Celebrating
International Women’s Day
2020
The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the PHAA

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Contents

Foreward 2
Introduction 3
Contributors 4-6
Diversity in women’s leadership 7

8-11 Q1: Who and/or what inspires you and why?

Journey: Bronwyn Fredericks 12-13

14-17 Q2: Can you describe a memorable or key moment in your career that allowed you to flourish as a public health leader?

Journey: Rosemary Stanton OAM 18-19

20-22 Q3: What has been the most significant barrier in your career and how did you overcome it?
23-25 Q4: Why do you think women make great leaders?

Journey: Fiona Stanley AC 26-27

28-29 Q5: What is the one piece of advice you would give to the next generation of female public health leaders?
30-32 Q6: What else is needed to elevate and support more women into leadership roles in the future?

Journey: Summer May Finlay 33

Journey: Liz Hanna 34-35

36-37 Q7: What do you see as the greatest challenge to ensure diverse female input into strategic public health decision making in Australia?

Journey: Meru Sheel 38-39

40-42 Q8: Is there anything different or notable about you or your career that has been a strength or asset?

International Women’s Day: the relevance of feminism in 2020 44-45

A few final insights
Foreward

I've been privileged to work with some of the most committed, intelligent selfless, and brave women in my life through my 36 years in public health. So I'm thrilled to see many of them tell their own story in this publication. Thrilled as this is an opportunity for more to learn about their life, their work and their ethos. Thrilled also as it is a chance to recognise their enormous contribution.

PHAA has had a strong and proud history of women in leadership roles in the organisation. I have been truly fortunate to learn from many of them.

But most importantly, the health of Australians and many people beyond our shores have benefited from their efforts. Most of those people will never know of the work of these women.

Of course, it is important to acknowledge that any list of such heroes can never be complete, and there are many more strong, talented, generous and dedicated women in public health who are not represented here. I pay tribute to them all.

I thank the team that put this project together as a special way for the public health community to celebrate International Women's Day. This is a fitting and, on reflection, long overdue recognition of these and many more wonderful women in Public Health.

I very much hope that this publication inspires the next generation to follow in their footsteps - and indeed forge their own path - to the benefit of all.

Last September we celebrated our 50th anniversary as an Association. On the first International Women’s Day of our second half-century, what better time to recognise many of the women who are making such enormous contributions to the PHAA, to public health, and to the wellbeing of people in Australia and beyond.

“A woman is like a teabag – you never know how strong it is until it’s in hot water.”

– Eleanor Roosevelt
Introduction
Kathryn Backholer, Jennifer Browne, Lea Merone and Angela Dawson
Public Health Association of Australia

Australia is extremely fortunate to boast a wealth of female leaders and role models in public health. This International Women’s Day, with the support of PHAA, we wanted to celebrate some of Australia’s most inspiring, fearless and energetic women.

As we began to explore female leadership in Australian public health, we learned that our leaders are extremely diverse, coming from a wide range of disciplines and backgrounds. Women of different ages and ethnicities are strongly represented, serving to strengthen the leadership and foundations of our public health services. The women featured in this report reflect this diversity. Their journeys are powerful and their words inspirational to the next generation of female leaders.

We asked six prominent female leaders – at different stages of their careers – to fully describe their journey as public health leaders, the highs and lows of their careers and how they came to achieve their status as women of influence. We are delighted that they could share their insights, and invite readers to embark on a journey through the stories of these prominent women.

Selected with input from the PHAA special interest groups, we also asked another twenty-six female public health leaders questions about their careers, what has guided them and strengthened them, where they draw their inspiration and what words of encouragement can they offer our emerging leaders.

Collectively, these stories illustrate what can be achieved when women follow their convictions and never give up, even when the going gets tough. The advice commonly goes: find a good mentor, heed their advice, and mentor other young women to become strong, intelligent and resourceful leaders of tomorrow.

We would like to take this opportunity to thank everyone who generously contributed their time, their stories and their advice to this report. We hope every one of our contributors enjoyed taking the time to reflect on their roles as leaders, the challenges they have faced and the opportunities they have embraced.

Whilst we launch this report on International Women’s Day, it is just one day of the year where we should stop, reflect and appreciate the women in our lives who support us, inspire us and motivate us. But we hope the messages of strength and resilience last much longer than the day, the week or the month, but can be drawn on for inspiration throughout the year and beyond.

Last but certainly not least, we wish to acknowledge that there are many more women working in public health that we have not been able to recognise here. Women who are respectfully admired, viewed as leaders and role models, all of whom deserve the highest accolades.

This report is in tribute to all women.

We hope this report tells a story of change and of hope. Change from the way in which women were once viewed and treated within the public health workforce (and beyond) to a world where women are challenging social and employment norms, where women are successfully leading in high profile roles, and where opportunities are more equal than ever before. We hope that the change continues in the present, the future and beyond.

We sincerely thank you for reading this report.
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The concept of ‘diversity’ has a growing definition; whilst originally used to refer to race and gender, it has moved beyond previous legal boundaries and is now used to incorporate a wide range of factors, including age, disability, sexual preference and body weight.

‘Inclusion’, by contrast, means acceptance, tolerance and respect for people regardless of their diversity.

Women are generally under-represented in leadership positions in Australia. In 2018 women made up 47% of the Australian workforce, yet represented only 17% of CEOs, 13% of chair positions and 26% of directorships. Australia considers itself to be a diverse nation, and this should be reflected in its public and health services. The Australian Public Service Commission analysed their diversity data in the public services in Australia, where women comprise almost 60% of the workforce.

The pay gap in public services, although decreasing, is still almost 8% between men and women workers. Women are over-represented in junior and lower-ranking jobs and under-represented in higher ranking jobs, primarily driving the gender pay gap.

Within the public service sector, 8.4% of employees (both male and female) report having an ongoing disability, compared with 18% of the Australian population. Those working with disability reported lower perceptions of inclusion and a higher incidence of bullying than those who were abled.

LGBTQI* representation in the public service workforce is also low at 4.8% compared with up to 11% of the Australian population.

Around 26% of Australian residents were born overseas, and this is almost represented in the public services workforce, with 22% reporting being born overseas. Similarly in line with population figures are the proportion of Aboriginal and Torres Strait Islander workers, with employee rates of 3.5%.

There are no figures available for diversity in leadership, or indeed diversity in the women’s workforce and leadership.

This is problematic. Diversity in leadership is crucial and diversity in feminism is equally important. Feminism has a history of being centred around white, middle class women and their specific issues, meaning the unique issues of women in lower socioeconomic groups, women of colour, disabled women and women identifying as LGBTQI* have suffered further oppression.

Women are under-represented in leadership positions both within the public sector, and outside of it. Gender diversity in leadership is also important. Companies with women board members outperform those with male-only members and employee loyalty is higher in workplaces with female representation in leadership.

However, what may be lacking is diversity amongst the female leadership; representation of women of colour, migrant women, disabled women and women identifying as LGBTQI*. Diversity within female leadership ensures that minority women are heard as equals and stride-makers.

A reason for the lack of diversity may be the voluntary nature of representation; diversity efforts require investment, funding and commitment to be successful. Only when all women are represented in leadership can talent within the workforce be engaged, retained and fostered. Diversity is essential to organisational growth.

How can we empower and increase diversity in women’s leadership? Advocacy is at the heart of all change. Women in privileged and powerful positions must advocate for diversity and elevate women from all backgrounds to leadership positions. Women have historically proven themselves to be a powerful force, and female leaders drive successful enterprises.

Imagine the power of a diverse collection of female leaders as we progress through the 2020’s!
Question 1: Who and/or what inspires you - and why?

“I am inspired by people who want to make a difference for the greater good”
– Penny Love

“People who are passionate and stand up for what is needed to make a difference to public health inspire me”
– Christina Pollard

I’m inspired by the many people whose daily labour is the foundation of our modern, and increasingly urbanised, world. For example, the farmers who lead the way with regenerative agriculture to feed and clothe us sustainably; the plumbers and engineers who are vital to the delivery of clean, safe water and repurposing of sewage and waste water; the teachers who inspire children from all works of life; the frontline human, animal and environmental health workers whose preventive efforts seek to keep us all healthy and safe into the future; and the amazing volunteers whose selfless dedication to community kept us safe during this Black Summer.
– Robyn Alders

I am inspired by visionary and courageous women who are persistent in their dedication to making the world a better place, particularly in relation to sexual and reproductive health and rights. One of them is Dr Edith Weisberg, a pioneer in family planning in Australia and a great mentor to me. Another is Wendy McCarthy who led the successful abortion decriminalisation campaign in NSW through years of advocacy. Women in leadership positions who support and mentor young women to become future leaders are also an inspiration!
– Deborah Bateson

Dr Pat Anderson (chair of Lowitja Institute) is a very inspiring Aboriginal Elder who I have worked with over many years, including through the People’s Health Movement. Pat’s wise and quiet manner and her leadership of the Lowitja Institute and unswerving advocacy of Aboriginal health issues is amazing.
– Donna Ah Chee

Professor David Sanders (who died suddenly in August 2019) has been an important inspiration for me as an activist academic who devoted his career to the cause of social justice and health. We worked closely together over 30 years through the People’s Health Movement. Don Dunstan was a political leader who changed things for the better and was brave and courageous in his leadership
– Fran Baum

I am inspired by so many people of all ages connecting and supporting their communities for better health and well-being. My rural upbringing on a farm in central New South Wales and in the local hospital with my hospital pharmacist mother, provided the foundation of grass-roots and participatory approaches to public health and instilled the importance of community. What inspires me is people collaborating across different sectors and disciplines for optimal health for people, animals and our environment. We saw this recently with the support to communities and wildlife affected by the bushfires.
– Andrea Britton

I am inspired by fearless reproductive health activists such as Debora Diniz. I am also inspired by achievements in public health where science has been effectively translated into policy and practice to reduce health inequity and save lives. This motivates my research efforts to identify evidence-based strategies and engage the stakeholders required for action to provide universal access to reproductive health.
– Angela Dawson

I am inspired by being able to assist Aboriginal people overcome the disadvantage that they continue to experience within a very rich country. As an Aboriginal woman I have devoted my life to helping Aboriginal people in different ways. Firstly through early childhood, then adult education and in the last 20 years through primary health care. I have been committed to Aboriginal self-determination, expressed through Aboriginal community controlled organisations in these different areas, as I think these organisations are the best way to make a difference for our peoples.
– Donna Ah Chee
I am an avid reader of the history of science/medicine, especially of the place of women in this. This extends to modern popular science forums and research blogs. I find much of this to be inspirational as well as being fascinating to read and learn from.

– Caroline Finch

Watching communities work together to solve big problems inspires me. Seeing community come together to discuss a wide range of issues such as mental health through to natural disaster recovery always reminds me of the power and value of community-led solutions to complex problems.

– Jane Frawley

People driven by principles and values related to social justice, environmental sustainability and human wellbeing.

– Sharon Friel

I’m always inspired by the activists in the Global Access to Medicines Movement. Some of these warriors have been fighting essentially the same battles since pharmaceutical companies and rich country governments blocked access to HIV/AIDS drugs for people in Africa in the 1990’s. Now it’s access to cancer drugs that’s the issue, and the activists are still having to make the same arguments and disrupt the same power structures. It’s often one step forward, two steps back, but they just never give up. I’d like to be that unflagging.

– Deborah Gleeson

I love working with people who are passionate about their field but broad in their conceptions, able to see connections between different approaches, thinking laterally but also being pragmatic. I am inspired by people who are able to deal with difficult issues (policy directions, or organisational issues for example) in a thoughtful, articulate way that is respectful of all
concerned but doesn’t dodge the hard conversations – I find this quite hard so always admire the approach!

– Michele Herriot

I have been fortunate to have been mentored by many people, in my family, community and in my academic role. For me though, my Grandmother Miriam Longbottom – or Nan Long as she was fondly known – was the one that pushed me to go as far as I could with my education, so my PhD is dedicated to her. Nan Long had to leave school in year three, to enter domestic service on the mission, where she scrubbed the floors of the mission managers house on her hands and knees for extra rations of food.

– Marlene Longbottom

Like most women I know working in public health, it’s the hope that I’m helping to improve the health of people and the planet that keeps us going. So I’m inspired by the occasional ‘wins’ and the many altruistic colleagues who contribute.

– Amanda Lee

I am inspired by people who want to make a difference for the greater good, which would explain why as an accredited practising dietitian I have worked mostly in the area of public health nutrition. For me it’s not good enough just understanding the barriers that exist to health, we also need to be exploring how changes can be facilitated to improve health outcomes.

