs Joanne Lane
Mrs Melissa Mialon
Dr Miranda Smith

AUSTRALIAN CAPITAL TERRITORY
Mr Mark Braybrook

TASMANIA
Ms Michelle Kilpatrick
Ms Kira Patterson

OVERSEAS
Dr Sethunya Matenge USA

Editors: Jacky Hony & Pippa Burns

Articles appearing in intouch do not necessarily reflect the views of the PHAA but are intended to inform and stimulate thought, discussion and comment. Contributions are welcome and should be sent to:

The Publications Coordinator, intouch, PHAA
PO Box 319, Curtin ACT 2605, or email publications@phaa.net.au

How to join PHAA
ONLINE MEMBERSHIP is available at: www.phaa.net.au
or enquiries to:
Membership Coordinator, PHAA
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
email: membership@phaa.net.au