Exploring the Future of Injury Prevention
Injury Prevention SIG

By Richard Franklin and Patsy Bourke
Injury Prevention SIG Co-Convenors

In 2010, injury was estimated to account for 6.5% of the total burden of disease in Australia. However the level of investment in preventative approaches is not commensurate with the resulting harm and costs. In 2013, the Public Health Association Injury Prevention SIG, in partnership with the Australian Injury Prevention Network (AIPN), collaborated on future directions for injury prevention in Australia via a series of workshops and network meetings. This was prompted by the current ‘The National Injury Prevention and Safety Promotion Plan: 2004-2014’ rapidly approaching the end of its life; and there not being any leadership at national level to review the existing plan or to consider future directions.

In order to canvass expert opinion, a series of national consultations was conducted. The first of these was in September 2013 in Melbourne prior to the PHAA Conference. It explored: the big issues for injury prevention, required actions and how to prioritise these, and who should be involved. A second workshop was held in November in Perth following the Injury Prevention Conference, which specifically investigated: ‘What is required at a national level to support local action?’.

In March 2014, a third workshop occurred in Brisbane and the conversation turned to translating research / evidence into practice. Two more workshops are planned for Adelaide in April to consider: ‘Injury Prevention in All Policies’. The final consultation will be in Sydney in June discussing how an overarching collaborative may be developed to provide leadership; what does this coalition do; and how would it report, monitor and evaluate.

So why this journey? An analysis of the ten principles for effective injury prevention as outlined in the 2004 - 2014 plan showed a worrying trend of disinvestment in injury prevention. This is especially true regarding: appropriate resourcing; leadership; coordination and integration; workforce; commitment to equity.
Exploring the Future of Injury Prevention

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of access; marketing, research and evaluation of initiatives; and sustainability of initiatives. There are major challenges for an on-going sustained effort. This is however tempered by past success in areas such as poisoning, road safety, burns, and drowning.

However the questions remain. Is there a need for a new injury prevention plan; if so, what is its value, who should own it, what should it do; the challenges of national / state / local focus, what is to be included/not included.

So what has come from all the talking? It is clear that injury prevention is complex and a one-size fits all approach is not going to work. There is some despondency that with current governments’ belt tightening that injury prevention will be even less visible. Much of the support that had existed at the time of the last plan commencing is no longer present, meaning that there are less people to tackle the issues and monitor action.

This creates a significant challenge to ensure injury is on the political agenda across a broad range of departments and services. There is need to ensure there is consistency of message, yet locally relevant; for an evidence based plan with accountability across government departments and services; and for an Injury Coalition which can oversee its development, implementation and evaluation. It is important to also build key relationships with agencies working in topics associated with injury, for example relating to alcohol where effective partnerships have been built. There is need for consistent secure funding for oversight of the core activities to monitor and report on injury data as well as identifying new issues before they become too big.

So what do the next few months hold? The PHAA IP SIG in partnership with other injury prevention stakeholders such as the AIPN will continue with: planned workshops, engage with the relevant government and other agencies, and work towards addressing injury prevention strategically.

It is considering the role and composition of an overarching coalition. There is need for exploring mechanisms for engagement, action and outcomes for injury prevention in Australia. As a national health priority success means more years of life with more life in the years. This is through reduced deaths and disability which impact on families, loved ones and business. Thus injury requires a level of attention that is proportionate with the burden created from what is largely preventable.

If you would like to be involved please contact either of the authors to be connected into the network of interested and active people.
Michael Moore visits Mongolia

By Michael Moore, PHAA CEO

During a recent holiday in Mongolia, PHAA CEO, Michael Moore took time out to visit the National Center for Public Health. The challenges faced by Mongolians are significant and many are far beyond those faced by Australia. The work done in this country in conjunction with the Western Pacific Region of the World Health Organization to overcome the issues facing their communities is a credit to the Mongolian team. The efforts of these professionals span a very wide range. They are tasked to understand and meet the challenges of providing clean water and sanitation (particularly for nomadic peoples settling in their suburbs in the city) through to environmental pollution associated with coal burning power stations and fires in homes and to tobacco, alcohol and the management of infectious disease.

