Struggling to speak about Ebola

By Tarun Weeramanthri, PHAA Member

Six months since Ebola virus disease was first recognised as a distinctive outbreak in West Africa, there would be few people anywhere in the world, including Australia, who have not heard or read something about it. But despite the deluge of words, the international community has been slow to respond, and perhaps part of the reason has been the inadequacy of our use of language itself.

For example, some phrases have become stale through mindless repetition. Would that the word 'deadly' be sometimes not used adjectivally before the words 'Ebola virus'! Some expert advice has had the opposite impact to what was intended - 'no need to fear' press conferences have fuelled community anxiety in countries without cases. Inappropriate imagery, namely the 'Ebola czar' has been conjured up in the media to give a sense of dictatorial reassurance to a worried populace. We have seen the meanings of words inverted as decision-makers attempt to explain profound inconsistencies of political action. Most obviously, a 'humanitarian' label applied to a military response in one sphere, subtly undermining the case for traditional humanitarian action in another.

And all the while, real suffering and real tears of people caught in a trap where the simple acts of caring and love - for family and patients - bring dread and risk. So who has done better to convey the reality of this 'unspeakable' or 'beyond words' tragedy?

I remember Joanne Liu from Medecins Sans Frontiers (MSF) in early September at a UN Special Briefing struggling to describe the facts on the ground, and her frustration with the tardiness of the response. She ended her short statement with a metaphor, 'to put out this fire, we must run into the burning building'. Michael Osterholm called the Ebola outbreak a 'Black Swan' event, picking up on Nasir Taleb's terminology to describe unexpected events with extreme impacts, the causes of which are often 'rationalised' after the event.

Laurie Garrett in a string of strong articles and a drumbeat of Twitter posts (@Laurie_Garrett) has alternately lambasted and cajoled her audience to do more, to respond more effectively. As have many other effective commentators on Twitter, which allows for a few words, plus attached pictures and graphics (e.g. see @MackayIM). This balance may offer a clue to better communication. There have also been an increasing number of cartoons (think dominant graphic with few words) with satire as commentary (see @otiose94 for a good range).

But in the end, it's the images that remain with me when the words are forgotten. The work of photojournalists like Daniel Berehulak (@berehulak). Burial teams in technicolour protective clothing, President Obama hugging the recovered nurse and, above all, those mothers, fathers, children, healthcare workers with faces (sometimes names) - ill, dying or surviving - voiceless in the photo, but needing to speak, needing to be heard.
Reflections on Farm Safety: Making safety a priority

By Associate Professor Richard C Franklin, Jemma C King, and Dr Kristin E McBain-Rigg, World Safety Organization Collaborating Centre for Injury Prevention and Safety Promotion, College of Public Health, Medical and Veterinary Sciences, James Cook University.

"Farming is a profession of hope" – Brian Brett

We were pleased to attend the recent Farmsafe Australia conference in Launceston; this two day biennial conference focuses on safety and health of people in farming. A variety of informative sessions were held which incorporated the theme of the conference ‘Safe Farms - Healthy Farmers’ including sessions on work safety, healthy farmers and farm safety education, with a focus on quad bike safety and prevention strategies. This conference comes at a time when there is a de-investment by State and Federal governments in farm safety and a death rate in primary industries nine times the all-industries average.

While there were many good presentations, for us there were three main highlights: the first was from the opening keynote speaker, Michael McQueen talking about the battle to stay relevant and the challenges for those of us working in prevention, particularly in light of societal, demographic, market, technological and legislative shifts. He explored how those of us in prevention need to ensure that we continue to be relevant via innovating, repositioning, understanding changing trends, developing new products and services, adopting new messages and embracing new formats or approaches.

The second was that quad bikes have a unique set of riding characteristics, design elements and uses which makes them susceptible to rolling. There are also, however, a number of potential solutions such as the installation of a crush protection device which, if they do roll, protect the rider from being crushed.

The third was that with ‘current’ technology, i.e. known solutions, it is estimated that 42% of the deaths over the 2001-14 period could have potentially been prevented if they were present. This leads us to question: why weren’t people using these strategies, what are the barriers to their implementation and what things (facilitators) might help to change this?

To address some of these issues around why people working in primary industries do not take up safety measures and what might help motivate them, we have been conducting focus groups across Australia, asking people working in primary industries what they thought were the barriers to health and safety and also the facilitators. This research is funded by the Primary Industries Health and Safety Partnership [PIHSP]. The preliminary results from this work were presented at a workshop during the conference attended by approximately 60 conference attendees.

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A number of prominent barriers emerged as themes from the focus groups and academic literature; these included the role of cost, attitude, labour and prioritisation of productivity. These were discussed further and elaborated on during the workshop, with some extensions of the barriers occurring regarding egoism, the quality of the information available, that actions tended to focus on individual farmers or workers without recognising the broader context, and how to influence barriers at the industry / regional / state / federal levels.