– Penny Love

I am driven largely by my autism and its characteristic strong sensitivity to social injustice combined with an ability to hyper focus on my special interests. I am inspired by all strong feminists, from my idol Emily Wilding Davison (the martyr suffragette) to Gloria Steinem.

– Lea Merone

Those who speak truth to power; those who are willing to stand up for their beliefs; those who provide support confidence to others by being inclusive.

– Jane Martin

I am inspired by people who adhere to their personal values and speak out against inequality and injustice in all areas of life. People who “wear their heart on their sleeve” (especially women) who are passionate about making a positive difference in the world. There are many people who inspire me, in public health these include people like Professor Kerryn Phelps and Professor Susan Prescott, who both advocate to improve human and planetary health.

– Erica McIntyre

I am continually inspired by the early and mid-career researchers I am involved with. They are able to approach the complex problems we face with a bright new perspective. I get much pleasure from watching them tackle an issue with genuinely new ideas and optimistic enthusiasm.

– Professor Anna Peeters

People who are passionate and stand up for what is needed to make a difference to public health inspire me. ‘Frank and fearless’ public servants, academics and colleagues who are committed to protecting vulnerable populations from a lifetime of poor health are my heroes. Their ideas may not be popular (viewed as too hard or never going to happen) but with perseverance, rigour, hard work, like-minded people, humour and a little bit of magic, they come through.

– Christina Pollard

I am inspired by people who speak their truth with kindness, honesty and openness. They are passionate and driven. Their work serves a higher purpose.

– Fiona Robards

I am inspired by the wonders of nature. Human beings are part of the awesome natural world.

– Rosalie Schultz

I am inspired by Florence Nightingale. She worked from grassroots care through to policy change to
promote patient-centred, holistic health care. Her work professionalised a workforce and a health system through discipline, a scientific mind and humanistic principles.

– Aimie Steel

People who are committed to social justice – such as Jean McCaughey from Melbourne in the 1960s and 70s, Dr Kathy Alexander, the Director of Parks Community Health Centre when I worked there, and Professor John Spencer at the University of Adelaide – all inspire me. Also, the many individuals who struggle against the odds and who deserve a fair go. A number of such individuals humbled me at various times with their courage and provided a drive for me to try to make a difference.

– Kaye Roberts-Thompson

Leaders who have a clear vision and the drive and commitment to change, and the self-confidence to allow others to flourish and lead. It is these leaders that create the opportunity and space for the next generation of inspirational change agents.

Jacinda Ardern ... Sandy Pitcher ... Ilona Kickbusch.

– Carmel Williams

The aim of equity in access to quality health care inspires me to action. Working with people who share this aim in communities, in health services and with development partners, and the individuals I meet along the way that reinforce the inspiration.

– Maxine Whittaker

I’ve been very fortunate to work alongside many inspirational leaders in public health, whose enthusiasm has been infectious and whose actions encourage others to join them to work toward improvements in public health. I started work in the year the Alma Ata Declaration was made (1978), and I have been working toward achieving social justice, more equitable primary health care and more supportive and healthy environments ever since.

– Heather Yeatman
My early years were spent in Inala and in the Goodna, Redbank and Riverview areas of South-East Queensland. I never imagined as a young girl going to school or visiting the local shopping centre, swimming pool, library or church groups, that I’d go on to do the work I’ve done or do or live in other places, or to travel to other places.

On reflection, I think it is important to encourage young people, including very young people to dream and vision what might be possible, and not what is.

I learned from an early age from a number of people in my life that getting an education was important and that it was a way to have choices. My mother, and my mother’s family encouraged me to read and learn.

Some of my earliest memories are of walking to the council library with my mum and siblings. My grandparents would also show me their books, which were mostly books that had been given to them or that they got at charity shops. My grandfather loved books, which he’d later share and talk about. I loved talking to him about politics, racism, government, sport, church, and nearly anything and everything else.

I came to understand that book learning and gaining an education was a way to get through high school and then maybe ‘a good job’. I knew that having a reasonable job or a good job was a way out of monitored government housing, and a way not to have debt collectors chasing you, along with the opportunity to eat food regularly; to access medical and allied care; to be warm in winter; to buy or to be given more than second hand clothes, furniture and household goods; and to have access to transport to go to places in Brisbane, the Gold Coast, or further.

I also learned from my mother’s life at that time, and watching the lives of numerous other women in my family and community, that an education and having some independence as a woman was a way to not have to live with violent and abusive partners, family members or others. These earlier years established and shaped me as a young woman just starting out.

I worked straight out of school and at 21 began studying for a Diploma of Teaching (Secondary) in the 1980s. On graduation, I taught as a secondary teacher at a number of schools in South-East Queensland, including where I was once a student. In one of the classes I remember an exchange which had a significant impression on me.

On coming to understand that I went to school with the student’s mother, I disclosed that I was also from that suburb and had been a student at the school. The student said a range of things, including that I couldn’t have been from that school or that suburb because ‘I was a teacher’.
In the same week I also had an exchange with a school administrator in which it was raised how my siblings and me were always in trouble, and that he once told me I’d ‘be nothing’. There were a range of other events during the weeks that followed where I was given such rich learning about how low expectations are created, about what is and what could be, and an insight into why systems needed to change, along with the difference that we as individuals can make and that we can then collectively make.

My studies and experience has led me to work in government, both State and federal, along with community controlled organisations, and not-for-profit groups. I’ve also undertaken years of volunteer work in an effort to remain connected to community regardless of where I lived, and to give to others because my family and I have been on the receiving end and I know the difference this can make between one week and the next, and lives overall. I also pursued further studies. I’ve regularly and consistently juggled work, family and community commitments, study, and community volunteerism, all of which have been pivotal to my career, and my life’s trajectory.

I have learned that gaining an education was so much more than maybe getting ‘a good job’. As I’ve become older and grandchildren have come into my life I have increasingly begun to wonder what will life be like for them long after I’m gone? In addition, what will the lives of their grandchildren be like if change does not occur? I believe I started to fully understand the role of public health and the importance of population-based work early in life, through my own life’s experiences, along with what I witnessed, and what I’d read and heard from others. I later learned about the richness in understanding the necessity of research, evidence-based policy, and the importance of teaching at university. I know the difference that workers, family members and community members can make in influencing and changing the life trajectories of young people and the world in which we live.

Most recently, I accepted the position of Commissioner with the Queensland Productivity Commission (2016-2019) heading an Inquiry into Service Provision into Remote and Discrete Aboriginal and Torres Strait Islander Communities in Queensland and an Inquiry into imprisonment and recidivism. This work was challenging, and extremely inspiring and rewarding in terms of working with a dynamic team, key stakeholders, government, peak bodies and a range of communities, along with seeing the reports go to the Queensland Government and the changes that may result at systems and structural levels.

Throughout my career, I have tried to remain committed to getting in and just doing, and advocating as best as I can, and for opportunities for better lives as defined by people for themselves. I try to encourage others to push beyond the low expectations that others may cast of and for them. I remain committed to doing the work I do in the hope that I am contributing to systemic and structural change that results in change and improved outcomes. I share what I have here with sincerity in the hope that it inspires or motivates others even in a small way to also join or continue efforts for systemic and structural change.
Question 2: Describe a memorable or key moment in your career that allowed you to flourish as a public health leader?

“Humility is important so as not to lose sight of the purpose of what I do”
– Marlene Longbottom

The key moment would be when Professor Charles Kerr (Public Health, University of Sydney, who owned a farm near Taralga at the time) suggested that my higher school certificate grade was such that I should follow my dreams and change my top preference from Science to Veterinary Science (of course, the teachers at Crookwell High School played a big role in this as well!). Veterinary science training provides a solid background in comparative nutritional physiology which is helpful when trying to figure out options for sustainably nourishing humans and animals in a finite world.
– Robyn Alders

The moment of agreeing (after initial hesitation) to step up as Chair of the Australasian Sexual Health Alliance. This role allowed me to bring together different players in the world of sexual and reproductive health, to help break down silos and to support a collegiate multidisciplinary approach to enhancing equitable access to effective contraception and safe abortion care, amongst other SRH areas.
– Deborah Bateson

Not so much a key moment as gradually learning that being a leader depends on me being able to:
– praise people in the team (as one of my mentors said, “catch them doing things right”)
– be able to admit when I’d got it wrong (and enjoying doing so because it spreads the load!
– celebrate achievements rather than focusing on disappointment
– realise that when you decide to speak truth to power you won’t be popular with those who have power!
– Fran Baum

Volunteering as non-executive Board member for Vets Beyond Borders, an Australian non-government organisation that connects veterinarians and vet nurses with organisations both nationally and globally. As the board member with a public health background I assisted in assessing programs (India, Mongolia, Asia Pacific region, Botswana) and evaluating project impact. Representing Vets Beyond Borders at an international meeting of WHO and OIE in Geneva to develop a global framework to eliminate dog-mediated human rabies, with 300 other leaders in rabies control and elimination, was a key moment in my career. Subsequently I have worked as a public health professional globally to assist governments and NGO’s to eliminate dog-mediated human rabies, progressing this global goal by 2030.

The privilege of being keynote speaker at the Associated Country Women of the World 29th Triennial World Conference to share the messages about dog-mediated human rabies elimination and how their societies with over nine million women members can assist to eliminate this disease was a very memorable moment in 2019.
– Andrea Britton

The recognition I received when I won the Sax Prize for research impact was a milestone. It was an honour to be acknowledged for my role in making a real difference to the health of vulnerable women and girls.
– Angela Dawson

Soon after coming to work for Congress I was nominated to be the chair of the Central Australian Regional Indigenous Health Planning Committee. In this role I was exposed to key public health issues in relation to planning for an improved primary health care system through the implementation of the Primary Health Care Access Program in Central Australia. I learnt about needs based funding, core primary health care services, core indicators, workforce and other issues. I was also able to appreciate the key social determinants of health and oversee the development of key strategies to address
some of these. One such strategy was the Central Australian Substance Misuse Strategic Plan that led to the submission for the Youth Link Up Service known as CAYLUS which played a leading role in the introduction of OPAL unleaded fuel which has effectively wiped out the scourge of petrol sniffing. This success helped motivate me more in another key campaign I have helped to lead in reducing the supply of alcohol to reduce population level harms.

– Donna Ah Chee

Early in my career I applied for a job as an epidemiologist, but was told I was not suitable because I did not have a medical degree, I had recently completed postgraduate research as a mathematical statistician. However, the Director of the particular research institute was an internationally-renown researcher with great foresight could see the value of someone like me joining his dynamic public health research team. He provided me with opportunities to develop and lead aspects of the groups work, setting me well and truly onto a public health career path. I also learnt a lot from his leadership style, and I still incorporate aspects of that in my own practices today.

– Caroline Finch

I visited the late Prof Tony McMichael in the ANU. He offered me a position at the National Centre for Epidemiology and Population Health, working on ground breaking research into climate change and health inequities. This led to an inaugural ARC Future Fellowship which focused on climate change, social justice and health inequities. At the same time, Prof Sir Michael Marmot in University College London phoned to ask if I was interested in heading up the Scientific Secretariat of the global WHO Commission on the Social Determinants of Health, based with him at UCL. Yes! This led to me commuting between London and Canberra for 4 years. It was a dream - working with the United Nations and two of the world’s leading minds and great universities (UCL and ANU).

– Sharon Friel

One of the most formative moments in my public health career was around a decade ago when I heard Premila Kumar, CEO of the Consumer Council in Fiji, speak at a workshop in Brisbane about NCDs in the Pacific islands. After her talk, we discussed how the public health community in Australia could help. She challenged workshop participants to look at what our own government was doing that was making it more difficult for Pacific island countries to reduce the availability and affordability of unhealthy products. At the time, Australia was negotiating the PACER Plus trade agreement with the Pacific islands. I took up her challenge, and started looking into this trade agreement, and others that Australia was negotiating. A decade later, I’m still monitoring Australia’s trade agreements and advocating for greater attention to health in trade policy.

– Deborah Gleeson

I was fortunate to have the opportunity to take part in a number of national committees which expanded my horizons and gave me access to new public health models who were inspiring. But my career really progressed because I was fortunate to work with really talented, hard-working people who were passionate about health promotion and improving health outcomes and together we got a chance to progress some great things. I still get to do this through the Australian Health Promotion Association.