Dr Ganchimeg Ulziibayar, Director of the National Center for Public Health, explained the responsibilities of the National Center for Public Health which includes communicable and non-communicable diseases and integration of public health with other health departments. Until recently Dr Boloorma Purevdorj (Director of Health Promotion) was Executive Director of the Mongolian Public Health Association but joined the National Center for Public Health to run the health promotion area.

Michael’s wife Helen (who works with the Australian Medicare Local Alliance as the National Immunisation Coordinator) was able to have productive discussions with the Mongolian team who are pursuing their own immunisation program with particular emphasis on influenza and hepatitis B vaccination.

The Mongolian team were particularly interested in the policy development process of the PHAA and how we manage our advocacy and capacity building work. The welcome provided by our Mongolian colleagues was greatly appreciated.

Shortly after leaving the meeting Michael may have been spotted near the Terelj National Park wrestling with his demons.
World Federation Visiting Fellow Program

By Heya Yi (Officer) of Chinese Preventive Medicine Association, and Asst. Prof. Binod Regmi (Central Treasurer) of Nepal Public Health Association

Visiting fellows from the World Federation of Public Health Associations (WFPHA) were in Australia to participate in a program to help understand Australian approaches to public health from 10th February to 24th March 2014. They recommend others jump at such an opportunity should it be available to them.

As visiting fellows we hoped the WFPHA Program would allow us to strengthen our skills in promoting public health locally and worldwide. We also saw a benefit in setting up global partnerships, through the exchange of capabilities and knowledge among public health professionals from different countries.

The program that was prepared by the PHAA facilitated visits and participation in places such as the Public Health Association of Australia, Canberra University (CeRAPH), Wollongong University, Carers Australia, Dietitians Association of Australia, Winnunga Nimmityjah Aboriginal Health Service and the, Australian Indigenous Doctors Association.

Our insight to the workings of PHAA was enhanced by a growing understanding of policy processes and implementation work. The very strong relationship with government with high policy influence in public health development provides an important model for other country’s Associations.

A highlight of the visit was the home stay program of accommodation. This system was very good and made it so much easier to learn about Australian culture, family and kinship than if we were staying in rented accommodation. All the home stays were friendly, cooperative and supportive. We would like to pass on a special thanks to the members of the PHAA who welcomed us into their homes.

Some of the learnings
Bottom up approach of policy development, planning and implementation is seen as a practical way of achieving goals in all the public health activities that we observed. It was also interesting to note the level of accountability in government systems on health promotion and public health at all levels of the community. In practical terms public health related information management, database management including monitoring and evaluation was found to be advanced and practical.

The community based systems tackling public health seemed to us to be highly proficient. It was particularly interesting that they were able to provide policy influence even in areas such as sustainability and development. We will take back to the public health associations in our countries ideas about learning how to network, coordination skills, policy development and media communication.

There are many advantages in learning about the public health system of the developed world including insight into some public health system changes that could be interchangeable. Public health priorities, government policy and health system development in the context of available resources are certainly in vast contrast to the Nepalese and Chinese systems but we hope that this sort of visit will help us play a role in improving systems within our own countries.

We would like to pass on our sincere thanks to all of those involved in the WFPHA/PHAA Visiting Fellow Program.
Injury In All Policies? - A breakfast meeting organised by the Injury Prevention Special Interest Group, PHAA SA Branch and the Australian Injury Prevention Network.

