Addressing zoonotic and emerging infectious disease threats through education reform
One Health SIG News

Martyn Jeggo, co-convener One Health SIG

A PHAA Special Interest Group on "One Health" was established in 2011. One Health is focused on a multidisciplinary and multi-sectorial approach to managing the risks from infectious diseases. It recognises that some 75% of new infectious disease arises in animals, including wildlife. Effectively understanding and responding to these risks requires contributions from the medical profession, from animal health experts, from wildlife specialists and ecologists and from environmentalists and social scientists. This approach is relevant to research activities, to policy development and to operational activities involving all aspects of infections and their treatment that arise in animals but infect or threaten humans.

The One Health approach is gaining momentum around the world with many countries re-organising their health support systems (both animal and human) to align more closely with the concepts of a one health (multi-sectorial) approach. At the international level, the World Health Organization (WHO), the Food and Agricultural Organization (FAO) and the World Organization for Animal Health (OIE) signed an agreement to align many of their activities under a coordinated One Health framework. Australia hosted the first international Congress on One Health in 2011 and there have been a variety of initiatives in Australia to develop a One Health approach to a many of our infectious disease challenges.

One key element of progressing a One Health approach lies in ensuring that both graduate and post graduate education and training incorporate in the interdisciplinary principles and practices of One Health. This should ensure that our next generation of health professionals can effectively respond to an increasingly challenging public health threat.

The ANU National Centre for Epidemiology and Population Health, a part of the ANU College of Medicine, Biology and Environment has agreed to co-host a One Health SIG Workshop on the October 24/25. Entitled "Pathways to Developing One Health as a Graduate and Post Graduate Discipline" it will explore the critical components of such training.

The program will start with an outline of the major aspects of One Health and then use a series of case studies around specific diseases where a One Health approach has clearly added value and benefit. This will provide a framework for discussing the critical skills and knowledge that support such an approach and how best to invest these in both graduate and post graduate education and training.

It is anticipated that there will be around 50 participants including veterinarians, epidemiologists, doctors, researchers, policy makers, and veterinary and medical
Addressing zoonotic and emerging infectious disease threats through education reform

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students. It will be important to include representatives from veterinary and medical schools and other educational institutes who may wish to introduce a One Health component to their curriculum.

It is expected that the workshop will conclude with a series of recommendations to go to the next PHAA AGM for endorsement and forwarding to academic and policy making agencies.

For those wishing to attend and contribute, a public announcement for registration will be made shortly through the PHAA but direct contact can be made to the co-conveners of the One Health SIG, Julia Landford (julialandford@gmail.com) or Martyn Jeggo (Jeggo.martyn@gmail.com).

Vale Bob
Robert MacLennan 1931-2013

Adele Green, Queensland Institute of Medical Research

We lost one our most experienced and dedicated practitioners of public health and epidemiology in Australia with the passing of Bob MacLennan on March 17, 2013. Bob’s professional life was an odyssey: from Papua New Guinea to Europe, South America and Asia, Sydney and finally home to Brisbane as a Senior Principal Research Fellow at the Queensland Institute of Medical Research (QIMR) till retirement. His personal life was a parallel cultural odyssey: Bob’s love of music and art was matched by his passions for gastronomy and food history.

Educated in Brisbane, Bob became a medical student at the University of Queensland and also the driving force in the University’s Music Society (QUMS). A chance ballot-draw led Bob, still a student, to Papua New Guinea, to which he was to return again and again throughout his life. On this first occasion as a Medical Assistant in Goroka in the Eastern Highlands, he encountered rarely-seen tropical infectious diseases and after graduation undertook a Diploma in Tropical Medicine at the University of Sydney before returning to New Guinea as a doctor in Mount Hagen in the Western Highlands in 1957. After several postings, Bob was transferred to Maprik in the Sepik District where he became fascinated with the local traditional culture of music, dance, painting and sculpture. In 1960-61 Bob travelled to London and obtained his Membership of the Royal College of Physicians, returning to Maprik in 1962 to work alongside Professor Frank Schofield. They would next work beside each other twenty years later: Frank as Professor of Social and Preventive Medicine at the University of Queensland, Bob as lead epidemiologist at the QIMR.