– Michele Herriot

The word leader is something I am somewhat uncomfortable with. Humility is important so as to not lose sight of the purpose of what I do. A pivotal moment for me has been the work I am currently doing. The Postdoctoral program, in particular the support of mentor, Professor Kathie Clapham, has enabled me to utilise an interdisciplinary approach to my work. This means I have been able to draw from other disciplines to be able to ask the deeper questions, to investigate the impacts of the race, racism, gender, sexuality,
disability, class and poverty, as they relate social and cultural determinants of health. The lives of multiply marginalised people can be impacted by so many factors. In society there is a tendency to blame those whom are often trapped within and across systems, all factors connected, and Indigenous people are impacted by these issues.

– Marlene Longbottom

There were few women employed in leadership positions while I was growing up. So without many role models, I needed to learn to embrace opportunities, rather than feeling reticent and unworthy. Going a little further upstream, free university education in the 1970s, and scholarships for secondary schooling prior to that, were absolutely vital.

– Amanda Lee

I was thinking of doing further postgrad studies and volunteered for a committee to develop dietary guidelines for South Africa (my home at that time). I ended up chairing the committee and undertaking a PhD which led to the adoption of the first national dietary guidelines in South Africa.

– Penny Love

As co-convenor of the Environment and Ecology SIG I have been able to develop policy for climate refugees in Australia. Writing and publishing on this topic has helped bring the situation to the forefront and the UN Human Rights Committee have just determined it unlawful to force climate refugees to return to their home country. It is exciting to be at the forefront of this issue with the policy developed through the PHAA. As a committee member of the PHAA Diversity, Equality and Inclusion special interest group I have the privilege of being part of a team who try to ensure everything within the PHAA is inclusive of diversity.

– Lea Merone

A pivotal moment for me was in 2006 when I moved from tobacco control into obesity prevention with the Obesity Policy Coalition. I was a very experienced tobacco control advocate and a respected knowledge expert. Moving out of my comfort zone to take on a new issue was a pivotal point. The change felt risky, however it turned out to be very rewarding and pushed me to take on new challenges, which in turn helped me to develop the confidence to take on leadership roles both within and outside my workplace.

– Jane Martin

A key moment of my career was being appointed to a public health research position. This has allowed me to flourish as a public health leader, as I’ve had the opportunity to collaborate nationally and internationally across disciplines with health professionals on transdisciplinary projects that allow me to focus on health prevention and promotion. I’ve also been able to use my skills to share my knowledge and experience with others through teaching and mentoring research students, which I love doing.

– Erica McIntyre

I found a great deal of liberation when I realised that my “leadership” did not have to be anointed by someone else. I think I was waiting for someone to say: you are ready for this role, grant or opportunity. I realised that there is no ready. Instead I see my work as a desire and commitment to do my best such that if I see an opportunity that looks interesting, rewarding, and like a good use of my skills, it is probably worth a go. I don’t really see myself as a ‘leader’. Essentially I want to do lots of good things that have the potential to do a lot of good, and I realise that that requires working with lots of good people, supporting them and sharing what I do with them.

– Anna Peeters
At the Department of Health in Western Australia our team flourished under the leadership of two women, Margaret Miller and Cathy Campbell. Everyone was encouraged to be their best and mistakes were considered learning experiences. I learnt a lot from this team, and was supported to take the WA 2&5 fruit and vegetable campaign to Victoria, working for Deakin University’s Food and Nutrition Program. Again, working with inspirational people who supported me, I broadened my public health career and made lifelong friends.

– Christina Pollard

Being asked to lead the development of the NSW Youth Health Policy was an exciting opportunity which allowed me to thrive. Then, doing my PhD on the Access 3 study, funded to inform the current policy, was another opportunity. It is satisfying to work in both policy and research, bridging these two areas, and for my PhD to create significant policy impact.

– Fiona Robards

Showing Yukultji Napangardi her international prize-winning painting and global recognition of her skills and expertise on the clinic computer screen brought to me the amazing privilege of working with Aboriginal communities. Where else could an internationally recognised artist be under my care?

– Rosalie Schultz

I was encouraged by a colleague to abandon an extremely disappointing clinical Masters I was enrolled in and change to a Masters of Public Health at the University of Queensland. This led to me connecting with a small but growing group of Australian researchers leading public health research in complementary medicine internationally.

– Aimie Steel

Certainly there was a point as a part-time private practitioner when I recognised that individual patient care did not address the underlying causes of ill health. There is not one particular moment that allowed me to flourish in public health, rather particular mentors. Dr Kathy Alexander, the Director of Parks Community Health Centre when I worked there, and Professor John Spencer at the University of Adelaide. Both these people believed I had something to offer and encouraged me to look at the big picture, where I could help make a difference for the most people, a population approach.

– Kaye Roberts-Thompson

The opportunity to support Professor Ilona Kickbusch during her time as a Thinker in Residence in 2007. Professor Kickbusch had been a thought leader in the field of Health Promotion since she and other leading public health colleagues drafted the Ottawa Charter for Health Promotion in 1986. The concept of Health in All Policies was first introduced to South Australia, during Ilona’s residency and I have had the privilege of leading this work in South Australia, with support from the World Health Organization since that time.

– Carmel Williams

The belief in me by my first public health employers (the Population Council) and within that organisation the mentoring provided to me by two women. They saw my potential, affirmed my vision of a career and provided me opportunities to network with global health experts. This kick-started my career post MPH.

– Maxine Whittaker

Three events come to mind that were key in my career. I was invited to join the Board of the then Australia New Zealand Food Authority (the precursor of FSANZ – Food Standards Australia New Zealand) which not only put me in a position to influence the total revision of the food standards across the two countries and include more labelling requirements to support public health outcomes (eg mandatory allergen labelling and nutrition information panels) but also facilitated involvements in a range of other policy influencing roles across the food system, such as agriculture and veterinary chemicals, complementary medicines, food safety. The second event was becoming President of the Public Health Association, which not only is pinnacle in terms of public health leadership per se, but provided strategic opportunities to work alongside other public health leaders but also was instrumental in inspiring, mentoring and enabling so many young public leaders to achieve their goals.

– Heather Yeatman
Almost 60 years ago, I finished high school and wanted to study medicine. That was a problem for me because the sect my family belonged to didn’t permit girls to go to University, largely out of concern that extra qualifications might put a woman in a position of authority over a man! Buoyed by a sense of unfairness and a burgeoning interest in feminism, I decided to leave the sect. That would also mean leaving my family.

With a top pass in the Leaving Certificate, I could easily get a scholarship to pay my university fees, but this wouldn’t give me the living allowance I’d need to support myself. That could come with a cadetship, but in 1960, cadetships weren’t available for girls because recipients were bonded to work for the provider for 5 years after finishing university. That was not compatible with the requirement of many jobs at that time for women to leave if they married and had children. In practice, then, only males could apply.

I checked the application form for the one cadetship available for medicine. It didn’t ask about gender (as it was only for males), so I applied including my surname and first name initials. My exam results ensured I got an interview but the selectors were perplexed and dismissed me when I was obviously female! However, one of the selectors, Dr John Krister, came and asked me why I had applied. Later, he phoned me at home and suggested that the Department of Health could arrange a cadetship if I would settle for a science degree followed by post-graduate qualifications in nutrition and dietetics. The Department needed nutritionists. There would be a 5-year bond, but Dr Krister could see no reason why the five years needed to be consecutive. His quiet manoeuvring eventually led to all cadetships becoming available to women.

During university holidays, I was obliged to work for the Department of Health. They allowed me great flexibility in what I chose and this work experience proved to be valuable throughout my working life. I accumulated experience in many areas and made lasting personal contacts, all related in some way (large and small) to public health nutrition.

Dr John Krister moved from the Publicity and Nutrition Section of the Health Department to head up an expanded Health Education Branch. Here we learned to work with other disciplines. Before we released a press report to encourage Australians to eat more apples, I remember going to the Department of Agriculture to check if there would be enough apples in season – we didn’t work in silos!

In my final year of study (1966), I had married. That year married women were given permission to stay on in the public service, although pregnancy would mean leaving the job.

Two years later, when I became pregnant, Dr Krister did not think pregnancy would or should interfere with a woman’s desire to keep working, so I continued working until about 6 weeks before my baby was due.

Six months later, I got a call from the Department asking if I could give talks to pre-natal classes (taking my baby if desired) and also work from home, writing booklets, pamphlets and press releases. This was 1969 and the enlightened Dr Krister considered it was fine to pay me when working from home. This quiet man was an inspiration who taught me to think outside the conventional ‘square’.

In the 1970s, I became involved in anti-smoking campaigns and joined the MOP-UP group (the Movement Opposed to the Promotion of Unhealthy Products). As well as the (mostly) law-abiding people working in public health, a more radical group, BUGA-UP (Billboard Utilising Graffitists Against Unhealthy Promotions), sprang up. Some of us may have contributed to BUGA Up’s fighting fund for spray paint (and fines).

Working in the field of Public Health involves persistence, patience and long-term lobbying to effect change. Efforts from many groups eventually stopped cigarette advertising. We’ve not yet been successful in stopping advertising of alcohol or junk foods drinks to children. And this is unlikely to occur until government policies and priorities are free from the influence of those with vested interests in promoting unhealthy products. That’s our next goal and it’s hard to fully retire while there’s so much still to be done. Perhaps we need to re-establish MOP-UP as we fight on.
Question 3:

What has been the most significant barrier in your career and how did you overcome it?

“I started my internship and residency at St. Vincent’s Hospital at the (relatively) late age of 29 with three very young children in tow after completing the Australian Medical Council Certificate exams in between breastfeeding”

– Deborah Bateson

“Overcoming the expectation that I would live and work in the local neighbourhood, in a blue collar job, was key to my career trajectory”

– Sharon Friel

“The same power imbalances that entrench sexism and racism, also underscore lack of evidence-based public health policy actions”

– Amanda Lee

Disciplinary silos for sure. How is it that public health nutritionists have so little contact with the farmers who produce the fresh, nutritious food that is so important for good health? I’m looking forward to overcoming this barrier with your help.

– Robyn Alders

I had an unconventional pathway to medicine, having completed my medical degree in Hong Kong after an undergraduate degree in biochemistry at Oxford University and a Masters degree in human nutrition at the London School of Hygiene and Tropical Medicine. I started my internship and residency at St. Vincent’s Hospital at the (relatively) late age of 29 with three very young children in tow after completing the Australian Medical Council Certificate exams in between breastfeeding. The long hours were challenging but I managed to persuade the hospital to make me their first job-sharing junior doctor. They agreed on the condition that I find others to job share with and that it would be seamless in its execution – it went brilliantly!

– Deborah Bateson

I haven’t always found it easy to be a researcher who mainly uses qualitative social science research to look at the social determinants of health in a medically dominated world. I’m glad to see qualitative methods have slowly come to be more accepted and I hope I have played a part in that. The health arena though is still dominated by medicine and medical solutions, and social determinants of health are paid lip service but rarely acted upon. My response is to just repeat the evidence, but I fear I can sound like a broken record.

– Fran Baum

As a veterinarian and public health professional, moving into the public health sector at the animal and human interface of zoonotic diseases, resistant microbes and food security and safety, has not always had a linear career pathway. People would see that I was a veterinarian and did not understand that this provided excellent training and experience to support working as a ‘one health’ public health professional. I overcome this by undertaking a Masters of Public Health at the University of Melbourne School of Population and Global Health, volunteering on boards and increasing my professional network within public health both nationally and globally by joining PHAA and special interest groups in public health of the Australian Veterinary Association.

– Andrea Britton

It was challenging not to have a mentor to help steer me in the right direction and help with connections early in my career. However sheer determination, risk taking, strategic relationship building and a ‘never give up’ attitude propelled me.

– Angela Dawson

The most significant barrier in my career was finding a way to overcome the initial education disadvantage I had experienced when I left school in year 10. Thanks to Tranby Aboriginal Cooperative College in Sydney I was able to find my way back into education and graduate from Year 12. I was then able to later build on this with tertiary studies in management that was then critical to securing my role as CEO of the Institute for Aboriginal
Question 3, continued

Development (IAD) and my current role as the CEO of Congress. Although it has been one step at a time without Tranby, which was a life changing experience for me, the rest probably would not have happened.

– Donna Ah Chee

Sometimes people are pigeonholed because of their background and inherent biases around that. In a later job move, once again I was appointed to a broad research team, but because of my mathematical statistics background I was placed on research projects that were all about computer modelling and predictions relating to engineering design related problems, despite my having no interest in that particular application area. I was told I could remain within the research centre to work on the population issues I was interested in, but only if I secured my own salary support for that work. Fortunately, there was a woman professor in another part of the centre who was able to mentor and support me in this, leading to the start of a long history of NHMRC research fellowships to conduct my public health research with sports medicine application.