Friday April 11 saw around 20 people up bright and early for a breakfast meeting to discuss the future of injury prevention in Australia. Following successful workshops organised by the Injury Prevention SIG in Qld, WA and VIC this workshop focused on the possibility of utilising the Health in All Policies framework which has been used successfully by the South Australian government as a vehicle for improving consideration of injury prevention across government departments and disciplinary silos. The workshop heard from Isobel Ludford (Senior Project Officer in the Strategic Relations unit in the South Australian Department for Health and Ageing) about the Health in All Policies framework and from Ron Somers (Director of Epidemiology in the South Australian Department for Health and Ageing) about what has worked in getting injury prevention incorporated into Australian standards and from there into policy mandates. Richard Franklin (Associate Professor, School of Public Health, Tropical Medicine & Rehabilitation Sciences at James Cook University) Co-convenor of the Injury Prevention SIG then outlined the possibilities for shaping the future of injury prevention in Australia.

A wide-ranging discussion among participants followed which identified both the need to include the community in injury prevention (in particular for prioritising) and the need, when working with partners, to align agendas so that injury prevention meets both public health and other sector goals.

The SA Branch is preparing a submission to the South Australian Planning Review. This is an opportunity to ensure health is on the planning agenda when the new planning laws and regulations are formulated. A little like injury prevention, planning is one of the areas of public health which crosses across many of our PHAA special interest and policy areas.

Events focused on developing students and early career researchers and professionals

We will once again be holding our Public Health Careers Workshop in August. This practical workshop has been especially popular with public health undergraduate and postgraduate students and combines excellent opportunities for networking with a range of practical skills based sessions focused on CVs, interview techniques and finding employment opportunities.

In 2014 our mentoring program will have a stronger focus on supporting early career professionals and researchers. This successful program has been running for over a decade and matches early career professionals with experienced mentors from public health, health promotion and academia.

The South Australian Population Health Conference will be held on Saturday October 18 at the Hindmarsh Education Centre. The conference is jointly organised by the SA Branch of PHAA with the Australian Health Promotion Association, Australian Epidemiological Association and Australian Faculty of Public Health Medicine.

With sponsorship from the three South Australian universities and South Australian Health and Medical Research Institute, we again have a key focus on encouraging students and Early Career Researchers to present, along with health practitioners, policymakers and those in health promotion. Last year’s delegates particularly enjoyed:

“The opportunity to network with other public health students”

“Relaxed but professional atmosphere”

“Keynotes were interesting, presentations were engaging and provided a valuable opportunity to present in front of a friendly audience, lots of opportunity to mingle.”

You might like to check out the Storify of last year’s keynote at: http://is.gd/MDdBjx
The Northern Adelaide Medicare Local (NAML) was formally established on 2nd February 2012. The NAML region covers approximately 1,600 sq km and has an estimated population of over 400,000 people. The region covers the Local Government Areas (LGAs) of Playford, Salisbury, Tea Tree Gully, Gawler, Mallala and part of the City of Port Adelaide Enfield.

We are working to ensure the highest possible level of health and wellbeing for our community by improving the local coordination of primary healthcare services and addressing gaps in services. This will make it easier for people living across Adelaide’s north to navigate the healthcare system and access the correct health and community services in the right place, at the right time.

NAML comprises several multidisciplinary teams all with a focus of addressing NAML’s key strategic objectives and responding to the health needs of our community. The Indigenous population comprises 2.3% of the NAML population. In response to this, NAML has developed a range of programs and initiatives to work towards closing the gap in health standards for Aboriginal and/or Torres Strait Islander people. Below are examples of two such programs.

**Care Coordination and Supplementary Services (CCSS) Program**

NAML’s Care Coordination and Supplementary Services (CCSS) Program aims to improve health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care. The NAML Model of Care is based on:

1) Identification (i.e. encouraging clients to identify as of Aboriginal and/or Torres Strait Islander origin),
2) Trust, Screening and Assessment,
3) Cultural Perspective/Support,
4) Physically and Culturally Accessible Care,
5) Clinical Indicators,
6) Treatment Plan/Care Plan,
7) Education,
8) Referral and Follow-up.