The facilitators that emerged from the focus groups and academic literature included the power of examples where safety action is rewarded, salience of risk including the proximity of consequences as a learning tool, and safety improvements which also improves efficiency. Some additional facilitators that the workshop attendees identified included utilising technology, simplification of reporting systems, usefulness of common standards, and realigning regulation to encourage and reward and not just punish.

The next steps for our project are to finalise our focus group data and invite feedback from the participants to confirm, rank and prioritise action on the barriers and facilitators that are present in their industry. A report will be submitted early next year to the PIHSP which, in addition to a discussion of the barriers and facilitators to adoption of improved workplace health and safety practice, will guide future research and extension activities through targeted recommendations for primary industries.

A hearty congratulation to all involved with the Farmsafe Conference, for hosting an informative and engaging conference made all the more meaningful by the fact they are not deterred from recent changes in funding allocation. Such de-investment flies in the face of the obvious need for evidence based solutions, extension, research, development and evaluation of programs that can improve the health and safety of the farming workforce for generations to come. Being safe and returning home at the end of a hard day’s work is not a privilege - it is a right regardless of your place of employment.
Scholarship Winner for PHAA 43rd Annual Conference - Perth

By Suzanne Moore RN BHSc (Nursing) MPH PhD (Public Health)

I was fortunate to be awarded a scholarship to attend the 2014 PHAA conference in Perth in September. I found the conference thought-provoking and often inspirational, and have since reflected more deeply about my engagement in public health. The event brought together public health researchers, advocates, and health care personnel, and demonstrated for me the breadth and quality of public health work that is being conducted in Australia and elsewhere. I was also delighted to have the opportunity to meet with colleagues, and make new friends and acquaintances within the public health community.

I attended many interesting and worthwhile sessions but several immediately spring to mind. The oration by Dr David Jernigan from the Center on Alcohol Marketing and Youth and Johns Hopkins, entitled “The Future of Public Health: Big Challenges, Big Opportunities”, was excellent. I was inspired by his review of the impact of actions by corporations, in particular those of the alcohol industry, on individual behaviour. This was so relevant to present day Australia. The Welcome to Country address by Professor Ted Wilkes was moving and set the scene for a collegial and productive conference. Dr Tarun Weeramanthri Executive Director of the Public Health Division, Western Australia, gave an excellent presentation on the first morning and his acceptance speech when he was award the Sidney Sax medal at the dinner was very moving. He noted the valuable role of those in public service and commented on how often their efforts go unrecognised, one of the rare times I have heard such a tribute.

Simon Chapman’s address was very amusing and engaging and I have thought a great deal about his recommendation to get one’s public health message out to the broadest cross-section of the community. His ten pieces of advice to early career researchers, including to use social media to reach the widest audience and ‘grow rhinoceros hide’, were motivating. You certainly need a thick skin if you want to engage with and in the media and, while I’m not convinced that we are all suited to this, I am inspired to make more effort. The session by Professor Ray Wills, on the value of innovative, clean technology and sustainable practices in health, is one I have talked about more than any other presentation. His demonstrations of how people from developing countries are using sustainable technologies to enhance their lives made me feel ashamed, of both the current lack of political will in Australia to use clean technologies to address climate change, and by my own inertia.

I am sincerely grateful to the PHAA of Queensland for awarding me the scholarship to attend and hope to make this an annual event.
It was inspiring to attend the 2014 Annual PHAA conference ‘The future of public health: big challenges, big opportunities’ and hear about public health activities from around the country. As F.W Maitland (the father of modern English legal history) observed: “We should always be aware that what now lies in the past once lay in the future.” Amongst the many highlights for me were a series of presentations where leaders in public health advocacy reflected on lessons learnt about successful advocacy and a plenary session that brought together ‘public health heroes’ from three very different spheres – the Aboriginal community, the police and media advocacy - which complemented each other well. Other presentations acknowledged the gains that have been made over many years nationally in tobacco control and, in contrast, the relative lack of progress in reducing public health impacts of alcohol or obesity.

Public health advocacy was addressed in a number of presentations, including a presentation by Professor Simon Chapman who astutely and humorously summarised his almost 40 years of advocacy work, advocacy panel sessions and Julia Stafford’s summary of research conducted with leaders in public health advocacy to inform and guide a new generation of advocates. Amongst the important lessons were (with apologies to those who had 10 succinct points): know what you want; take a strategic, evidence-based approach and be prepared to change your approach in light of new evidence; form coalitions; understand the political context; understand your own barriers (and fears); recognise the limitations of decision makers; study the news media; use social media; be patient; be prepared - to take advantage of opportunities; have ‘killer facts’ at hand; be non-partisan; be accessible; communicate effectively; accept compromises; remember that the public can be the most compelling advocates; acknowledge and give credit to the work of others; and ‘be irrationally optimistic’. And lastly, from Professor Chapman ‘values are everything’ so keep on task, even when you’re called a wowser or a swivel-eyed loon.