In the mid-60s Bob undertook a Master’s degree in Epidemiology at Tulane University, New Orleans, and their research centre in Cali, Colombia, later becoming Associate Professor. Not being one to settle for long in one place, Bob then moved to the International Agency for Research on Cancer in Lyon, France in the early 70s. So began his advocacy of cancer registration and his career in cancer epidemiology with collaborative studies of bowel cancer in Denmark and Finland, lung cancer in Singapore Chinese, and smoking and betel chewing in Thailand.

Back in Sydney in 1979 as Associate Professor at the University of Sydney, Bob was involved in investigating the health effects of Vietnam service including advising the Australian government about the herbicide Agent Orange and its possible associations with cancer. From Sydney he moved to Brisbane in 1982 and established QIMR’s first epidemiological research program including genetic epidemiology, beside the core laboratory programs: a

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cross-disciplinary portfolio that still distinguishes QIMR today. Bob’s research turned to melanoma (with extensive studies of melanocytic naevi), bowel polyps (as Principal Investigator of the Australian Polyp Prevention Trial) and oral cancer (advising on further studies of betel chewing in Papua New Guinea). During this time, Bob hosted countless international epidemiologists and public health researchers, not only promoting their work, but inviting them into his home for lively, wide-ranging, dinner conversations.

At the national level, Bob was a dedicated member of the Public Health Association of Australia, served on the Medical Research Committee of the National Health and Medical Research Council, the Queensland Cancer Fund’s Medical and Scientific Committee and on the Queensland Cancer Registry’s Advisory Committee. Retiring in 1996, Bob remained supportive of ongoing research as Emeritus SPRF at QIMR and continued to collaborate widely with, and generously mentor, public health researchers in several states. His last project, sadly unfinished, was writing a small monograph on the history of epidemiology in Australia. Bob’s legacies were honoured by PHAA with Life Membership in 2001 and by the International Association of Cancer Registries in 2008 with life Honorary Membership for his seminal contributions.

Papua New Guinea remained a magnet for Bob after retirement and he returned many times to annotate his collection of 16mm film and Sepik music recordings, one of which was chosen as an example of world music for the 1977 Voyager interstellar spacecraft. Bob’s fortitude was quite amazing: his Sepik journeys often involved week-long safaris in a hired 4-wheel drive (stocked with supplies of baked beans), interspersed with canoe trips ‘up river’ to stay in villages or take delivery of collectable ceramic bowls. In Australia he was widely known for his gastronomic knowledge and pursuit of arcane food history; he was a staunch member of the Slow Food Foundation for Biodiversity. Bob also was a revered, long-standing member of Brisbane’s Early Music Society. Always a generous host, Bob’s gatherings at his haven on aptly-named Mt Glorious, north of Brisbane, were legendary: guests were treated to aged wines from his cellar and to bread and pizzas baked in his wood-fired oven.

Bob MacLennan will long be remembered. He helped improve the lives of many through his devotion to clinical medicine and then to public health, gathering admiring colleagues and close friends along the way. Bob is survived by his former wife Wendy, their three sons and five grandchildren.

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Australasian Fetal Alcohol Spectrum Disorders Conference

19 -20 November, 2013

Royal Brisbane and Royal Women’s Education Centre,
Royal Brisbane and Women’s Hospital, QLD

Visit our website for more information at: www.phaa.net.au
A Study of Early Pregnancy in Today’s Environment

Kimberly McAuley & Lorili Jacobs, Faculty of Medicine, Dentistry and Health Services, University of Western Australia

The environment in the 21st Century is ever-changing, and one of the major aims of our exciting new research study is to examine the environmental agents women are exposed to during pregnancy.

Scientific knowledge of maternal-fetal health has advanced considerably thanks to large prospective cohort studies, such as the RAINE study which started more than 20 years ago. This new NHMRC funded Healthy Pregnancy Study is a multidisciplinary longitudinal cohort study examining the impact of environmental exposures and psychological events experienced during pregnancy on birth outcomes. The Healthy Pregnancy Study is an ideal opportunity to increase knowledge about pregnancy ‘here and now’.