This program sits within the Closing the Gap (CTG) Team and comprises two specialist nurses who work in partnership with Aboriginal and Torres Strait Islander Outreach Worker colleagues and the Aboriginal Wellbeing Liaison Officer to assist Aboriginal and Torres Strait Islander people with a chronic disease to manage their health and stay as well as possible within the community. Clients are referred to the program from both primary health care services and mainstream GP practices. The Care Coordinators work closely with the GP practices and aim to ensure a coordinated approach is taken to support the client in all aspects of their health, which includes assisting them to understand their chronic health condition, organising a chronic disease management plan, linking them into services and making specialist appointments etc.

What is exceptional about the CCSS program being delivered at NAML is the spirit of partnership that has been fostered between all colleagues working towards improving health outcomes for Aboriginal people in the northern suburbs of Adelaide. The collaborative working style of the team aids relationship-building with clients, safeguards provision of culturally-competent care and is a two-way knowledge-sharing and mentoring process between colleagues with different, but equally valued, skill sets.

Additionally, NAML’s Care Coordinators have demonstrated clinical leadership by recognising the importance of,
and working to foster, positive and effective working relationships across the broader CTG Team, also ensuring all team members understand the processes involved within the CCSS referral process. In addition, their leadership and consultation skills have led to the formation of partnerships and linkages with other agencies in the NAML region, thereby increasing referrals and streamlining the pathways of care for their clients.

Key outcomes include, a total of 163 clients for either care coordination and/or outreach worker services (120 with chronic diseases and 27 Interim clients with chronic disease who are followed up every three months.), clients who are now being provided with outreach worker services only, 10 new clients currently awaiting home visits to assess their chronic diseases.

Successful implementation of clinical care under the CCSS program has been achieved by:

1) Delivering a holistic model of care – this requires being open-minded about patients’ personal and cultural beliefs, and attending to clients’ clinical care needs while also assessing and addressing the social determinants of health, often barriers to optimal health such as issues with housing, employment, transport, etc.

2) Providing the necessary education, information, support and advocacy for clients to develop chronic disease self-management skills that will result in better health and an overall enhancement of their quality of life. This is achieved through providing culturally-competent staff to work with these clients to better manage their health needs.

The Living Well with Serious Illness Program

In order to improve health outcomes in our community, NAML is engaging and collaborating with government, health providers, key stakeholders and the public around its priority areas. The Living Well with Serious Illness Program is an exemplar example of how NAML is working in partnership with key stakeholders to improve the patient journey.

People living with a progressive life limiting illness (e.g. cancers, advanced heart disease, motor neurone disease) are vulnerable to a range of psychological problems which may affect quality of life, aggravate physical health and symptom control, increase hospital presentation and impact on bereavement.

The ‘Living Well with Serious Illness’ Program (including palliative care) is a locally focused initiative providing counselling support for people who are living with serious illness, and their families. Developed by NAML in response to an unmet need after the cessation of a psychology service in the tertiary palliative setting, this program was translated to the community setting and further enhanced through a more accessible, client-centred, responsive model of care incorporating a high level of clinical expertise. The program was launched in July 2013 and, to date, has received 53 referrals.

This flexible model of therapy takes account of best practice principles, enhancing accessibility by the provision of a no-cost service at site of choice by the patient (usually at home). It is made relevant to the palliative population by the adaptation of therapeutic frameworks to the varying needs and physical status of individual patients; and ensures responsiveness by minimising wait-lists and adaptable timeframes of involvement. Seamless access to other programs delivered by NAML (e.g. Closing the Gap, mental health support in aged care programs) further value-adds to the suite of services available. Communication pathways between NAML and key stakeholders ensure the mental health component of the patient journey is integrated into their total care.

The high reputation of the program within the NAML region has drawn interest from other hospital-based palliative/oncology services, not only creating referrals but, through growing partnerships, opportunities for further collaborative service development at a time of competing demands on the healthcare budget. This program has recently been nominated for a National Lead Clinician’s Group Award.