The ‘Working Together for Public Health’ plenary session that brought together Ms June Oscar, Dr Karl O’Callaghan and Professor Melanie Wakefield was refreshing and stimulating. Ms Oscar is CEO of the Marninwarntikura Women’s Resource Centre in Fitzroy Crossing, WA. Concerned at the impact of harmful alcohol use, women in her community had organised and achieved the implementation of alcohol restrictions. Ms Oscar described how she and others developed an interdisciplinary, cross-organisational strategy to respond to Foetal Alcohol Spectrum Disorders in the region. Dr O’Callaghan described his experience in dealing with alcohol issues from a police perspective, his interest in preventive policing and his proposal to trial an approach, modelled on a British program, to reduce prosecutions of minor offenders; a measure based on contracts whereby offenders may avoid being charged, on condition they participate in an agreed activity such as rehabilitation or counselling. Professor Wakefield presented insights from her experience in use of mass media campaigns to change health-related behaviour, including the demonstrated success from a combination of taxation, smoke-free policy and a mass media campaign to reduce smoking rates.

The conference was a great experience and I intend to be back for more next year. My grateful thanks to the Queensland branch of the PHAA for awarding me a scholarship to attend the conference.
I attended the Public Health Association of Australia (PHAA) 43rd Annual Conference last month with funds from a PHAA QLD scholarship. The conference was an illuminating and informative experience. While there are many aspects of the conference I could write about, I have decided to focus on three key experiences.

The first memorable experience was the Basil Hetzel Oration. This oration was delivered by Dr David Jernigan, Director of the Center on Alcohol Marketing and Youth at John Hopkins Bloomberg School of Public Health. He discussed the ways in which alcohol is marketed toward youth in the United States and, increasingly, in Australia. Earlier this year, the Center for Disease Control estimated that excessive drinking kills about 88,000 people in the United States each year, and has an enormous economic cost. This activity is most common among young people, aged 18 – 34 years.

Dr Jernigan demonstrated that some companies promote excessive alcohol consumption. The methods through which they do this are varied but include: subversive advertising; directing products toward a vulnerable niche market; pricing products to promote sale and use; creating monopolies that reduce bargaining power of consumers and government; lobbying against laws that protect public health; and bankrolling groups and supporting political candidates who oppose public health policies to reduce this practice.

Dr Jernigan ended his talk with a message of the importance of advocacy. Some salient points he raised about this topic included focusing on strategic communication; being willing to engage in public debate; and making the most of an opportunity.

The next memorable experience was Professor Simon Chapman’s presentation, reflecting on 38 years in public health advocacy. He provided ten messages to aspiring public health advocates:

- Always respect evidence and if the evidence changes, so should you.
- Be clear and concrete about what you want to change or support.
- It’s better to be looked over, than overlooked (i.e. consider writing in publications with wide readership, note that this is frequently not scientific journals).
- Study the news media.
- Collect and megaphone “killer facts”.
- Values are everything (if people don’t care about something, they are not likely to act on evidence).
- Experts are fine, but they are “not a living thing” (linking with every day Australians in public health advocacy is important).
- Use social media. A lot.
- Successful advocacy takes time.
- Grow rhinoceros hide (one can face ad hominem attacks in the pursuit of a better deal for Australia’s public).

The final of the three most memorable sessions was the plenary session on the future of publishing in the modern era, with Melissa Sweet, Professor John Lowe and Professor Peter Miller each speaking. The key point I took away from this session was the importance of communicating with a broad audience. While publishing in prestigious medical journals is important for the dissemination of scientific knowledge, public health professionals must also engage with media that is consumed by the wider public (including politicians) if they wish to enact change.

I thank the PHAA for providing the funds to enable me to attend this conference.

References are available from the author
By Peter Sainsbury, PHAA representative on the Committee of Management of the Climate and Health Alliance (CAHA)

In August and September 2014 I attended, as a representative of CAHA, the World Health Organization’s (WHO) first ever Health and Climate Conference in Geneva and the United Nations (UN) Climate Summit in New York, the latter with Liz Hanna, co-convenor of the Ecology and Environment SIG and President of CAHA.

Opened by WHO Director-General Margaret Chan, the WHO Conference was convened to inform the revision of the WHO’s workplan on climate change and health, and support member states to integrate health into their national climate change policies (see http://www.who.int/globalchange/mediacentre/events/climate-health-conference/en/ for more details). Among the 400 attendees were approximately forty health ministers from around the world – but not the Australian minister or anyone from the Department of Health.