– Caroline Finch

Time continues to be the most significant barrier – definitely have not overcome it… Researchers are advised to stick to a particular research area but I seem to stray a lot. There are so many fascinating research questions out there...

– Jane Frawley

I am from a very working class family and neighbourhood, where going to university was unheard of. Overcoming the expectation that I would live and work in the local neighbourhood, in a blue collar job, was key to my career trajectory. If it wasn’t for my high school chemistry teacher (a woman and lets remember how few women there were in science in the early eighties). She encouraged me to go university, which I did. No one else in my family had gone to university. I would like to think that when my niece started at Edinburgh University that I helped show her what is possible.

– Sharon Friel

Lack of self-confidence and imposter syndrome have definitely been barriers for me. I’m not sure I’ll ever ‘overcome’ these barriers, but I’ve learned to use some psychological tricks for getting past them. For example, if I’m talking to politicians, I imagine them in a supermarket pushing shopping trolleys. If I’m giving a speech to a room full of experts, I pretend they’re all students. Essentially, I fake it ‘til I make it. Years ago, Vivian Lin gave me some great advice that has stood me in good stead when applying for opportunities like research grants and promotions: “Think like a man” (in the sense of believing in yourself and not hesitating to claim what you have earned). It works!

– Deborah Gleeson

Racism; hegemonic whiteness; patriarchal heteronormativity. There is a historical and ongoing issue in Australia that embeds hegemonic whiteness as the status quo that includes racism experienced through the ideology of the necessity to conform to and assimilate into the western systems. These experiences have been throughout my personal life, as well as in my time of working as an Aboriginal Health Worker in the health and then within the human services sector prior to moving in to the field of research. I still experiences these encounters today; the difference is that I have a language to speak to and call these encounters out. These experiences have been a variety of microaggressions through various forms of experiences of communication to myself directly or indirectly, also overt generalisations through macroaggressions. How I have overcome this,
is to learn the tools of the coloniser, to use the theories to flip the stories so that Aboriginal people are centered and their experiences are told from an Indigenous perspective and one of strength and power. While also maintaining the academic rigor so as my work to not be dismissed.

– Marlene Longbottom

The same power imbalances that entrench sexism and racism also underscore a lack of evidence-based public health policy actions. Recognising this has helped build my determination and resilience.

– Amanda Lee

Probably a barrier faced by most practitioners and researchers working in health promotion and obesity prevention, is the lack of political will and recurrent funding allocated to preventative health. I’ve developed a thick skin and creative licence, learning how to reframe the prevention narrative whenever a potential strategy or funding opportunity appears.

– Penny Love

As a disabled woman, I face many barriers. Simply having a phone call using hearing aids can be problematic and sometimes events such as conferences can be difficult to access. My main tip for overcoming barriers is firstly perseverance and secondly never accepting the barrier – creatively finding ways around it and alerting others to its presence. Finally advocating for removal of barriers and accessibility to ensure other disabled people have access is vital.

– Lea Merone

After I had children, I felt at times that I was overlooked and/or lacked visibility – this seemed to stem from being on maternity leave, working part-time, or acting in a supportive rather than leadership role. Although my aim when I had a family was not to go backwards in my career, I was still ambitious, but there were many situations when I felt I was missing out on opportunities. I dealt with this by being more deliberate in directing and building my career. I’m not sure it was the best time to start a Masters in Public Health!

With time, I became more confident in putting myself forward and making it known that I was still wanting to take on new challenges, broaden my experience and stretch myself. I developed professionally and was able to continue moving forward with my career as a result, but I have never forgotten that feeling...

– Jane Martin

The most significant barrier in my career as an academic is insecure employment and related burnout. I can’t say that I’ve overcome this. It’s a work in progress. It’s really helped to have good mentors though. Knowing what you need to focus on to progress your research career and be competitive for research funding is an important skill that I’ve been developing. Developing strong professional networks has also really helped me get this far.

– Erica McIntyre

Trying to maintain a strong home life, holding onto after school and weekend work-free time, has made it difficult to “play with the big boys”. To help with this I work to the concept that timing in career progression is arbitrary. Also, accepting that one can’t do everything but you can do many things well. But the most important thing has been developing an excellent team- the people I have worked with has made all the difference. I have been supported by them to push boundaries and try new things, and we have had a lot of fun doing it!

– Anna Peeters

The decision of the Western Australian government to outsource the health promotion function was a significant career challenge. It was sudden and our high performing team of ~35 people had to find alternative work. I spent time accessing training for our staff and
Question 3, continued

assisting them to find new positions. Personally, I was invested so much in my work that I suffered a significant loss of professional identity. My family, friends and colleagues were extremely important in helping me get through this barrier. Looking back, opportunities opened up for everyone as we moved into our next career phase.

– Christina Pollard

Some people in leadership roles do not behave ethically. I’ve learnt that permitted actions are not always fair. Systems and assumptions that support poor behaviour need to be challenged.

– Fiona Robards

A great challenge to me is balancing my concern for ecological threats to health with the demands on me to act as a clinician.

– Rosalie Schultz

Probably my chosen topic. Complementary medicine is frequently dismissed by journals, funders and collaborators as unworthy of researcher attention, despite the high prevalence of use in the community. I overcome this barrier by focusing on strong, rigorous methodology so that my work cannot be disregarded despite the topic.

– Aimie Steel

The biggest barrier to my career was a late start. I came to public health in my early 40s, after having five children. I was then determined to make the most of every opportunity. I was lucky to have been given leadership opportunities in community settings which had built some skills. As I developed a career I was given many opportunities –and probably said yes to too many! However I learnt a great deal which gradually built a career. Fortunately I have great support from my family.

– Kaye Roberts-Thompson

People in executive roles that aren’t prepared to take risks, and are threatened by others that do. The changes we need in our society often require new and innovative approaches. Innovation is inherently risky. In addition, superiors who are more driven by in self-interest and self-promotion than delivering positive outcomes for the community. They can be very destructive and undermine good work and good people.

Work within boundaries as much as possible, but be brave and prepared to push when required. Accept that this may have some negative consequences. Identify mentors and develop a strong network of collaborators and partners that can offer support and advocate when needed. Always share the successes, so that the work is recognised as a collaborative effort and everyone involved is recognised and acknowledged.

– Carmel Williams

I have unfortunately had a few male managers (the minority) who seemed to feel intimidated by successful women. However, I kept my eye on the main game – to make a difference, refuse to be intimidated and reach out to help and support other women in similar situations.

– Maxine Whittaker

Barriers come in many guises – from political inertia on important public health policy issues to overt obstruction from those with agendas contrary to achieving public health outcomes. I certainly have not overcome such obstacles, but I have developed strategies to not become disheartened, to have patience and to anticipate what the obstacle or contrary arguments may be, and have both the strategies and colleagues to work around them.

– Heather Yeatman

Former PHAA President Professor Fram Baum
“Compassion, integrity, honesty, humility.”
– Rosalie Schultz

“We have the ability to listen and listen deeply. We don’t miss the important things being talked about and we are therefore able to quickly learn from others”
– Donna Ah Chee

“I think women bring to leadership a unique understanding of what it is like to battle to have their voices heard”
– Lea Merone

Perhaps the question to ask before this one is, what environments enable women leaders to flourish? Women tend to be motivated by a desire to make a positive change for the benefit of others and to do so harmoniously. So perhaps we need a diversity of women leaders, from those who can survive and flourish within the rough and tumble of more ‘masculine’ work environments to those who succeed in ‘more feminine’ collaborative and community-based arenas.
– Robyn Alders

While we are all individuals with individual strengths (and weaknesses) I think we can say women are good at bringing together and inspiring people and are able to multitask and wear several hats at the same time. And we gain strength and resilience by overcoming the odds in what is still often a male dominated world.
– Deborah Bateson

I think both men and women make great leaders when structures encourage them to do so – we are all creatures of the social, economic and political structures that surround us.
– Fran Baum

I have often thought about why women make great leaders and am especially inspired by ‘modern’ female leaders of the 21st century like Jacinda Ardern, Prime Minister of NZ. Women leaders have an authentic way of showing empathy and compassion, they relate to people and community concerns and take action developing trust and respect. Women leaders have a communication style that is generally inclusive and consultative as required, this engagement leads to shared visions and ownership. A great women leader is prepared to be vulnerable, sharing her wisdom and setting clear boundaries.
– Andrea Britton

Women probably have greater capacity for leadership because of their socialisation. They are more likely to take initiative, drive for results, display high integrity and honesty and support others to perform. Research shows this too!
– Angela Dawson

Women make great leaders for many reasons. Firstly we have the ability to listen and listen deeply. We don’t miss the important things being talked about and we are therefore able to quickly learn from others. Women also have a great ability to empathise with disadvantaged people and demonstrate compassion. This seems to flow on from our experiences in nurturing children as well as our experience in suffering from discrimination as women. This also leads to a stronger sense of injustice which makes us strive harder for justice for all. Women also have the ability to stay focused and not get distracted onto other issues which are less important even if they are getting more attention from others. Women care less about what others think and are more likely to act on their own convictions and intuition.
– Donna Ah Chee

In public health, it is important that we connect with and actively engage our stakeholders and end-users of research evidence. Women are naturally great connectors, with a strong affinity with the communities they serve.
– Caroline Finch

Question 4:
Why do you think women make great leaders?

Women probably have greater capacity for leadership because of their socialisation. They are more likely to take initiative, drive for results, display high integrity and honesty and support others to perform. Research shows this too!
I have been fortunate to know many great female leaders in public health. By and large, women are great communicators, lead by example, have high emotional intelligence, are adept at wearing different hats and are often naturally empathetic.

– Jane Frawley

I think anyone with strong social values, a vision, determination and compassion makes a good leader.

– Sharon Friel

In my experience, women tend to be better team players than men. We are more likely to pull our weight, recognise and nurture the strengths of others, and share the credit when we succeed. So much that’s important in public health gets done in teams. This sometimes works against our career advancement though, because in a competitive and individualistic men’s world, being a great team player doesn’t win you any accolades.

– Deborah Gleeson

I’ve been lucky enough to work for a number of great female leaders at different stages of my career. All were strong advocates for issues of importance and were committed, articulate and clever. As leaders, women tend to be more generous with their time, supportive of their colleagues, empathetic and less likely to play games. The female leaders I admire are also good communicators and understand that work is only one (very important) part of people’s lives.

– Michele Herriot

In my community and family, Aboriginal women are leaders – period. That is an uncomfortable space for many who believe we have to fight for our positioning. In my community, we know where we stand and who stands with us, and we are unapologetic about that. To me it’s normal to see Aboriginal women marching, demonstrating their sovereignty and warriorship.

I think a great leader is someone who can lead from the front when needed, lead from the back so that others are pushed forward, and is effective, consultative and humble. Humility is important in leadership. Women have the capacity to share leadership and not be overcome by ego.

– Penny Love

I think women bring to leadership a unique understanding of what it is like to battle to have their voices heard. Because of this, women are more likely to invite others into their space to speak and ensure a diversity of voices are heard. Democratic leadership is a strength and I think the fact many women have struggled to be heard gives them a personal understanding and makes them more open to suggestions and input from peers and juniors.

– Lea Merone

I think that women are often able to provide a different point of view and enable consensus, in a way which is often more inclusive. Being able to show empathy and to set aside ego for the general good, is a skill that many women have. However, the broader structural barriers remain and we need to address the current imbalance in society. This is about rebalancing the status quo to include the voices of women and others, to ensure that we are truly reflecting the nature of the society that we live in.

– Jane Martin

Women make great leaders as they tend to have traits such as being empathetic and having good emotional intelligence, which make them good communicators. This means they are also good at understanding and
respecting other people’s experiences. Women also understand adversity as they have usually had to work hard to gain recognition in a world of gender inequality—often this leads to women being advocates, mentors and role models for other women.

– Erica McIntyre

Of course generalisations are only that, but in general they have a strong capacity for collaboration and thinking about things from multiple perspectives which means that they can draw many people together and provide pathways of mutual benefit. I think they often look naturally for the win-win.

– Anna Peeters

Women are well placed to draw on their innate wisdom and compassion to support others to make a difference. They often bring a ruthless but generous compassion and have an understanding of humanity that is uniquely feminine. Women are often practical and consider adversity – fundamental leadership skills.