Multi-disciplinary, cross-sectoral collaboration is the key to the relevance and success of this program. NAML’s Palliative Care Membership Consortium Group is one avenue of community and stakeholder feedback and innovation.
Is Pneumonia the Old Man’s Friend? Vaccines for the Elderly

By Professor Raina MacIntyre

The shifting global demography and ageing of populations worldwide brings new challenges for health care, and an imperative for healthy ageing and preventive health strategies for adults. We live in an ageing society, where positive ageing and prevention are key to a healthy future. Vaccines can prevent disease, suffering and death. Elderly people have a higher incidence of infection and more severe and serious consequences of infection. Diseases such as influenza, pneumococcal disease and herpes zoster have long been recognized as causing a high burden in the elderly, but evidence is also emerging for other infections such as pertussis being a major cause of morbidity in this age group. Immunisation is an effective and available strategy for reducing disease burden in the elderly, yet vaccines for the elderly are under-utilised and under-valued compared to children. Reasons for this include waning immunity in the elderly, lack of RCT data in this age group, and lack of provider confidence in vaccines for the elderly. "Pneumonia is the old man's friend” is a common misperception, laden with value judgement about the elderly and does not take into account the suffering associated with acute infections, nor the transmissibility to others. Research shows that the "older” elderly and people with dementia are less likely to be vaccinated than younger, more healthy elderly. For many reasons, there are missed opportunities for preventing vaccine preventable-diseases and suffering in the elderly.

Now, there are several vaccines which can prevent major infectious diseases in the elderly. To improve uptake of these vaccines, elderly vaccination should be viewed through a different lens to paediatric vaccination, accepting that vaccines are less immunogenic in the elderly. The population health impact of vaccines in the elderly, despite immunosenescence (deterioration in the immune system due to ageing) and lower immunogenicity (ability to produce an immune response), is still likely to be high given the increased disease incidence. Vaccination is an important and readily available means of prevention in the elderly.

The NHMRC Centre for Research Excellence in Population Health “Immunisation in under Studied and Special Risk Populations: Closing the Gap in Knowledge through a Multidisciplinary Approach” is dedicated to identifying and addressing challenges of immunisation for elderly population as one of its four theme areas. The CRE is holding a free workshop in Melbourne on June 20th 2014, titled “Equity in disease prevention: vaccines for the elderly”. The workshop will feature international and national speakers on ageing and vaccinology (pneumococcal disease, quadrivalent influenza vaccine, herpes zoster and pertussis), including Professor David Goldblatt, University College London who will speak on the future of pneumococcal vaccines for the elderly. The results of the long-awaited CAPiTA trial of 13 valent pneumococcal conjugate vaccine in the elderly will also be presented. The workshop will provide an update on the latest evidence around immunisation for the elderly, and will address barriers for prevention of infection in the elderly. A debate on the ethics of decision making around prevention in the elderly will also be featured. Registration is free, and open to all stakeholders in immunisation, ageing and health, primary care, health services providers for the elderly group, insurance, researchers, government and non government organisations, community representatives, and advocacy groups. For details, please see: http://www.creimmunisation.com.au/event/workshop-equity-disease-prevention-vaccine-elderly
We live in an ageing society, where positive ageing and prevention are key to a healthy future. Vaccines can prevent disease, suffering and death. The elderly are at increased risks of vaccine preventable diseases such as influenza, pneumococcal disease, herpes zoster and pertussis. Immunisation is an effective and available strategy for reducing disease burden in the elderly, yet vaccines for the elderly are under-utilised and under-valued compared to children. “Pneumonia is the old man’s friend” is a common misperception, laden with value judgement about the elderly and does not take into account the suffering associated with acute infections, nor the transmissibility to others. The “older” elderly and people with dementia are less likely to be vaccinated than younger, more health elderly. For many reasons, there are missed opportunities for preventing vaccine preventable-diseases and suffering in the elderly.