There was much discussion about climate change, its effects on health, ways of mitigating and adapting to climate change, the high greenhouse gas emissions (and environmental footprint generally) of the health sector, and the potential roles of the health sector in combating climate change, particularly the need to ensure that the health consequences of climate change are more widely acknowledged and costed. Importantly, it was universally accepted that the science of climate change was now beyond dispute.

I was, however, frustrated by the paucity of discussion about two important topics: the threats that climate-induced ecosystem destruction pose to human health and survival; and the need for immediate action to reduce greenhouse emissions, principally by rapidly reducing and then eliminating our dependence on fossil fuels. A conference statement from the Global Climate and Health Alliance took a more assertive position (https://noharm-global.org/documents/who-health-and-climate-conference-civil-society-call-action).

The UN Climate Summit (http://www.un.org/climatechange/summit/) was driven by Ban Ki-moon himself to increase the political momentum for a meaningful international climate agreement in Paris in 2015 (see below). Although Tony Abbott did not attend the Summit, it was attended by more heads of government than have ever been at the UN on a single day.

The only formal output from the Summit was Ban Ki-moon’s personal summary: http://www.un.org/climatechange/summit/2014/09/2014-climate-change-summary-chairs-summary/. Ban Ki-moon’s summary notes the strong support for a price on carbon, as advocated by the majority of economists (see for instance the recently released Better Growth, Better Climate report: http://newclimateeconomy.report/), but the political hot potato of the fossil fuel industry was again avoided.

So where now? PHAA members will remember the despair that accompanied the failure of nations to reach agreement on how to limit climate change at the Conference of the Parties (COP) meeting in Copenhagen in 2009. Hopes are now pinned on the COP meeting in Paris in December 2015 when targets and strategies to reduce greenhouse gas emissions after 2020 will be negotiated. Nations are required to submit their proposed targets and strategies by March 2015.

Concerned citizens and organisations such as PHAA and CAHA must now focus on encouraging their own country to submit national targets and strategies that will make a genuine contribution to limiting warming globally to less than 2°C. Essential components must include a realistic price on carbon, the elimination of fossil fuel subsidies, and the creation of policy and funding environments that will encourage the development of renewable energy sources. Regrettably the current Australian government is unlikely to adopt any of these policies. The only hope of Australia making a serious contribution to limiting climate change in the near future would seem to be

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from sustained international pressure, especially from the USA, UK and China, the beginnings of which may be emerging as I write with the announcements leading up to the G20 meeting in Brisbane.

Notwithstanding these two meetings and the recent positive announcements by the USA and China, I am pessimistic. I fear that the global community will miss the rapidly closing window of opportunity for effective policy action; that the world will commit a decade or two too late to the necessary changes; that global warming will reach 4-5°C, or even higher, this century; and that human civilisation as we know it will be destroyed in the next two centuries. PHAA must, however, remain a strong voice for effective action on climate change over the next five years.

### Quit Smoking Campaign

By Zoi Triandafilidis, Centre for Health Research, School of Medicine, University of Western Sydney

Earlier this year the Queensland government released a quit smoking campaign that aims to target a young female audience. As a doctoral student doing research as part of an ARC funded project looking at young women’s experiences of cigarette smoking, the release on this campaign was an exciting revelation.

Given the array of research that has discussed the need for targeted anti-smoking literature that is relevant to both women and young adults, the need for such a campaign is well established. However, when I finally saw the print campaign (pictured), the commercial advertisement, and the travelling make-up booth, I was left with a sour taste in my mouth.

The focus of the campaign looks at the effect smoking has on a women’s appearance, is endorsed by Miss Universe Australia, Rachael Finch, and employs the slogan; “If you smoke, your future’s not pretty”.

In their rationale for this approach Queensland health refer to the research studies which show that physical appearance is a key driver for young women quitting smoking. I am not denying the findings of this research, as I myself have heard some of the young women that I have interviewed as part of my research describe their anxieties surrounding the effect their smoking has on their physical appearance.

My concern lies with the way in which this campaign perpetuates these young women’s anxieties. By showing the effects of smoking on a women's body the Queensland government is tacitly reinforcing the idea that young women should be concerned about their appearance. Furthermore, coupled with the statement, “If you smoke, your future’s not pretty”, this campaign endorses the notion that a woman’s future is inherently tied to her ability to maintain her appearance.

Campaigns such as this one work to increase the social stigma faced by those who smoke. Considering that the highest rates of smoking are concentrated amongst Australia’s most culturally, socially, and economically marginalised women, there is a potential danger that these approaches will lead these groups to face multiplying levels of stigmatisation as a result of their smoking.