Recruitment commenced late 2012 and, during the next two years, researchers at UWA aim to recruit 6000 pregnant women in the first 15 weeks of their pregnancy who reside in the greater Perth metropolitan area, Rockingham, Bunbury or Busselton.

The strength of this research depends on participation from the community. The only way to gain new knowledge to improve the health and development of our children is for 1000’s of pregnant women to take part. We look forward to hearing from midwives, GP’s, Obstetricians, Ultrasound specialists and all other health providers. Spread the word and be involved if you can!

One important class of environmental compounds being assessed in this West Australian study, and world-wide, is water disinfection by-products (DBPs). Disinfection of public water supplies is necessary for the protection of public health but some of the chemical DBPs are potentially harmful to maternal and fetal health.

Exposure to DBPs can occur through ingestion, inhalation and dermal absorption. Women are being asked to complete two questionnaires either online or posted to their home. The first questionnaire asks about a range of environmental exposures, including the types of water women drink and use through activities such as showering, bathing and swimming, as well as other aspects of their diet and lifestyle. Water samples will be collected within a range of water distribution zones across Perth and the South-West region and analysed for DBPs.

The second questionnaire asks about overall wellbeing and any significant events experienced during the pregnancy. Psychosocial factors and exposure to life stressors can alter the level of circulating hormones in pregnant women, including an important group of regulating hormones known as glucocorticoids. Exposure of the fetus to elevated levels of glucocorticoids during development has been associated with outcomes such as low birth weight and premature delivery.

The experience of stressful life events in pregnant women will be assessed using questions from the Holmes-Rahe Life Stress Inventory. Emotional wellbeing will be assessed using the Edinburgh Postnatal Depression Scale (EPDS) in conjunction with the short-form Depression Anxiety Stress Scale (DASS-21). Information from questionnaires will be linked to health data collected by the Department of Health including birth weight, gestational age and adverse birth outcomes.

The lead researchers include A/Prof Angus Cook, Dr Kimberley McAuley and PhD student Lorili Jacobs from the School of Population Health, Winthrop Professor Carol Bower and Dr Monique Robinson from the Telethon Institute of Child Health Research, and Winthrop Professor John Newnham from the School of Women’s and Infants Health.

For more information visit: www.uwa.edu.au/pregnancystudy
Did you know that trained cancer consumers – that is, cancer patients, survivors and carers – contribute to 100% of research funding decisions made by Cancer Council NSW? As a community funded organisation, we are accountable only to the cancer cause and our supporters. As NSW’s largest non-government funder of cancer research - in the last decade, we awarded more than $120 million to cancer researchers - we want to ensure that every dollar we allocate to research is invested in projects not only deemed to be of the highest scientific merit, but also deemed by the community that supports us to be best able to meet their needs. To achieve this, all applications for our research funding undergo a two-stage review process, firstly by scientific peer reviewers, and secondly by specially trained cancer consumers.

In 2011, Cancer Australia, in partnership with Cancer Voices Australia (http://canceraustralia.gov.au/about-us/news/national-framework-consumer-involvement-cancer) reviewed the evidence to show that “where consumers are viewed as equal and integral members of health services, cancer research groups and policy development, there will be improved outcomes and experiences for those affected by cancer” (p.1). Through our Consumer Participation in Research Program, Cancer Council NSW has, in collaboration with our major partner Cancer Voices NSW, been at the forefront of this consumer involvement movement for close to a decade. As a result of this Program, every applicant for our research funding must demonstrate how their proposal meets identified consumer needs and priorities including the involvement of consumers throughout every stage of their research; and every one of our research funding decisions has considered the informed perspective of trained cancer consumers.

Consumer reviewer scores are incorporated into our funding decisions according to different algorithms depending on the specific funding program. For example, every Project Grant we fund – we funded 17 new Project Grants in 2013, each worth up to $360,000 over three years – is scored in terms of its eligibility for our funding through the equal weighting of the peer review scores assigned by the National Health and Medical Research Council, and the consumer review scores assigned by our consumers. In other words, the views of our consumer reviewers are equally as influential in our Project Grant funding decisions as the views of scientific peer reviewers.