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The workshop will feature international and national speakers on aging and vaccinology (pneumococcal disease, quadrivalent influenza vaccine, herpes zoster and pertussis), including Professor David Goldblatt, University College London who will speak on the future of pneumococcal vaccines for the elderly. The workshop will provide an update on the latest evidence around immunisation for the elderly, and will address barriers for prevention of infection in the elderly. A final program will follow.

**Target groups:**

Stakeholders in immunisation, ageing and health, primary care, health services providers for the elderly group, insurance, researchers, government and non government organisations, community representatives, and advocacy groups.

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For further information visit our website [here](#) or contact Ms Elizabeth Kpozehouen: e.kpozehouen@unsw.edu.au
I am a new PhD student at University of Wollongong. I have a background in Nutrition, and have successfully completed Honours research in Public Health Nutrition with First Class Honours. In the past few years, I have been working as a Research Assistant/Project Officer for numerous Public Health, Public Health Nutrition and Curriculum research projects. I also have work experience as a Health Promotion Officer at Kiama Municipal Council. I have just started PhD in early March, and my topic is about the marketing and regulations of Energy Drinks and their impact on consumption patterns among younger Australians. My supervisors are Associate Professor Samantha Thomas, Dr Bridget Kelly, and Professor Heather Yeatman.

Energy drinks such as V, Red Bull, Monster, Rockstar and Mother have experienced impressive growth both in Australia and Internationally. These drinks are often marketed to increase alertness, stamina, and performance and are particularly popular among people with busy lifestyles, athletes, teenagers and young adults who often need ‘a boost’. However, the high caffeine, sugar, as well as other stimulant ingredients in energy drinks has raised public health concern; research suggests that these drinks may have adverse health outcomes, particularly in children, adolescents, and young adults. These include increased blood pressure, anxiety, chronic episodic headaches, insomnia, vomiting and panic attacks. Health impacts are even worse when adding alcohol to energy drinks, a common practice among young party-goers. Evidence suggests that caffeine and other stimulants in energy drinks mask the intoxicating effects of alcohol and may lead to increased consumption and risk-taking behaviours.

The marketing of energy drinks are often done ‘below the line’—through Internet, social media platforms, direct-to-consumer promotions at night-clubs, pubs and music or sports events. Energy drink brands closely align their products with extreme sports, music festivals which increase the appeal of their products to young people. With the rising popularity of energy drinks and with more health problems reported worldwide, there have been increased calls for stricter regulations in relation to the labelling of drinks, and the age at which individuals can purchase these drinks. For example, the Country Women’s Association NSW and the Australian Medical Association have thrown their support in urging Government to ban the sale of energy drinks to children under 18 years old. To date, there is paucity of research on how the marketing strategies of energy drinks influence the consumption pattern among young Australians and how the marketing and advertising practices of energy drink are regulated in Australia. My PhD project will investigate the marketing channels and techniques utilised by the energy drink industry to influence attitudes towards, and consumption patterns of, these drinks in younger Australians and investigate the current regulatory frameworks and policies associated with energy drinks in Australia and Internationally. By doing this project, I am hoping to explore the role of effective public health policy strategies in mitigating the potential risks posed by the marketing of energy drinks in Australia.

PHAA Oral Health Special Interest Group and Colgate-Palmolive Student Essay Competition, 2014

In the spirit of oral health promotion and reflecting the 2014 PHAA Perth Conference theme, ‘The future of public health: big challenges, big opportunities’, the PHAA Oral Health Special Interest Group in conjunction with Colgate-Palmolive invites current university full-time or part-time students in undergraduate, postgraduate, research or course work to embrace oral health as an integral component of whole health by participating in an essay competition with prizes! On offer is the amazing opportunity to win sponsored attendance at the PHAA 43rd Annual Conference 2014 in Perth and rub shoulders with some of the biggest names in health.