The stigmatisation of smokers has been justified on the basis of utilitarian ethics, where the ‘greatest good for the greatest number’ logic prevails. Yet, research has shown that the marginalisation and shaming of smoking can actually lead to some smokers becoming more resistant to the idea of quitting.
The merry, jolly, silly season. Whatever, some bore is going to come along and be a Grinch. I mean what’s wrong with stuffed beast? I know ruminant beasts burp methane into the atmosphere ... but most with two legs don’t, so stuffing ourselves is OK, isn’t it? And vegetables, they are good.

Food miles? You mean the embodied energy and carbon in my roast potato, carrots and broccoli weigh more than the actual carbon content of the meal? Especially the Californian cherries! Except for the pudding of course; yes the energy in that is definitely greater than its carbon footprint. So pudding is value for carbon? OK.

Locally grown food is good too. And local beverages, such as an Aussie beer or regionally grown and matured wine. So two legged beast, and pudding washed down with some locally brewed or viticultured beverage has a better carbon profile. Reasonable menu options are forming here.

And that Grinch is then going to give us a serve about the ritual exchange of all that stuff created by the consumerist-productionist system which leads to waste and landfill, or storage facilities on prime agricultural land increasing the food miles for the less-locally grown vegetables! Or we could exchange an extra slice of pudding instead with neighbours? Minimise the greenhouse emissions while maximising the value for carbon! Enhanced by another shared glass of local beverage to increase community amenity (better not let Mike Daube read this).

So roast biped with lots of puddings (shared) and local beverages (shared) is the way to be environmentally jolly. Got it. Better head off to make a pudding.
One-third of all cancers are preventable. While we hear a lot about the pursuit of finding a cure for cancer, we don’t often hear about the significant reduction in cancer incidence rates that can be achieved simply by leading a healthy lifestyle.

Cancer Council Queensland (CCQ) accepted the challenge of finding a new way to help Queenslanders to adopt a healthy lifestyle and reduce their cancer risk. How do you reach the entire population with important health messages in an evidence-based and cost effective way, with limited resources and capacity? By accessing Queenslanders where they live, work, play and learn and by making the healthy choice, the easy choice!

CCQ has adopted a settings-based approach, long advocated for by the World Health Organization, and is focusing on schools, workplaces, sports clubs, local councils and early childhood centres. These settings provide the perfect gateway through which we can inform, support and enable Queenslanders to lead healthier lifestyles by creating healthy environments.

CCQ has developed QUEST, a cancer prevention program, aimed at strengthening community action within organisations. An online tool was identified as the most effective way CCQ could equitably reach and support the greatest number of organisations, whilst also maintaining and updating information in a timely manner.

QUEST is an acronym for the key modifiable lifestyle choices to prevent and detect cancer early:

- Quit Smoking;
- Understand your body and get checked;
- Eat healthily and drink less alcohol;
- Stay SunSmart; and
- Take time to be active.

The QUEST program is a free, innovative, web-based, interactive program that equips organisations with the resources to build healthy public policy, create supportive environments and develop personal skills for each cancer risk factor. QUEST’s strength is that it recognises the impact the environment has on people’s ability to make healthy choices. Organisations register, identify which health strategies they would like to introduce, download supporting tools and resources, and track their progress online. Through QUEST, each organisation can access a wide range of health promotion resources, information, tips and strategies that are tailored to their setting’s needs. Since it went live in May 2014, over 300 registrations have been received with very minimal promotion of the program; a broader launch is planned for 2015.

The quality and efficacy of QUEST will be continuously assessed through a variety of evaluation methods. Initial evaluation focused on website usability and user satisfaction and has provided very positive results to date. In coming months, measures will expand to assess the breadth of strategies being implemented by organisations to track cancer prevention activity across the State.

CCQ is excited about our new program and keeping relevant stakeholders informed of the program’s impact, learnings and next steps. We will also be presenting on QUEST at the Union for International Cancer Control World Cancer Congress in December 2014. For further information about QUEST, please contact CCQ’s public health team via quest@cancerqld.org.au
A positive take on the LGBTI aged care

By Heidi Moore, Palliative Care Australia policy officer

I attended the inaugural National LGBTI Ageing and Aged Care Conference in Melbourne last month. The conference aimed to ensure that the needs of older Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people were understood, respected and addressed in Australia’s aged care policies, programs and services. But many speakers revealed that even for those of advanced years, care and caring didn’t come easy with many obstacles in the way.

Being diagnosed with a life-limiting condition is heart-wrenching and terrifying for all involved. As a result of such a diagnosis, people face a range of new and difficult challenges that inevitably uproot lifestyles and change their daily way of life. The sad reality is that LGBTI people often meet additional obstacles in accessing quality person-centred care.

It is hard to comprehend the stress and fear that occurs when the disclosure of one’s identity could potentially lead to discrimination in a care setting. Many LGBTI people continue to experience discrimination in policy frameworks and accreditation processes, as well as receiving little recognition of their needs by service providers. Without sufficient training and awareness among service providers, numerous LGBTI people will continue to fear the views and consequences of disclosing their identity.