In 2005 we developed a Research Consumer Training Workshop, which we have conducted on an annual basis ever since. During this two day workshop, cancer consumers are introduced to cancer research funding and cycles; research methods, governance and ethics; and the opportunities for and value of consumer involvement. They are subsequently taught how the Cancer Council NSW research consumer review processes operate. This training workshop equips them to (i) work directly with researchers as consumer representatives on their projects; and (ii) to participate in the Consumer Review Panels Cancer Council NSW convenes each year to collate informed consumer perspectives on all research funding applications.

In recognition of the unique place that the Cancer Council NSW training occupies in the cancer research funding landscape, other research funders including Cancer Australia and the National Breast Cancer Foundation send their consumers to our program. When organisations such as the Cancer Institute NSW seek consumer representatives for opportunities such as Advisory Committees, they look for those who have completed the Cancer Council NSW training. We are proud to have led the way in recognising the valuable and unique perspective that consumers can and should add to the conduct and governance of research.

In August 2013, we trained 32 new consumers in our annual training program. Consistent with Cancer Council NSW’s commitment under our Reconciliation Action Plan to building mutually respectful relationships between Aboriginal and other Australians to address the issue of cancer among Aboriginal people, we are thrilled that two of our 2013 graduates were Aboriginal women. Along with the first Aboriginal woman who undertook our training in 2012, we are committed to ensuring that they become engaged in our funding processes and represent the voice of their communities as we continue to strive to combine rigorous scientific review with the judgments of our trained consumers to reach our funding decisions.
Art and Hepatitis

Nicky Newby-Guivarra, Hepatitis Queensland

The Hepatitis Queensland project called 'Youpla Sabe' (meaning 'you understand' in the local Aboriginal and Torres Strait Islander communities), was funded by Hepatitis Australia in February this year and ended in June. The project's aim was to build stronger links with the Far North Queensland region by working collaboratively with local communities and organisations and focusing on building awareness and understanding of hepatitis B, specifically in Aboriginal and Torres Strait Islander communities.

It was developed based on the highly successful and award winning Hepatitis Queensland ‘Promotion and Information with Respect’ (PAIR) project, that used the twin cultural pillars of art and story to educate Indigenous communities about viral hepatitis. Evaluations of previous health promotion activities delivered by Hepatitis Queensland had demonstrated that art was an effective way to promote positive health practices in Aboriginal and Torres Strait Islander communities.

Youpla Sabe utilised award winning techniques of art workshops to educate and inform community members about hepatitis B. The value of art workshops has been recognised by the Queensland Aboriginal and Islander Health Council (QAIHC) and health workers in remote areas. The art workshops have also been evaluated by Hepatitis Queensland, consistently demonstrating that art workshops are an effective way to promote positive health practices in Aboriginal and Torres Strait Islander communities.

The program utilised art as a medium to educate Aboriginal and Torres Strait Islander people about viral hepatitis B, and about the importance of building partnerships with their local Health Services. It involved the delivery of traditional sand painting workshops as a means of promoting communication between facilitator and participants about the importance of knowledge, monitoring and treatment of hepatitis B.

The program was intended to contribute to the implementation of the recommendations outlined in the report 'A Situational Analysis of chronic hepatitis B in the Torres Strait', 2011, by the Commonwealth Department of Health and Ageing.

For more information visit our website: www.hepqld.asn.au

Nicky demonstrating how to use sand and art participant on Thursday Island
Presented by Professors Jane Heyworth and D'Arcy Holman, this intensive five-day unit broadens and extends understanding of the methodological concepts underpinning the science of epidemiology. Guest lectures will be given by senior epidemiologists with particular expertise on the topics under discussion.