– Christina Pollard

Women can make great leaders. They lead change to achieve positive outcomes for all. They care about the bigger picture, not their own careers. They acknowledge the work of others and their contribution.

– Fiona Robards

Compassion, integrity, honesty, humility.

– Rosalie Schultz

Irrespective of gender, all leaders need to have strength of conviction and compassion. They also have to be prepared to support the next generation of leaders.

– Aimie Steel

Leadership requires a number of characteristics which are found in both men and women, perhaps more often among women. I think those characteristics include a clear idea of the main goal, a recognition that a variety of skills and people are needed to achieve the goal, a visible valuing of the people and skills involved, an open door approach and a willingness to listen and learn.

– Kaye Roberts-Thompson

Individuals are great leaders – this is not determined by gender. However, having made that statement, please find a few other thoughts – that are generalised. While there is obviously significant variation, women can be less competitive than their male counterparts and therefore can find it easier to share power and decision making – a critical skill for success in many of today’s work environments.

Strong interpersonal skills and emotional intelligence are key requirements in the workforce of the 21st century. Society trains girls to be more connected to their emotions and expects them to be able to read the emotions of others. This sets women up well to be able to draw on these skills in the work environment.

– Carmel Williams

I think the qualities of empathy, commitment, being able to think laterally and be future focussed are quality women can bring to situations and then lead well.

– Maxine Whittaker

There are many strengths of leaders, both men and women, but an advantage of women is that we often bring a different perspective to the table. This is a role of anyone ‘different’ at the table, from gender, cultural background, socio-economic background, age, etc. Presenting (feasible, exciting, innovative) ideas that are not ‘normal business’ is very powerful. The second attribute is to bring people along with you, again an ability that many women have.

– Heather Yeatman
Journey:
Fiona Stanley AC

My Lucky Career

As I walked in to the foyer of the London School of Hygiene and Tropical Medicine in early 1973, I had little idea of how the next 3 years would radically change me from a disenchanted clinician into a passionate public health doctor. Having graduated in medicine from UWA in 1970 (one of only six women in a course of nearly 90 students), I completed my 2-year residency training and was interested in paediatric neurology. However, during those 2 years, I also worked voluntarily in the Aboriginal Advancement Council in East Perth, well before there was an Aboriginal controlled health service in WA (Redfern had just commenced in NSW). Exposure to the living conditions of Aboriginal people all over WA through visits to all missions, reserves, camps and towns from the Eastern Goldfields to Kulumburu had a huge impact on this white, privileged girl. The preventable deaths and diseases caused by these living conditions planted a seed of discontent with clinical medicine and a yearning to identify causes of diseases and how to prevent them. After traveling across the world with a rucksack and a future husband scientist, the stop in London and my chance finding of LSHTM, changed my life. I now knew that I could practice medicine and it was prevention that would drive me from then on.

NHMRC in Australia had started to realise that we were behind in epidemiology and biostatistics, the underpinnings of and essentials for good public health. They offered Training Research Fellowships for clinicians wanting to study public health; these had to be taken up overseas as no training in these disciplines was available in Australia. These provided 2 well-funded years for course-work (3,000 pounds per annum) and one year back in Australia with a setting up grant ($4,000). Luck was on my side; I was in one of the top public health training facilities in the world, with lecturers who were the most exciting and well known internationally. My classmates included Iain (now Sir) Chalmers who set up the Cochrane Collaboration. The faculty and fellow students became my close friends and are still part of my extensive international public health network, so important for my career. Living in an attic in Islington, riding a bike around London and the gorgeous UK countryside, experiencing the 1970s culture there was just a terrific, broad and cheap education for a parochial young woman from isolated Perth!!

I lived, ate and breathed a social justice agenda – reading, marching, concert and play-going with like-minded young people – it was heady!

After completing the MSc (topping the course and winning the Chadwick Prize much to my astonishment and joy) I accompanied my husband to the National Institutes of Health in Bethesda Maryland, near Washington DC. Lucky again, I was offered a Visiting Scientist position in the National Institute for Child Health and Development. Building on my research thesis entitled “Mortality and Morbidity of Low Birth Weight Infants in SW London”, NIH gave me an open cheque to run an international symposium of my choice!! This would never happen today – I was an unknown inexperienced (but very keen!) epidemiologist who wanted to be the next perinatal and child public health expert. I used the money to invite all the top researchers in preterm birth (prematurity in those days) to a 3 day meeting in Washington. Obstetricians, geneticists, epidemiologists, infectious disease experts and others gave papers (what do we know and what do we need to do) and I wrote up and edited my first book (The Epidemiology of Prematurity). This was in 1976 and the first cohorts of very premature babies were now surviving due to intubation, oxygen and intensive care. The contribution of growth restriction in utero and preterm births to low birth weight was still being worked out and of course we were interested in what this new generation of survivors would be like in terms of developmental disorders.

This and the thalidomide epidemic dictated my initial research career back in parochial Perth! From my experience in UK and USA, I wanted to 1. Expand, link
and analyse total population birth, death, hospitalisation and other data in WA; 2. Set up registers of congenital malformations and cerebral palsy (to detect the next thalidomide and to ascertain the neurological outcomes of preterm and low birth weight infants); 3. Analyse data on Aboriginal mothers and their children to quantify the “gap” and what factors might improve outcomes. Thus the WA MCH Research Data Base was born, heavily supported and influenced by Professor Michael Hobbs who was one of the world’s pioneers in record linkage. WA and now Australia owes him much.

Bruce Armstrong established a Unit in Epidemiology and Preventive Medicine at UWA and invited me to be its Deputy Director. From this we developed the top public health group in the nation, doing research and building capacity. After taking over the unit, I had a vision of a Research Institute in Child Health which would include population health, clinical research and basic science, building on research strengths in WA. The (now) Telethon Kids Institute has grown to be one of the most successful medical research institutes nationally.

I was lucky to be in at the beginning of public health in Australia, to receive successive grants from NHMRC and others, to recruit top researchers who have become leaders in their field (Carol Bower in Developmental disorders who did her MSc at LSHTM and her PhD on folate and Neural Tube Defects, Steve Zubrick who leads Australia’s youth mental health and child development agenda and many more). Maybe women leaders create harmonious working environments; they certainly produced result for us. It seemed that in the 1990s and early 2000s we could implement our visions for good public health science.

Lucky again, and unusually for a woman, I was prematurely promoted to major national and international positions – in the late 1980s I served on the National HIV/AIDS Council, appointed to Chair the AIHW, served on NHMRC Research Committee and in the 1990s on the International Board of the BMJ. This gave me considerable experience, built my knowledge base and networks, and enhanced my leadership capacity. It was the era of “putting women on committees” and I sure benefitted from that!

I have loved my public health career. It has been so exciting to do good science, to implement effective preventive programs, to champion data and data linkage, to train and mentor new leaders including a number of outstanding First Nations scholars.

The secrets of success are to learn to communicate effectively, to recruit the best and most critical scientists to your team, to read the literature widely and to “go for the jugular” i.e. to research the next most important question that really needs to be answered to move the area forward.

I have valued my teachers and mentors, my colleagues have become my friends and my life has been a rich one. I hope that those reading this will be inspired to pursue their careers and achieve success too.
Question 5:
What is the one piece of advice you would give to the next generation of female public health leaders?

“It trust yourself and keep a strong focus on why you do what you do. This will keep it rewarding for you, and quality will always shine through”

– Anna Peeters

“Seek out a mentor early, ask others for support, and actively solicit feedback on your performance in all aspects of your life”

– Jane Martin

Think about your passions, think about your skills, think about who you’d like to work with to make a positive difference and find a great mentor.

– Robyn Alders

Be bold and take risks but also know that this means you will have to take some knocks, so look after yourself. Mentor and inspire young women to be future leaders – succession planning is an essential part of leadership.

– Deborah Bateson

Be brave and maintain optimism and hope and be passionate about what you are doing. Arrange some coaching from someone you respect – I’ve had three great coaches over my life and they have been really important in assisting me as a leader.

– Fran Baum

Have a willingness to fail (try hard but not necessarily succeed) and resilience to pick yourself up again. It is important to look after yourself mentally and physically and prioritise how you use your time. Keep focused on operationalising your values (lead by example) and being true to your word (strong integrity).

– Andrea Britton

Surround yourself with passionate, committed and talented individuals – will need a good team to help you lead and you must mentor others to step up after you.

– Angela Dawson

It is really important to remain grounded in the issues being experienced by the most disadvantaged people in any society. Public health is all about achieving equity and social justice, and this requires a deep knowledge of, and commitment to, improving the lives of the most disadvantaged.

– Donna Ah Chee

Be true to yourself. Identify your own core-values and always work to maintain them. It’s when these values also mirror or fit well with those of the communities we wish to influence or serve, that public health efforts can be maximised and career success guaranteed.

– Caroline Finch

When it gets tough, remember what inspired you in the first place.

– Jane Frawley

Reach beyond your comfort zone - you don’t need to know all the answers but you do need to know how to ask for guidance and work with others who know other things – that makes incredible team work. Think big, be courageous, but be evidence based and be gracious at all times.

– Sharon Friel

I’d pass on Vivian Lin’s gem: “Think like a man!”.

– Deborah Gleeson

Have a solid understanding of what supports (and hinders) the health of individuals and communities so you always bring this broad perspective to your work. You can then work out where your focus or speciality fits in the big picture and find role models in that area – it can take a while to find that focus area, but keep at it. And also be generous to people! (I know that’s two!).

– Michele Herriot

For Aboriginal women – find your place in the field. Be led by your community knowledge and always adhere to
cultural protocol, even if this means going against your role in public health. There are spaces where people will attempt to exclude you. If that happens it’s ok. Work out how to go around it, but always maintain cultural integrity and dignity. Sometimes we are burned by the experiences, but these can be great lessons later on. Keep moving forward and doing what you need to do.

– Marlene Longbottom

Pace yourself and never give up.

– Amanda Lee

Don’t be intimidated to ask that first question. Women are 2.5 times less likely to ask questions in meetings, conferences etc than men!! If we want to create visible female role models, then we have to speak out to be seen and heard.

– Penny Love

The world is hard, and the public health world can be full of set-backs and disappointments. Celebrate every win, persevere, and when a door closes search for a window. Take time out with friends and prepare for the long haul rather than the short gains.

– Lea Merone

Crowdsource. What I mean by that is to seek out a mentor early, ask others for support and actively solicit feedback on your performance in all aspects of your life – and by the way if you have children they will give you feedback whether you like it or not!

– Jane Martin

Seek out good mentors, collaborate with people who share your values, and lead by example.

– Erica McIntyre

Trust yourself and keep a strong focus on why you do what you do. This will keep it rewarding for you, and quality will always shine through. And, leaving your comfort zone is hard work and scary, but that really is where the magic happens! Also, most opportunities will come along again, so it is ok to say no; ask for help when you need it; make sure you take some time out to celebrate when something goes well.

– Anna Peeters

Follow people you admire, and form strong colleague relationships with public health people, both men and women. Understand that there will be times during your career where you may be absent, for example, if you have children or are caring for elderly parents. Always try to look to the big picture, family and relationships are important. If you can, find something you are passionate about and be prepared to be in it for the long haul. I work to a motto: “What, without me, might never have been known?” and always seek to give back.

– Christina Pollard

Don’t sit back. Create the right networks. Look for opportunities and openings and step forward into those spaces - both for yourself and so you can better help others.

– Fiona Robards

I like to see myself as a public health practitioner undergoing on-going education, learning and development. Each public health practitioner brings unique life and educational experience to the role and we need to learn and work together.

– Rosalie Schultz

Your experience in the world brings an important perspective to public health practice and research that needs a voice, so use yours.

– Aimie Steel

Take up opportunities when they arrive even if you are not sure you are the best person to do the role. Just ensure you have the support needed and you will do it well.

– Kaye Roberts-Thompson

Be brave and prepared to take calculated risks. Seek out mentors and take everyone opportunity to learn.

– Carmel Williams

Stick to your ideals and dreams, never give up, remain grounded, support other women and have close friends who believe in and support you.

– Maxine Whittaker

I often say this in my classes – You need to stand up and say / do something, otherwise nothing will change and you are agreeing with the status quo. Worse still, if you don’t take action, others will step into that space and take the opportunity to advance their position – which you probably won’t agree with and will not advance public health.

– Heather Yeatman
PHAA celebrates Mentorship, positive role models and high profile celebration of the achievements of women in public health.