Many services have religious foundations, and in such settings the immediate reaction for some LGBTI people is to withhold their sexual orientation, sex or gender identity – or simply limit themselves by not seeking care from these services. This is despite a select few religious aged care facilities, for example, being leaders in promoting acceptance of LGBTI people.

One of the great issues for LGBTI people in palliative care settings is gaining the recognition of their chosen primary carers and family (commonly non-biological). This can be a major stress when the fear of discrimination and lack of understanding forces people that are in love to hide their relationships or refrain from physical openness. This is during a time when love and a simple hug or kiss can be so critical.

These examples highlight the reasons many LGBTI people want to move through palliative care, aged care and other healthcare services without disclosing their LGBTI identity. This can include hiding the use of certain medications (for example hormonal in the case of some transgender people) from health professionals. Simply, LGBTI people should not have to fear any consequences as a result of their identity.

Multiple organisations across Australia are carrying out significant research and developing projects and programs that aim to encourage understanding and acceptance, and to increase the number of LGBTI inclusive services. The National LGBTI Ageing and Aged Care Conference facilitated many of these organisations, who provided insight into the needs of the LGBTI community in light of aged care services and the impending ageing population. Val’s Café, the main organiser of the conference, is a notable presence in LGBTI research and resource development, providing education to service providers on caring for LGBTI people, particularly in the aged care sector.

Last year, in response to requests from service providers and the LGBTI community, Gay and Lesbian Health Victoria (GLHV) developed The Rainbow Tick: Evidence and Good Practice Guide. The Rainbow Tick provides an excellent example of Australia’s ability to improve LGBTI healthcare needs. The guide provides services with a deeper understanding of the challenges LGBTI people may be dealing with and subsequently the best way to approach these delicate topics when necessary: http://www.glhv.org.au/lgbti-inclusive-practice

Despite emphasising many of these challenges, the conference conveyed a strong feeling of hope towards future equality for LGBTI peoples in healthcare settings.

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The Federal Government’s commitment to their Developing Northern Australia agenda signals a significant upcoming investment in long-term policy, infrastructure and development strategy for Northern Australia.

The challenges of low population, dispersed widely across remote and challenging terrain in harsh climates frequented by cyclones, floods and fires are well known to those who live and work in Northern Australia. The contribution of this mix of low population, geography and climate on food insecurity for people in Northern Australia is also well understood.

The impact of social determinants on the health and wellbeing of people living in Northern Australia is also well documented.

The potential, therefore, of Developing North Australia strategies to contribute to either enhancing or further diminishing the health and wellbeing of communities in Northern Australia through the process by which decisions are made, and the strategies that eventuate, is significant.

One significant concern in reading the Green Paper is the lack of emphasis on delivering local community benefit, nor articulation of processes for inclusion of community priorities in the development of further policy directions, implementation priorities and private/public development partnerships.

Consultation roadshows as occurred during the Green Paper development are important and valuable but they are not sufficiently fine grained, localised and extensive a mechanism to be able to adequately provide genuine community input into how development occurs in local areas in a way that provides benefits to the health and wellbeing priorities of local people.

If substantive community benefit participatory processes were to be centrally placed within the further development and roll out of the Developing Northern Australia agenda, the benefits to the health and wellbeing of communities could be substantial. However, the absence of focus on the language and processes of delivering community-identified benefits is lacking in the Green Paper which sounds warning bells for what may come from the final White Paper.

Major investments in infrastructure and local capacity through public/private partnerships have the potential to deliver significant local gains at small cost to the overall budget of major projects if there is commitment to hearing and addressing community priorities early in, and throughout, planning and implementation.

A hypothetical example is of a remote community-owned farm 3km from the main road, limited in its’ potential by an unsealed entry track over black soil which turns to jelly in the wet season. The community would benefit enormously from sealing the 3km road as part of the (hypothetical) main road upgrade planned from the town/community out to the agribusiness site under development. The farm would also benefit from receiving business planning support from the agricultural developers and government departments involved.

The local employment agency could then place participants at the farm due to its all year access, where they would grow food for local consumption, increasing local access to fresh affordable produce and developing skills to enter the open employment market in agriculture. Such a brief example is not to diminish the complexities involved in this or any strategy, but indicates how proportionally small investments by public/private partnerships can deliver proportionally high returns to community if the community is central in the planning process.

It is critical that health, community and social sector networks continue to find ways to work collaboratively.
Keeping an eye on Developing Northern Australia

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with each other and the communities we are part of and represent or advocate for, to ensure that we maintain engagement with and a clear voice in the ongoing work of the Developing Northern Australia agenda.