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

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

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

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

Further information
For further information please contact Professor Jane Heyworth jane.heyworth@uwa.edu.au

Election Health Priorities
Melissa Sweet at the health blog Croakey created this word picture as part of the Election Health Priorities by approaching a wide range of contributors to her blog. For more information visit: http://blogs.crikey.com.au/croakey/2013/08/14/when-pictures-speak-a-thousand-words-injecting-some-values-and-health-policy-priorities-into-the-federal-election-debate/
PapScreen Victoria is celebrating a new milestone with the credentialing of the 500th Victorian Nurse Cervical Screening Provider. The significant achievement comes as latest figures from the Victorian Cervical Cytology Registry (VCCR) show the number of Pap tests taken by nurses has grown in Victoria to 33,875 in 2012.

The VCCR report, *Evaluation of Pap Tests Collected by Nurses in Victoria During 2012*, has shown the proportion of Pap tests collected by nurses has grown by more than 550% since the data was first recorded in 1996, and currently represents 5.6% of all Pap tests taken in Victoria.

Women aged 50 years and above in particular are benefitting from nurse-collected Pap tests, accounting for 39.2%, compared to just 30.1% of Pap tests taken from other provider types including GPs, obstetricians and gynaecologists. Similarly, underscreened women (greater than 2.5 years) represented a higher percentage of Pap tests taken by nurses compared to other provider types; 39.4% and 35.0% respectively.

According to Sandy Anderson, Nurse Consultant for PapScreen Victoria, Nurse Cervical Screening Providers are fundamental to the success of the screening program, particularly when it comes to some traditionally hard-to-reach groups.

"We know anecdotally that many women prefer to see a nurse, and in particular, a female provider when having their Pap test," said Ms Anderson.

"With 500 nurses now credentialed through PapScreen, Victorian women have more options, and it's not just older and underscreened women who are benefitting.

"In 2012, nurses collected a higher proportion of Pap tests in regional, rather than metropolitan areas. In fact, 78.3% of nurse-collected Pap tests took place in regional areas. This is fantastic to see because many women in regional and rural parts of Victoria in particular can have difficulties accessing a suitable cervical screening provider due to their location," she said.

Mary Reynolds from Marriot Waters Medical Centre in Lyndhurst became the 500th credentialed Nurse Cervical Screening Provider in May.

The Marriot Waters Medical Centre sits within the local government area of Casey, where cervical screening participation rates were just 56.8% in 2010-2011. This was significantly below the Victorian average screening rate of 59.2%.

"Becoming a Pap test provider was a great opportunity, not only to increase my skills but to give something back to the community," said Ms Reynolds.

"Since I’ve started performing Pap tests, I’ve realised how many women have either never had one or wait many years between them.

"I’m really glad to be in a position now where I can help meet the needs of these unscreened and underscreened women in the community, and ultimately contribute to improving participation rates," she said.

Since PapScreen Victoria began coordinating the Credentialing program in 2003, the numbers of Nurse Cervical Screening Providers has steadily climbed from 200 to 500 in 2012.

To see the full VCCR report visit [http://vccr.org/stats.html](http://vccr.org/stats.html)

For more information on Pap tests or to find a local provider visit [www.papscreen.org.au](http://www.papscreen.org.au) or call the Cancer Council Helpline on 13 11 20.
Health groups seek urgent action on climate.  
But where is the policy response?

By Fiona Armstrong, Convenor of the Climate and Health Alliance (CAHA)

With the federal election date looming, many Australians will be seriously considering their voting intentions and the issues that will shape them. So far the hot topics in the media have been the leaders’ gaffes and characteristics of candidates, along with the state of the budget, asylum seekers and education. But are these the issues voters and community leaders would prioritise given the chance?

One key issue that has so far escaped much attention is that of climate change, outside the narrow debate of shifting to a floating carbon price or, in the case of the Coalition, abolishing the emissions trading scheme altogether. But while it may not be popular politically, and many in the media either misreport or avoid it, climate change is a key issue in the minds of the public and civil society.

Surveys of people’s understanding and concern about climate change in Australia reveal the vast majority are very concerned about implications of climate change for Australia and the world. In a report on Dr Joseph Reser’s study published last year, for example, climate change was identified as the most serious issue facing the world, with 86% of respondents expressing concern about its impacts and over half (54%) considering themselves vulnerable. Over 60% expressed a willingness to make personal sacrifices in order to tackle climate change.