– Angela Dawson

Assuming leadership roles are in public health, it is essential that more women are “freed up” from the unpaid work that often means they are unable to pursue further education or employment opportunities that enables them to develop into leaders. This means readily accessible and affordable, high quality childcare in all communities. It means much better systems that will enable women to get out of abusive relationships and develop their potential. It means increasing the single parent payment so that it is above the poverty line and more disadvantaged women have more opportunities to better themselves knowing that they can make ends meet for their children. There are still too many women stuck at home, or in abusive relationships who have a deep understanding of poverty and injustice but are unable to get the necessary education and jobs needed to develop their potential as future leaders.

– Donna Ah Chee

More prominent role modelling of women who have had successful careers in leadership, through sharing of their stories (both the opportunities and challenges) with aspiring women leaders. Women, more than men, value this story telling and are able to translate it to their own situations.

– Caroline Finch

We need continued pressure to change persisting inequities as well as meaningful mentoring programs and career pathways that recognise the different ways women live their lives today. Many universities are addressing gender equity through formal accreditation programs and this model could be applied to other areas of work, including medicine.

– Deborah Bateson

Key areas to address are: equitable career paths that don’t discriminate against women when they step away from full-time work to fulfill their roles as mothers and carers; valuing and using indicators that measure positive change over the long-term; and the more frequent use of blinded review of applications.

– Robyn Alders

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– Deborah Bateson

Equal opportunity legislation enforced

– Fran Baum

Women are increasingly being elevated into leadership roles though the support for these public health leaders could be improved. Creating an enabling environment with flexibility in work hours would assist some women to juggle roles at work and at home with families. Mentoring programs and coaching provide opportunities for women leaders to gain support and guidance.

– Andrea Britton

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– Caroline Finch

Good mentorship, flexible working and study arrangements. This keeps being said, but I don’t think we’ve got it right yet.

– Jane Frawley

Need to create a work environment that they want to work in - a work culture based on kindness and respect. Equal working conditions as men.

– Sharon Friel

Question 6: What else is needed to elevate and support more women into leadership roles in the future?
I’d pass on Vivian Lin’s gem: “Think like a man!”

– Deborah Gleeson

There are barriers for many women and so it is important to identify where there are inequities (gender, diversity, age) and use the data to help make the case for women leaders – it should be common sense of course. Proactively supporting aspiring women through mentoring and advocacy can make a difference and recognising and accommodating the particular challenges women face in the workforce such as during child raising, cultural events and caring for elderly parents.

– Michele Herriot

The opportunities need to exist. This includes the ability for career progression and the ability to move around for different experiences. I would not be where I am today if I didn’t go for opportunities. I was once looked over with a job opportunity because I didn’t have a degree at the time. I used that as fuel to get my degree to ensure that I was competitive with formal qualifications as well as industry experience. I was unable to stop working full time so all of my study has been through block release or external/flexible mode. Being able to access this training in that way ensured I could participate in furthering my education. However, at times I had to take leave without pay to attend the training and seek external assistance through scholarships to assist with fees or travel and accommodation expenses. From this experience I have found it imperative that work places invest in their staff – that if it will progress the person’s career, it will advance the work of the employer.

– Marlene Longbottom

A lot has improved regarding gender equity, but women in academia (where I now work) still seem to be disadvantaged by career disruptions such as caring for young children and/or aging parents. Even though this is considered by funding bodies, it still makes a dent to one’s track record.

– Penny Love

*Melbourne’s Federation Square*
Question 6, continued

Advocacy and female leaders (and male leaders!) using their platforms to elevate other women, particularly those whose voices aren’t heard as frequently such as women of colour, disabled women and transgender women, or individuals who are nonbinary, to name just a few marginalised groups!

– Lea Merone

The lack of gender equity in society at large is the main barrier to this and despite making significant progress, we still need to make huge strides to succeed. This needs to be on everyone’s agenda and we need to all work together to achieve this as a common goal. All of us, including men and women, have a responsibility to consider our role is as leaders, and what we can do to support others, provide access to opportunities and build skills and confidence in the next generation.

– Jane Martin

More flexibility in the workplace, better job security and better mentoring and support for women in the workplace. We are getting better at flexibility in the workplace, but there is a long way to go to improve job security and support for women in leadership roles. Unconscious bias and discrimination is also often preventing women from becoming leaders.

– Erica McIntyre

A focus on flexibility that is not gendered. Realistic work programs, with greater guidance on what a productive career looks like. In-built support for carers so less effort is required to organise everything needed to keep life ticking along. In my opinion, reducing and managing the mental load for women is one of the large barriers we have not yet successfully tackled.

– Anna Peeters

Workplaces and career pathways need to support women who experience challenges due to their roles as mothers and carers. This can be done in small ways, e.g. no breakfast meetings, allowing attendance at school performances etc. Study leave, public health scholarships, a focus on gender equity and management and leadership training and supports would assist women to achieve their full potential.

– Christina Pollard

We need mentoring and networking opportunities for women to develop their leadership skills. We also need to create spaces for women to speak up in forums and step forward into leadership roles.

– Fiona Robards

Recognition of distributive leadership, which is shared, collective and dynamic, building more leaders, expertise and positive change.

– Rosalie Schultz

When I think back to the situations that have led to me being supported in leadership roles it is because the people around me (both men and women) had faith in my ability to succeed. Having more women in leadership roles does help as well.

– Aimie Steel

Mentors to encourage women to have a go at leadership in different settings and to support them while they do.

– Kaye Roberts-Thompson

Flexible workplace opportunities. Equal pay for equal work. Holding decision makers accountable, when leadership positions are not distributed equally.

– Carmel Williams

Mentoring and helping build their networks; having role models and communicating (often) about women’s achievements and how successful women have reached that status.

– Maxine Whittaker

Affirmative action can be very effective to nominate/invite women into leadership roles that they may not think of for themselves – and provide them with the mentoring and skills development to enable them to not only perform well in those positions, but also to support their growth into higher levels of leadership.

– Heather Yeatman
Leadership is different for everyone in how it evolves, the ‘why’, and who is involved in supporting you as you develop your place.

Leadership is never something I have craved or expected. I still don’t. It actually makes me uncomfortable. I just want to do what I can to do the best I can for Aboriginal and Torres Strait Islander people.

For me, leadership meant saying yes to opportunities that can be of benefit to our communities. Speaking out. Educating myself. Being present. Demonstrating commitment. Allowing myself to be vulnerable.

I ended up in public health by accident. As an Aboriginal woman, I went to university knowing I wanted to work in and for Aboriginal community. Once I finished my degree in social science, I wanted to work in Aboriginal language research. I was lucky to land a job in Aboriginal health research at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

At VACCHO, I immediately fell in love with public health. I saw how public health could address some of the underlying barriers Aboriginal people faced. I learnt about advocacy, policy and met three women leaders, whom I have come to respect and admire; Jill Gallagher, Bronwyn Fredericks and Lisa Briggs. I saw how passionate that each of these women was about working for the mob. How they were also able to work with a range of different stakeholders from mainstream NGOs to members of parliament. I saw how hard they worked. I saw how much more can be done in public health by being true to community and by building relationships.

I was inspired. Motivated. Challenged. I decided I wanted in. On the advice of Bronwyn Fredericks, I undertook and completed a Master of Public Health at the University of Wollongong. I knew I needed to have the knowledge and the piece of paper to back it up. Bron also introduced me to the PHAA.

Bron, Jill and Lisa were just the first of many amazing people I have had the privilege of meeting and working with in public health. Jenni Judd, whom I met at the Australian Health Promotion Association (AHPA) conference in Melbourne, introduced me to AHPA.

Through AHPA and PHAA, I learnt even more and started to take on leadership roles. First, it was conference committees, then acting chair of the AHPA Aboriginal and Torres Strait Islander Committee. I then moved onto the PHAA and became the Aboriginal and Torres Strait Islander Special Interest Group Co-convener with the support of then CEO Michael Moore. I am currently the Aboriginal and Torres Strait Islander Vice President thanks to the support of Michael Moore.

Over the same time, I found my voice and began to write for Croakey with the support and guidance of Melissa Sweet. I later wrote for IndigenousX and NITV. I started writing because I wanted to see more Aboriginal perspectives in a mainstream space.

I wrote because I was, and still am, so very privileged, and that is a responsibility. I realised that if I could not take a risk and call out injustices, I was not honouring my obligation.

Each and every time I took on a new role, started studying or wrote an article, I was scared. I wasn’t sure what I had gotten myself into and if I could rise to the challenge. I knew I was vulnerable every time I was in a public space. I worried that I wouldn’t be doing my family, mentors, colleagues and mob more generally proud. I still am.

I am always questioning whether I have rocked the boat enough, or maybe too much. Still wondering how I stay in the tent so I can assist in making change yet not remain complicit in maintaining the oppression of Aboriginal people.


With each new opportunity, I came to realise I’m not the woman I thought I would ever be. I’ve become so much more than I could ever have envisaged when I started in public health. I didn’t know what I was capable of.

I have now submitted a PhD and am waiting to hear from the reviewers. I have attended the World Health Assembly in Geneva (twice). I have been invited to speak at conferences and am now lecturing at the University of Wollongong. I have recently commenced a Postdoctoral Fellowship with the University of Canberra.

How did I get here? Hard work, a lot of support from more experienced people, and getting out of my comfort zone. I listened and I learned. And I still am.
I think the most satisfying careers work in mysterious ways. Having passion. Being true to your passion, and following dreams and hunches is key.

Looking back on my career, it makes sense. However when I remember myself at 18, the trajectory would have seemed impossible, especially with a father who believed boys’ education took priority over girls’. Born in 1913, he was old school, so he sent me nursing, at the Alfred Hospital (Melbourne), where his cousin had been Lady Superintendent … a fine career for a girl. My fantasy of being a meteorologist was recast as a weather girl.

I’d secretly applied to Uni and was accepted, but deferred to keep my father happy. Before I knew it, I had graduated an RN and was allocated to Intensive Care for my “staffing year”. ICU at “The Alfred” was magic, and the post graduate course ICU satisfied my love of physiology, as well as releasing us from the tyranny of seemingly petty rules laid down by Nursing Administration.

In the 70s, the Overland route was open, which allowed for travel in a double decker bus, from Kathmandu to London via Nepal, India, Pakistan, Afghanistan, Iraq, Iran, Jordan, Israel, Syria, Turkey, Greece & Europe. The trip was transformative in a pre-internet era and pre Melbourne’s love affair with multi-culturalism. Awakening to the richly diverse and ancient cultures so attuned to their local environments, their climates (often harsh) and available foods (usually restricted) was a revelation to a naïve young woman from a very white Australia.

Adding on North Africa, I travelled for five years, with intermittent working stints, mostly in the UK. It was impossible not to be fascinated by long held historical animosities, cultural similarities and differences, and confronted by the ubiquitously consistent patterns of disadvantage.

Nor was it possible to ignore my relative privilege compared to plight of women and their precarious relationship with men as the controlling source or barriers to education, freedom and financial independence. Social and environmental determinants of health screamed at me everywhere.

“Saving lives” one at a time now seemed ineffectual. But I now knew there was so much more, and returning to Uni was the answer. An undergraduate degree allowed me to pursue subjects that encompassed human evolution in its various forms: archaeology, linguistics, genetics, physiology, bioethics, philosophy of law, plus several units in HPS (History & Philosophy of Science). After years of part time work and part time study, I ‘scratched a long-term itch’, and learned to fly. This freedom allowed me to travel to remote areas of this wonderful landscape, and see living conditions in the outback, exactly as I was learning in the Masters of Public Health at Sydney University.

In the early 1990’s, the MPH student cohort was as impressive in numbers as it was in calibre, and matched by the course quality and academic staff. Flying had rekindled my “love of the land” and biophilia drove me to leave a decent position at Sydney Uni and relocate to picturesque rural north-eastern Victoria, albeit jobless. Fortuitously, the local Base Hospital was looking for a Deputy Director of Nursing to run Special Projects, and La Trobe Uni were setting up a fledgling School of Nursing to run post graduate courses only, thus seeking a Head of School. Two part time jobs, making full time employment. Perfect.

Pesticide use across Australia was becoming increasingly problematic. International recognition of health risks was not being mirrored here. Stories of misuse, illness, bewilderment and lack of response from the health sector began barraging me in my roles in Hospital Administration, on various other hospital & health agency boards, as well as through my post grad nursing students. The plea was universal … “Why don’t ‘they’ do something about it?”. That ‘they’ became ‘me’, and a PhD. Meanwhile, during my MPH, I had become active in the PHAA, convened the Environmental Health Special Interest Group, and served some terms on their governing council.
The PhD brought publications and conferences. Australia’s lack of interest, and thus expertise in Chemical exposures led to invitations to join several committees of Australia’s National Chemical Regulators to provide public health advice, as well as enHealth, Australia’s peak Environmental Health Advisory body. The invitations morphed into International Keynote addresses, presentations to the United Nations in Geneva, further appointments to State and Federal Advisory bodies, and consultancies.