It is easy to be cynical, overwhelmed and/or exhausted and sceptical of our capacity to influence agendas so that communities can obtain maximum benefits from policy and implementation. However, if we don’t participate there are very real dangers that our communities in Northern Australia could be even further disadvantaged. The more that we can collaborate and share discussion, strategy and communication across ‘silos’ of health, social welfare, employment, native title, local government, sustainable agriculture/horticulture and other sectors, the stronger our position and capacity to be a voice at the table guiding the future of Northern Australia.

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The world academy of science, engineering and technology (WASET) organised 'The 2014: XII International Conference on Statistics and Analysis [ICSA]' which was held in Osaka, Japan from 12-13 October (see: http://waset.org/conference/2014/10/osaka/ICSA).

The conference aimed to bring together leading academic scientists, researchers and research scholars to exchange and share their experiences and research results about all aspects of statistics and analysis. It also provided the premier interdisciplinary and multidisciplinary forum for researchers, practitioners and educators to present and discuss the most recent innovations, trends, concerns and practical challenges encountered and the solutions adopted in the field of statistics and analysis.

I was invited to present at this conference, but had a major stumbling block in my way: Typhoon Vongfong, the strongest storm to hit Japan this year, was predicted to be over the Osaka area the day my presentation was scheduled.

The storm was responsible for major transport disruptions, flight cancellations, and the wind speed the day before my presentation was at a peak of 234 kph, which meant Vongfong was a ‘super typhoon’. After much frantic reading of websites such as the Japan meteorological websites, I decided to still make my way to the conference, although I was slightly hesitant about whether I could get back at the end of the day - transport workers I'd spoken to, many of whom didn't understand English very well, were concerned public transport may be stopped in the afternoon.

My family escorted me to the Osaka Hyatt as I was uncomfortable navigating the Japanese public transport system so at least I arrived safely before the peak of the typhoon onslaught that was predicted to hit that afternoon.

I delivered my presentation to a room full of delegates from various countries, including Japan, Malaysia, Africa, UK, and New Zealand. My presentation included information already documented in publications such as the diabetes atlas and related manuscripts based upon the atlas. In addition I also had performed an analysis based upon population projections from the Australian Bureau of Statistics looking at percentage increase in population projections from 2013 to 2035, from 2013 to 2056 and from 2013 to 2101 in different age brackets.

The presentation went well and I answered one question on how I performed the analysis on the population projections from the Australian Bureau of Statistics.

The post conference proceedings were published in the International Science Index and submitted to be indexed in the Thomson Reuters, CiteSeerX, Google Books and Google Scholar, EBSCO, SCOPUS, ERA and ProQuest. ICSA 2014 also teamed up with the Special Journal Issue on Advances in Statistics and Analysis.

My manuscript, entitled 'Computational Methods in Official Statistics with an Example onCalculating and Predicting Diabetes Mellitus [DM] Prevalence in Different Age Groups within Australia in Future Years, in Light of the Aging Population', was published online in vol: 8 no: 10 at: http://www.waset.org/Publications

Please email me [email address on my website] if you'd like to view my presentation and I'll provide this via email or a link.

All in all it turned out not too bad a rainy windy Monday in Osaka at the statistical conference, well worth it in the end. My family also enjoyed our holiday in Japan.
The Role For Public Health in Palliative Care

By R Moorin, D Larmour, M Cockayne, D Youens, Silver Chain Group

While most intouch readers would be well aware of Australia’s ageing population and the expected increase in the number of people living with chronic illnesses, a topic which has had relatively little coverage is the likely increase in demand for palliative care resulting from these changes (AIHW, 2013). The World Health Organization (WHO) has a well-defined and long-standing set of principles to guide the provision of palliative care services. Palliative care is:

"An approach that improves quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention of suffering by early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care: provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten or postpone death; integrates psychosocial and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; uses a team approach to address the needs of patients and their families, including bereavement counselling if indicated; will enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications" (World Health Organization, 2014)

Importantly, the WHO’s principles describe palliative care without making reference to particular providers or sectors. The definition extends even beyond health systems, touching on broader societal attitudes towards dying.

Perth is unique in Australia in having a community palliative care service which meets many of the WHO’s principles and is available across almost the entire metropolitan area through a single provider, the Silver Chain Group. The Hospice Care Service (HCS) is truly interdisciplinary, including social and spiritual support for the patient and family both during illness and through bereavement support following death. Care teams are led by clinical nurse consultant managers and supported by doctors with palliative training who assess each patient upon admission. Care is available to all people with a progressive terminal illness, without barriers such as diagnosis or predicted time to death. It is a truly 24/7 service, with unscheduled out of hours visits available when required. The patient’s general practitioner forms part of the care team to the extent they feel comfortable and may hold governance of the patient. The service supports adoption of the palliative approach at a broader system level to the extent an individual service can, through employing and training practicing GPs in the provision of palliative care.