Further insights are available from the Citizen’s Agenda project currently underway in marginal seats which asks people to nominate the issues of concern to them this election. The feedback is insightful. In the seat of Melbourne, for example, how Australia will meet its obligations to cut greenhouse gas emissions is one of the highest rating topics.

In the seat of Gray in South Australia, voters are concerned about pollution from the coal fired power station and steel works, and call for zero emissions, clean, sustainable energy infrastructure to secure their economic future. An emphasis on our responsibility to reduce emissions and protecting natural resources are also strong themes in the seat of Fraser, Oxley, Longman, Brand, Denison, and Corangamite.

So while politicians appear to believe climate change can be taken on and off the political agenda like a saucepan off the stove, the planet continues to warm and the electorate continues to support effective action. Perhaps they’ve been able to ignore them as the major voices championing climate action have traditionally been from the political left or the environment movement. But there is now a groundswell across the community for action – in many cases busting stereotypes about what climate action advocates look like – and the new players look like they won’t give up easily. One such key constituency that might not be considered one of the usual suspects in championing the issues of climate change at this election is that of the health community, with key health stakeholders expressing concerns about the failure to effectively respond to climate change and its impacts on health and wellbeing.

While it may not be highly visible (thanks to a preference in the media for sound bites that rule out coverage of complex issues like climate change), the health community have been consistently pointing to the need for a strategic national response and serious emission cuts for at least the last couple of years.

There is no doubt that there is plenty of evidence to support this call: it’s now over four years since the international medical journal The Lancet called climate change the "biggest global public health threat” of this century. Many Australians understand this risk, having experienced the health impacts of climate change already, with the recent hot summer causing blistering bushfires and serious heat stress, and severe storms and flooding responsible for injuries and deaths.

But while the health and medical community have repeatedly outlined the risks, with calls for either mitigation to reduce risks to health or support for the sector to respond, amid compelling evidence of significant and increasing impacts on health and wellbeing, the policy response to date has been virtually non-existent.

Climate change is no longer a future threat to health – health professionals and health care services are dealing with climate impacts now and, alarmed by what they see, they’re beginning to lend their voice to the chorus for action. The calls are coming from across the professions with medicine, nursing, and physiotherapists among those recognising the need for urgent action.

As an editorial in the Medical Journal of Australia highlighted, carbon pricing is in fact a health protection measure. There are important health co-benefits that can accompany emissions reductions, and highlighting these can help build support for action.

But we must take account of the adverse impacts too. The community services sector is pointing to climate impacts on services, with a report on the burden extreme weather events places on the community sector showing...
Health groups seek urgent action on climate.  
But where is the policy response?

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nearly all community services are highly vulnerable to climate change and many are at risk of permanent closure following an extreme event.

Social workers, who know that the most vulnerable suffer the most from climate change, are calling for a national debate, with the Association for Social Workers saying last month: “It is now clear that continuing to do nothing will lead to human catastrophe on a scale we are only dimly aware of.”

Psychologists too know action is needed, as they help people manage the mental health impacts of extreme events, and support those distressed by our collective failure to respond.

Child health researchers and advocate are urging strong climate action as a priority to protect children, with research showing children and young people are already adversely affected by climate change.

The Australian Medical Association’s efforts to highlight concerns about climate change and health go back several years, and they join others in their recent calls for a comprehensive and coordinated national strategy for climate change and health.

So in light of all this excellent advice from those in the know, where is the national policy response to these risks to health? Surely “the biggest risk to public health” would invoke a national strategy to reduce these risks, assist the health sector to respond, help health professionals to prepare for and manage these additional burdens on an already struggling sector?

Twenty-seven health sector organisations are part of the Climate and Health Alliance (CAHA) which is urging the federal government to make climate change a major health priority this election. It is seeking the development of a national strategy on climate and health, an agency to develop and guide policy, and a sustainable healthcare unit to help the sector transition to low carbon operations. But none of this matters if we fail to mitigate – which is why the health community is placing a strong emphasis on strong emissions reduction targets and meaningful incentives for renewable energy to help deliver them. Continuing to rely on coal, and pursuing gas as an energy option – neither of these is available any longer as safe or desirable choices.