Post PhD, I was back to Melbourne, having transitioned from Nursing to Public Health, focussing fully on Environmental Health, which naturally included Climate Change.

In 2008, Professor Tony McMichael invited me to co-author the ANU bid to host Australia’s Climate Change Adaptation Research Network for Human Health, and to convene the network if successful. It was. So I shifted to Canberra late 2008, to focus solely on climate change in what was at the time, the world’s largest climate change and human health research group, led by Tony McMichael, world leader in that emerging field.

Making the shift from chemical exposures to climate change was an easy step, and certainly not to a field of lessor significance to health and human survival. The research approach involved exposure patterns, the resulting physiological impacts, motivators and barriers to adopting self-protection, vulnerabilities, health sector management, skill needs and training, monitoring, evaluation and policy development, and synthesising this into broad advocacy to bring about change across all those spheres. More publications, conferences, consultancies, lobbying, visitations to politicians, presentations to Senate Committees and much more media work followed.

Looking back, each step seemed small and a logical extension of my previous role, doing what I loved, doing what was important to me. It has all been motivated by a desire to help people, especially those in need, and those ignored by and systematically disadvantaged by our neo capitalistic system, which prioritises wealth generation over human well-being.

It has all been easy, as I have had the good fortune to be able to marry my interests, strengths and skills neatly into pursuing my passions. Having the enormously good fortune of being born in Australia in the 50’s, with all the unique benefits that offered a female, being fit and healthy, having freedom to study and the capacity to be financially independent, to follow my dreams, to work and play, and travel, and fly.

Lastly, volunteering, and giving one’s time and energies to non-government organisations, such as PHAA, Presidency of the Climate And Health Alliance, and now Chairing the World Federation of Public Health Association is so personally enriching. Without doubt, it is also professionally enriching.
Question 7:
What do you see as the greatest challenge to ensure diverse female input into strategic public health decision making in Australia?

“Equity in educational opportunities across all post codes is vital”
– Robyn Alders

“Entrenched power imbalances”
– Amanda Lee

Equity in educational opportunities across all post codes is vital. All students should have access to an education that enables them to pursue careers of their choice and fully reach their potentials.
– Robyn Alders

The relative lack of women in positions where they can influence policy, especially young women, Aboriginal women, LGBTQ+ women, women who live with disability and those who come from culturally and linguistically diverse backgrounds or rural and remote areas. While important steps are being made towards gender equality there is still a long way to go.
– Deborah Bateson

Recognising and enhancing the One Health approach of public health. So often women are boxed into specific areas/careers within public health and find it difficult to move across into other sectors. Women need to be courageous and vulnerable to take risks to provide input into public health decision making.
– Andrea Britton

Continuation of patriarchy and discrimination.
– Angela Dawson

Public Health is about a wide range of health and other professionals from many disciplines working with communities to achieve equity and social justice. This means there is a need to ensure women trained in many different disciplines as well as women who are community leaders are able to have a voice and participate in key policy forums, conferences etc. It is especially marginalised women and women living in poverty that need to be supported to have a voice and this is in my view the greatest challenge. It cannot be all about professional women, it must also include the voice of women in many other roles.
– Donna Ah Chee

I am concerned with providing opportunities for research training and career development for all young researchers. The challenges of obtaining a secure and satisfying job post-PhD is common for public health researchers, and there is a suggestion that many women drop out of the field at this stage, at least from an academic viewpoint, because of this uncertainty. We need to identify, create and promote a wider range of career paths in public health for early-career women so they know that there is a long-term career for them.
– Caroline Finch

Older white men learning to step away, and at the same time recommend women for all sorts of activities (chairing committees; jobs; etc). Women having each other’s backs.
– Sharon Friel

Everything in the environment works against it. But we can get better at using the power we have, particularly if we work together and intentionally grow future leaders.
– Deborah Gleeson

The biggest challenge is the disinvestment in public health meaning less roles are available. If Australia commits to an increased focus on health promotion and illness prevention policies, programs, services and infrastructure then women will be ready and willing, and successful in making a difference.
– Michele Herriot

Diversity doesn’t necessarily mean that places are free of discrimination and racism. This answer is quite a long
There is a need to increase long term public health workforce opportunities with career pathways and mentoring to enable women to contribute to strategic public health decision making. Currently, the workforce opportunities are often short-term, grants based and do not allow for career development or lifelong learning.

– Christina Pollard

Making space for diverse female input involves those with privilege actively providing these opportunities, supported if needed. It can also mean stepping aside to make these spaces available.

– Fiona Robards

A lot of the strategic public health decision making occurs through volunteer contribution. I volunteer on numerous committees and boards and I need (and have) the support of my employer and my family to be able to fulfill on those commitments. I think a lot of women lack similar support in their personal and work lives.

– Aimie Steel

Discrimination and racism. Most Australians are completely unaware of the challenges faced by communities from diverse backgrounds. This ignorance continues the white and mainstream privilege.

– Carmel Williams

A limited number of strong women representatives ‘at the table’ at various public health (including the social determinants of health) decision making settings.

– Maxine Whittaker

Our education systems could be doing more to not only teach our young people how to do things, but also to think more about how and develop the skills to change things. Women often go into the ‘doing’ professions, but are not exposed to the need for and skills to lead and change those professions, or create new business opportunities with social agendas.

– Heather Yeatman
I am thrilled and honoured to contribute to PHAA’s special issue on International’s Women’s Day. March 8th holds a very special place in my heart, because for as long as I can remember – it’s a day I (and my family) have always celebrated. I grew up in India and each year my parents ensured we did something special to celebrate the contribution women make to the society, especially in the education and development sector (my parents both work in that space). Many years later, I now understand and see the critical role women play in professional space, particularly in health and medicine.

I am writing this article while having dinner at a small café in Nuku’alofa – capital of Kingdom of Tonga where I am working with the World Health Organization/Global Outbreak Alert and Response Network to provide technical support to the Ministry of Health with their response to an ongoing outbreak of measles. While I came here for measles response, my role quickly pivoted to preparedness activities for the 2019 novel coronavirus acute respiratory disease, a global outbreak that was first detected in Wuhan, Hubei, China in December 2019.

One of my favourite parts of my work is the time I spend in the field, and making new friends in different parts of the world. In my day-job, I work at the National Centre for Epidemiology and Population Health, the Australian National University.

I am an infectious diseases epidemiologist, passionate about global health. In addition to my main area of work, I have many causes that I love and advocate for – including leadership, gender equity and ensuring that international health research and response leads to true development of low-middle income countries.

It’s a little difficult for me to pin point where my public health journey started. I knew as a teenager that I wanted to study infectious diseases and vaccines. I grew up in India - and was very familiar with the impact of diseases like polio and tuberculosis – but I discovered public health and epidemiology as a career path much later on. Before working in public health, I earned my PhD and post-doctoral training in immunology and microbiology specialising in tropical infectious diseases and vaccines. I then completed a MPhil in Applied Epidemiology. Many years later, I am incredibly thankful for and proud of the time I spent understanding disease pathogenesis and the human immune system. As an infectious disease epidemiologist I use that knowledge frequently to provide me with context and rapid understanding of infectious diseases – especially when I am in the field on emergency response and there is limited time for decision making. My career trajectory may be seen by some as a ‘zig-zag’ career pathway, meaning that on paper I should have ‘x’ number of publications and grants. In our traditional system of how academia measures productivity – it can be challenging to justify productivity on paper in terms of ‘time post-PhD’ when applying for competitive funding as not all work in international health will directly result in a publication or may take many years to eventuate. I hope that as funding models evolve globally, there will be opportunities for hybrid researchers like myself to have roles that enable research and practice in the field.

But more importantly, my dream is that we will see a public health workforce with people who have come from diverse backgrounds – in order to truly have multi-disciplinary approach to solving key public health problems.

When I reflect back to when I first moved to Australia as a 20-year-old international student, I have evolved and grown.
As a female and a person of colour, it has not always been easy to be heard, to be visible and be offered leadership opportunities.

Over the years I have become more aware of this, and have realised that being good at your work may not be enough, as opportunities often go to those who ask for them and those who have mentors and sponsors advocating for them. Until a few years ago, I would have hesitated to put my hand up and ask for an opportunity even if I knew I was capable. I am now less reluctant and more confident to seek out an opportunity - and for those wondering, it’s not always easy, but I try – because I know I must contribute towards the change I want to see. And more importantly I mentor others to seek out opportunities they want. The latter is particularly important but challenging in some settings, where workplace hierarchy might be more prominent.

Last year, I attended the 40 Under 40 Asian-Australian Leadership Summit, and was shocked to learn that only 3% of leadership positions are held by people of Asian descent (I would be curious to see this number for the public health sector), even though our workforce has a much higher proportion of people with ethnic roots. My leadership vision, is that over time we will see more public health professionals who lift others and provide opportunities for growth for those working with them. I hope we will see more inclusivity and diversity, both in gender and culturally, in leadership positions in public health in Australia and globally.

Finally, I hope that we will see more progress in our global goals of reducing the burden of infectious diseases especially in low-middle income countries; that we collectively work to ensure that health systems are strengthened, we are better prepared for epidemics like that of 2019 novel coronavirus that will likely to have massive impact on countries with weak health systems and, that we develop technical and leadership capacity of the public health workforce in these countries. It is important that many of us who work in public health and academia, ensure that we strive for ‘real impact’ and advocate for change in policy and practice.

One of my favourite quotes is Ralph Emerson’s “life is not a destination, it’s a journey”. I truly believe that we all have to discover and follow our own career path. And for those moments when I am overwhelmed or have self-doubt I reach out to my peer-mentors and remind myself about enjoying the journey.
Question 8: Is there anything different or notable about you or your career that has been a strength or asset?

“I have the ability to appeal to people with different perspectives on issues and unite them behind a single cause”

– Donna Ah Chee

“My greatest strengths - persistence, independence and determination – have seen me through tough times”

– Fiona Robard

Growing up on a family farm on the Southern Tablelands of NSW and then working with farming families in resource-limited settings in Sub-Saharan Africa and SE Asia has definitely been an advantage. Farming teaches you that what you do and how you do it matters greatly.

– Robyn Alders

I have had the privilege of working in some extraordinary places in extraordinary times. In the early 1980s I worked in Mbeya in Tanzania, where the first patients with ‘slim disease’, which we now know as HIV/AIDS, came into the hospital where I worked as a nutritionist. More recently I spent long hours involved in the landmark abortion decriminalisation Bill which eventually passed through the NSW Parliament. And however much I focus on the big issues these days, I ensure I see patients once a week in the Family Planning NSW clinics in Fairfield, Penrith and Dubbo and stay connected with medical students. Keeping your feet on the ground and understanding what it’s like to work on the frontline is essential to effective leadership.

– Deborah Bateson

I benefited from free public education and when at University received a living allowance and had my fees paid. I doubt I would have gone to University without this state support. Such investment from the state are really important in developing our future leaders.

– Fran Baum

My career commenced in rural veterinary practise both in Australia and overseas. Working in rural agricultural communities has been a major asset and insight into the resilience and connectedness of communities. Where people gain information and human behaviour change are important to understand especially in rural and ethnically diverse communities. Studying a Masters of Public Health and work experience in international development has been a great asset. Providing support to early career female public health professionals has also been rewarding.

– Andrea Britton

I have been fortunate to have well-rounded education in both the arts and social sciences. I have also had my boots on the ground in the field in international health and mind high in the blue skies of academia. These experiences have been critical in shaping my ideas and approaches to the co-production of real life solutions to public health problems.

– Angela Dawson

I have a great ability to stay focused on key goals without getting distracted and have an attention for important details. I also have the ability to appeal to people with different perspectives on issues and unite them behind a single cause.

– Donna Ah Chee

I have made my career in leading public health approaches to sports medicine. I do not have either a medical or allied health background but have been able to make an impact because I took the time to learn the language of that field and to appreciate its challenges and opportunities from that sector’s perceptive. As a result, I am regarded as an expert in knowledge translation for population sports-related health and sports injury prevention and many of the international researchers in the field would not be aware that I am not clinically-trained. Not bad for someone who first trained as a mathematical statistician.