A number of population-level studies have realised benefits to the delivery of such care. The service has been shown to lead to reduced emergency department admissions at the end of life (Rosenwax et al 2013) and substantially increase the odds of a patient dying in their usual place of residence (McNamara et al 2007), while work currently being undertaken (Moorin et al) has found that the service substantially reduces hospital length of stay over the last year of life and reduces resource use in terms of hospital and emergency department costs.

Given the likely increase in demand for palliative care in the near future and the demonstrated benefits of the provision of best-practice care, we believe that there is a role for organisations such as the PHAA in promoting the palliative approach. Through pushing for adequate funding in each jurisdiction to enable the delivery of high quality services by specialist providers, and through supporting the wider health system and community in understanding and adopting the palliative approach to care, care at the end of life can be improved for many Australians.

For queries or references please contact David Larmour at david.larmour@silverchain.org.au
Supporting Nutrition for Australian Childcare

By Ruth Wallace, School of Exercise and Health Science, ECU

The early years setting is an important environment in which children can learn about healthy eating, given more than 1 million children now attend some type of service for an average of 27 hours per week. The role of the early years setting is not limited to the provision of nutritious food only, but should also encompass the promotion and provision of a healthy eating environment in which children can learn good habits which they retain through to adulthood.

Based on important feedback from the early year’s industry during the developmental stage of this project, the ‘Supporting Nutrition for Australian Childcare’ (SNAC) website was launched on 1st August 2013. Initially, only WA long day care services were targeted, but website coverage has now extended to all early years services Australia wide.

There are now more than 1000 registered users of SNAC who can enjoy easy access to reliable and accurate nutrition specific resources together with online activities, making SNAC a ‘one stop shop’. This website also provides educators with networking opportunities, nutritious recipes, and information and support which enables them to increase their own nutrition knowledge and confidence to both teach these concepts to children and discuss them with parents. The project is now in its evaluation stage, and data is being collected through online surveys and face-to-face interviews with educators, cooks and directors willing to donate a little time to provide their valuable feedback.

SNAC has accumulated almost 40,000 page views, with the average user viewing 5 pages per visit. Resources and activities are well received, and the online community is growing. User feedback is actively encouraged, thus interweaving community involvement with the technological design to ensure the groups’ needs are met. Regular newsletters ensure that users are notified when new content is loaded, and competitions such as the ‘Building Unbreakable Bones’ have sparked interest and generated some lively discussions about healthy eating.

Qualitative data gathered through the face-to-face interviews has given the researchers some useful insights into how the SNAC website is utilised, what prevents educators from using the site more often and the value of the resources and discussions provided. The overwhelming response so far has been that SNAC is valued as a resource and has helped to increase nutrition knowledge and confidence to discuss nutrition concepts with children and their parents.

The main barrier which prevents educators from accessing the site more often is time, as there are often many other demands which need to be addressed. Many centres have created a ‘centre log in’ which all staff then share – whilst this may be more convenient for busy centres, individual staff members are encouraged to create their own log ins so they are able to access the site whenever they like and individual experiences can be evaluated. It is good to hear that many centres are also printing off resources and recipes to create a folder of materials to share with parents via their own newsletters. It is also encouraging to hear the SNAC newsletter acts as a useful reminder to revisit the site.

Whilst the discussion boards have not been as active as we might have liked, there have been some really useful and important conversations which have taken place. For example, how to encourage children to eat more vegetables, whether vegetables should be ‘hidden’ in food, and the potential of ‘progressive’ mealtimes in the early years setting. Our discussions are always friendly and respectful, and we believe that we have created an online community environment where educators feel comfortable asking questions, knowing they will receive a professional yet honest reply. Educators have indicated they value these discussions, even if they do not contribute themselves.

The SNAC website remains open for new users to register and will continue to be updated regularly with current resources and information. If you would like to access the site please register at www.snacwa.com.au
Photos taken from the 2nd National Sexual & Reproductive Health Conference

Adele Murdolo, Andrea Whittaker & Victoria Team

Ben Davis, Jane Estosota & Patrick Duley

Invited Speaker Diana Greene Foster

Below: PHAA Life Member Roy Scragg & PHAA Deputy CEO, Melanie Walker

Pamela Doherty & Ashleigh Carrington

Gary Dowsett & Kylie Stephens

Continued on next page
Continued from previous page

Kate Cheney & Chris Bayly

Mandy Johnson, Meaghen Heckenberg & Suzanne Pearson

Lynne Jordan, Ann Brassil & Louise Johnson

Invited Speaker Kerry Arabena

Selena Gillham, Hayley Pritchard, Catherine Mayes & Alan Crouch
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Editors: Jacky Hony & Pippa Burns

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