It is not as though we can’t respond – Australia has the natural resources and the economic wealth to make the transition to a low carbon economy – a transition that would bring economic, environmental and human health benefits. And as many experts have pointed out, the costs of not doing so are much greater.

The decisions we take as a country at this federal election will, as all elections do, offer the opportunity to change the course of history. What will be the path we choose?

Reprinted from Croakey, 14 August 2014z
What can Public Health learn from GovHack?

Kristy Schirmer, Principal Consultant, Zockmelon

Zockmelon Consulting is a unique combination between public health and software expertise. We aim to use technology such as social media and apps to improve health.

Just for fun we participated in Unleashed Adelaide, part of GovHack 2013, a national competition which brings together people from government, industry, academia and of course, the general public to mashup, reuse, and remix government data. GovHack is about finding new ways to do great things and encouraging open government and open data. The catch is the pressure of time – there is only 48 hours to develop a prototype (see www.govhack.org for more information). But what does it mean for public health?

For people working in public health and health promotion, GovHack could be a possible solution to those ‘wicked problems’ that we are up against.

The public health sector is really not comfortable with having solutions identified by the private sector. For health, the private sector is almost the enemy (e.g. tobacco, alcohol and fast food industry) or at least not coming from the same perspective (e.g. fitness industry, private health insurance industry). Health departments are used to identifying their own solutions, at best informed by evidence from research, at worst identified on a whim. The concept that digital entrepreneurs can develop innovative solutions to social problems is challenging and may take some time to get comfortable with.

The buzz and momentum around GovHack has been really important in planting a seed amongst decision makers that there may be ideas and collaboration in unexpected places. As quoted in this article from the University of South Australia:

"Perhaps an important aspect of the event was in bridging the gap between the amount of information the government has and the public’s ability or desire to access it. “Data is the iron ore of the digital age, is an increasingly important community asset held by government,” the Department of Premier and Cabinet spokesperson said.

By making information more readily accessible, the Unleashed event helped the collaboration between all levels of government and the wider community. "Our aim is that Unleashed will act as a catalyst to demonstrate how releasing government held data can benefit the community and stimulate innovation, particularly among young entrepreneurs."

Zockmelon’s entry used data on cycle paths, walking trails, parks and playgrounds using the premise that people could discover hidden gems in their communities and keep active, without the need for gyms or organised sporting teams. Several other teams in Adelaide also selected recreation data also which says that even hackers can see the need to create solutions for staying connected and keeping active. So if your organisation is faced with a problem, issue, health concern or whatever it may be, think about the importance and possibilities of an open government approach. You never know what ideas and innovations could be generated.

Zockmelon won in the category ‘Safe Communities, Healthy Neighbourhoods (DPTI)’. We also received an honourable mention for ‘Best use of Local Government Data (LGA)’ category. While we’d do many things differently with the benefit of hindsight we’re pretty happy just to have completed an entry… especially given we were a team of two wrangling a toddler over a weekend and a pregnancy!

We would like to thank the amazing organisers of UnleashedADL and GovHack 2013.

www.zockmelon.com.au, twitter: @zockmelon
HELP PROMOTE PHAA AND OUR WORK

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

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

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

HAVE YOU RENEWED YOUR MEMBERSHIP?

Organisation/Agency membership categories:

Not-for-Profit Government Agency $715
Not-for-Profit Community Organisation $390

Individual membership categories:

Category 1 (gross income above $70,000) $280
Category 2 (gross income $65,000-70,000) $225
Category 3 (gross income below $65,000) $160
Associate (no access to the ANZJPH journal) $110
Aboriginal Health Worker $50
Concession (retired, unemployed, disabled) $50
Student (half-yearly) $25

Contact the membership coordinator Eve Brighty on 02 6285 2373 or email membership@phaa.net.au.

PHAA 42nd Annual Conference

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

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

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

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