– Caroline Finch
Values based with a clear goal but not a plan per se – and being comfortable with that. Being comfortable at the edges – both disciplinary and sectoral. The nicest thing anyone ever said to me, professionally, was that I was beautifully stubborn.

– Sharon Friel

No, I think I’m a very ordinary person who’s had some extraordinary opportunities and some wonderful mentors and role models (and not all of them female, I should add!).

– Deborah Gleeson

I have been fortunate to work in community health, primary health care, health promotion and public health both in government and in the community sector. I think this breadth has been helpful in applying core principles to different situations. Working in the public sector is terrific, frustrating at times and hard work but very rewarding in terms of influencing policy and practice.

– Michele Herriot

I’ve been in situations where I have had to be employed by an agency for 12 months before undergoing any formal training. This approach I believe inhibits the desire to progress and creates an unfair situations where some people are able to progress in their chosen field while others are restricted.

– Marlene Longbottom

Opportunities to move between sectors, particularly the public service, academia and community-controlled Indigenous health sectors, has provided invaluable insights.

– Amanda Lee

I am grateful that I gained so much of my public health nutrition experience while living in South Africa. The obviousness of poverty and the impacts of social determinants on health cannot be denied or avoided when working in that context. Disparities might be less obvious in Australia, but we still need to strive for equity.

– Penny Love

I think being a disabled woman has been an asset. In public health it has given me a personal insight into accessibility, both in everyday life and in my professional career. My autism is my single greatest strength, it allows me to hyper-focus and remain task orientated. It gives me a perspective on barriers for disabled people and helps me create ways to circumnavigate those barriers.

– Lea Merone

Apart from being quite tall and loud, which can be an asset in some situations – I was quite single minded that I wanted to be a lobbyist, even when I was studying Politics as an undergraduate in Perth. This was a huge asset when I failed to get my dream job, working at Action on Smoking and Health (ASH) in Melbourne. I complained to everyone I knew, which somehow reached the Director of ASH, Stephen Woodward. When the incumbent didn’t work out, Steve invited me to interview for the role and I arrived in Melbourne two weeks later.

– Jane Martin

The diversity of my life experience and qualifications have been an asset. For example, I’ve had a career as a graphic designer and have qualifications in health science and psychology. My research expertise is also diverse. All of this combined allows me to see public health challenges from different perspectives and value the expertise of other disciplines in addressing complex problems. I also think my personal lived-experiences have helped me build empathy, resilience and persistence, which are some of my strengths.

– Erica McIntyre

I think I have been good at focussing on what I think really matters, which has made me less susceptible to the risks of administrivia and self-doubt. I put this down to growing up with many family stories from World War 2 showing the power of humanity to cut through many of life’s difficulties, big and small.

– Anna Peeters

I have had great mentors who have guided me. Early in my career Professor Colin Binns told me that the only things you will regret in your work life are the opportunities you do not take. This resonated with me and I put myself forward to undertake work, or have mostly said ‘yes’ when opportunities present. I value justice, and this has led me to become an advocate – a
fundamental public health skill. My curiosity and interest in people has meant that I enjoy working with most, and as I believe that diversity is key to high performance teams, this has been an asset.

– Christina Pollard

Having a disadvantaged background, education has been my greatest asset. I won several academic scholarships which have given me a step-up. My greatest strengths - persistence, independence and determination – have seen me through tough times.

– Fiona Robards

Living close to nature in places described as “remote” is my preference, not a sacrifice. From my perspective, Sydney and Canberra are remote.

– Rosalie Schultz

I have been blessed with strong mentorship and an amazing circle of peers and colleagues in Australia and throughout the world.

– Aimie Steel

I think I know some of my limitations which helps. In dentistry and dental public health there were few women when I started so my profile was perhaps more noticeable than if I had started later.

– Kaye Roberts-Thompson

Maybe determination and persistence not to give up!

– Carmel Williams

I have been fortunate to have had diverse international experiences, and opportunities to be inspired by women from many settings, countries, educational levels and backgrounds. I have been able to be with them and working with them in their place, and so ground myself.

– Maxine Whittaker

Being at the start of new initiatives – health promotion and primary health care initiatives; public health policy initiatives; new university programs in public health & public health nutrition. This can also be a strength for others, as there will always be change and innovative opportunities, if not natural or human-made disasters needing insightful actions.

An attribute of a public health leader is to identify the ‘window of opportunity’ and to act quickly, before the window closes. And then be patient and persistent to embed the changes into policy and practice.

– Heather Yeatman
A few final insights

Women, celebrate that you are wonderfully different from men, but most definitely equal.

– Sharon Friel

As an Aboriginal woman, I have listened to, and been asked, a lot of questions of mentors. I have also sat back and observed how people carry themselves and gleaned certain aspects of people that I would like to be like.

I have also made the most of opportunities that have come my way. I have been in international spaces multiple times as a result of taking the time to sit with people and listen; a conversation for five minutes turned into a later invitation to an international institution.

Remember where you came from and who were there when you were coming up and through.

– Marlene Longbottom

Reflect on how social supports for working women have improved. Two relevant experiences are: being rejected for a housing loan as a single professional woman in 1980, because the bank manager said I might get pregnant (!) and 13 years later, with two toddlers, having to pay $26 a week to keep working, as there was no child care rebates or pro-rata superannuation scaling. I wanted to work more than 0.5FT on my NHMRC Fellowship but couldn’t afford to! Social and economic support systems have come far, but there is still a long way to go.

– Amanda Lee

“Nevertheless she persisted!”

– Lea Merone

There is no doubt that there are challenges for women working in public health, as in other professions. I have come from a very privileged position, and despite that I have still found it difficult at times, particularly when my children were young. We need to create a more supportive society, particularly for women and those with family commitments. I am now at a stage in my life where those responsibilities have lessened, so I am able to support others who may need it.

– Jane Martin

Leaders can lead from in front, or within the group, team or community. Work out which is more comfortable for you.

– Heather Yeatman

Working on public health brings you into contact with amazing and diverse people. You come together to make a difference and bring whatever you can to the task. It is a thrilling, challenging and worthwhile area of work.

– Christina Pollard

A strength of many women is that they work on important issues and do what needs to be done to create positive outcomes for all, regardless of whether the work is paid or not. At the same time, we need to advocate for women to be justly paid for their work.

– Fiona Robards

Leaders have a responsibility to not just lead for the now, but also for the future. Leadership not only requires encouraging individuals but also challenging existing ideas. In my topic, which is characterised by tradition and historical practices, this can meet resistance, but we should never shy away from a challenge.

– Aimie Steel

It is important to enjoy what you do and the people you work with. Finding allies is really important.

– Kaye Roberts-Thompson

Trust in your dreams and follow them, believe in yourself and don’t give up: we need you to be who you are meant to be.

– Maxine Whittaker
International Women’s Day: The Relevance of Feminism in 2020

Dr Lea Merone

International Women’s Day (IWD) is a day to celebrate the achievements of women, address equality and raise awareness of gender biases that remain prevalent in society.

Feminists have been advocating for equality in contexts for over a century. Suffragettes who fought for women’s suffrage in the first wave of feminism gave way to the second wave feminists who fought for women’s liberation and social rights and then third and most recently fourth wave feminists focus on modern issues of intersectionality (race, class, disability, ethnicity, culture) and international feminism.

Large strides have been made towards equality, however, globally, women remain far from equal. Feminism remains as important an issue today as it did for the brave and pioneering suffragettes at the turn of the twentieth century.

Contemporary Feminism

Violence against women, by men, remains a feminist and a public health issue. It is a clear manifestation of the historical power imbalance between the genders, and it occurs most often in societies where men have control over finances and domestic life. According to White Ribbon Australia, one woman every week is murdered by a current or ex-partner, 20% (1 in 5) of Australian women have experienced sexual abuse, 85% of women have been sexually harassed and 25% of women have experienced emotional abuses.

Sexual violence has been brought to light in recent years by the #MeToo movement. Women have shared their stories of sexual assault and oppression from men and advocated for change. The #MeToo movement asked men to become better advocates for women’s rights. The success of the movement saw around 200 powerful men brought to justice, however, despite this we continue to see victim-blaming of women within the media, and a continuation of discrediting discourse based in the inequality of women in modern society.

Public and media perceptions of women can significantly impact on their careers and earning potential. In Australia, whilst women comprise 47% of the Australian workforce, they represent just 17% of leadership positions and only 30% of management positions. The gender pay gap sits at 23%. Around 72% of female employees work part-time and almost 10% of women report insufficient hours of work to be financially comfortable. These figures are in spite of the fact that utilising female workers improves the economy. The gender gap exists elsewhere too. There are significant discrepancies between the medical care of male and female patients. Women tend to wait longer than men for a diagnosis, pain relief, and are then more likely to be misdiagnosed or discharged during medical events. This is potentially due to the gap in medical research; historically women were excluded from participating in research because of their hormonal and menstrual cycles and fears of harming future pregnancies. Continuation of the “hysterical female” discourse may also contribute. This is the outdated and inaccurate perception of women as being overly-emotional and irrational. The consequence of this is that a woman patient often has to prove herself to be as sick as a man before being taken seriously (the so-called Yentyl Syndrome).

Global Feminism

Modern feminism faces the criticism that it has failed to recognise the different forms of oppression experienced by women in low and middle income countries (LMICs). Women in LMICs suffer the greatest inequalities. The failure to acknowledge this can result in oppression of women in LMICs by Western feminists.

The feminist battle in LMICs is focussed on basic women’s rights. It is estimated that every year 6 million women go missing globally; sex-selective abortion, infanticide and maternal perinatal death contribute largely to these numbers. In some more extreme cases of oppression, women are still ill-afforded rudimentary
adult freedoms - Saudi Arabian women have only recently been granted permission to drive cars.

Educating girls is a vital step to end poverty. However, globally 130 million girls are out of school and 15 million primary school age girls will never attend school. Child marriage is a key obstacle to enrolling and keeping girls in school; annually 15 million girls under 18 years are married. These issues are based in poverty and perceptions that females are not as valuable as males. Additionally, menstruation can be a barrier for girls in developing countries in attending school; lack of access to suitable bathrooms and period poverty can confine adolescent girls and women to the home.

Another severe form of oppression, and a violation of human rights, is the practice of female genital mutilation (FGM). FGM is a traditional practice in some LMICs that involves removal of the external female genitalia with no medical reasons. More than 200 million females have undergone FGM and around 3 million females each year are at risk of undergoing this procedure. Complications of FGM can include pain, bleeding, infection and difficulties with childbirth, including loss of pregnancy. The WHO has a zero-tolerance approach to FGM and works with victims and those at risk to reduce the harms associated with the practice.

**The Future of Feminism**

As feminism moves into the future, there is an increasing urgency to address significant regressions and harms to the women’s rights movement.

Since New South Wales became the final state to legalise abortion last year, throughout Australia abortion is legal and accessible. Despite this, women’s reproductive rights are under threat. Whilst few countries entirely prohibit abortion, many countries have strict laws that will only provide an abortion if the life and health of the mother is under threat, and gestational limits vary. The United States are regressing, with fears that 2020 could see the end of legalised abortion across the States. The Trump administration passed 59 abortion restrictions in 2019, and should this quiet process continue, many States could ban abortion altogether. Should America begin to cycle backwards on abortion laws, it is quite possible there will be ripple effects globally.

For feminists to fully secure women’s equality, intersectionality must lie at the heart of the battle. Intersectional issues such as racism and classism overlap with feminist – and socialist – ideologies; “feminism must be intersectional, or it will be bullshit”. Intersectional feminism must be inclusive, and it must therefore acknowledge trans women as women, incorporating and centralising their battles as its own. We also need to recognise that the inequalities that affect all women such as restricting reproductive rights have an even greater impact on women of colour, disability and lower socioeconomic class.

Feminists need to organise and advocate more effectively. A recent survey showed that fewer than 1 in 5 young women would call themselves a feminist, despite 2 in 3 believing in gender equality as an important issue. Many associate feminism with “man-hating”, “masculinity” and other negative labels. Make no mistake, feminism is entirely about gender equality, including the abolishment of toxic-masculinity that harms men as much as it does women. This is a critical point in contemporary and future feminism – men stand to benefit as well as women and have an important role to play in the fight for equality.

Feminists assemble, unite and educate. 2020 will be a big year to ensure that not only feminist progress continues, but that regressions and right-wing politics do not succeed in further reductions of women’s rights. It is a long battle for global female equality, we can only succeed if we are united.

*(An alternative version of this essay was published by Croakey, 2020.)*