For more information visit http://www.phaa.net.au/oralHealth.php
There is lots wrong with our society: it makes kids fat and promotes excess alcohol use, makes people depressed and is stuffing up the environment. I don’t want to talk about that. I want to think through what to do about this. What do we, as academics and health practitioners, have to grapple with?

Clearly in regard to greenhouse gas emissions, action is time critical. Has our public health activism toolbox got the right tool for this job? Is research, writing, educating peers and public, advocacy and promotion enough? In the face of immense vested interest and political short-termism how do we actually transform our culture to an ecologically sustainable one?

The short answer is that we know how to do this; but do we? We have theories of social change (The Change Agency) who teach activists to campaign for change: how to prepare, form a group, plan a campaign, message, use media, advocate, and demonstrate. The Transition Towns initiative is doing cultural change in locales all over the world to build local resilience and ease communities out of the mainstream economy. Innumerable NGOs are active changing their bit of the social landscape (Paul Hawken’s list). But how can we design a transformative change and apply it from within an evolving complex system? Or is all we have chipping away one drip at a time at the bedrock of the mainstream culture?

We know reform is possible. We ended slavery, northern women can now vote, South Africa no longer has apartheid, the Berlin Wall now only has souvenir status and tobacco is on the way out in western countries. We know we can design change: fashion changes regularly, there are iPods, iPads, smart phones with a new cover every month and electric cars.

But our economy, jobs, work, food production and our current extraordinary good health and prosperity runs on fossil fuels and this make the fossil fuel sector extra specially powerful. Their wealth is tied to carbon in the ground and realising that wealth means they have to put it into the atmosphere. We have the knowhow and technology to get energy differently but fossil fuel corporations don’t want it to happen just yet.

So the essential immediate transformation is in energy; shifting the economy to run on renewables, together with associated measures for improving energy efficiency and reducing energy demand.

But this latter raises a further set of necessary transformations in the human practices which are driving ill health and ecological damage. These are deep matters affecting core cultural assumptions and values. These factors are interrelated, in that decisions about one affect decisions and outcomes in others. They all impinge on how each of us can responsibly live on and fairly share this planet. These factors are: how many children can each of us have; what volume of resources (water, nutrients, metal, wood, carbon etc.) is fair for each of us to use; how much physical space is it fair for each of us to use not only because in four decades we are likely to be 11 billion humans, but if temperatures rise by a few degrees and sea levels by a quarter metre parts of the planet now habitable may not be without terraforming; and what about the other species we share the planet with?

I’m not going to close with the glib ‘we need to act for our children and grandchildren’ because that is obvious. We do need to begin to wrestle with these wicked issues and how we can transform our governance, social institutions and economy, how we bring corporations under democratic control, and most urgently how we leave most known carbon stores in the ground. How? First practical step – divest. Otherwise – I’m not sure. Ideas welcome.
ABSTRACTS INVITED FOR PAPERS AND WORKSHOPS
2014 CAPHIA PUBLIC HEALTH TEACHING AND LEARNING FORUM
TEACHING FOR THE 21st CENTURY PUBLIC HEALTH WORKFORCE
The University Club of Western Australia, UWA Campus
35 Stirling Highway, Crawley, WA
18-19 September 2014

Abstracts are invited by 19 May 2014 for proffered papers for the CAPHIA 2014 Public Health Teaching & Learning Forum. Expressions of interest are also invited to organise and convene a limited number of workshop sessions in relation to the main Forum theme.

Proffered papers and proposed workshops should relate to the forum theme of Teaching for the 21st Century Public Health Workforce and can include topics such as:

- teaching and learning innovations
- public health competencies, course accreditation and curriculum development
- public health workforce education and training requirements

CAPHIA works in partnership with the Public Health Indigenous Leaders Education (PHILE) Network and presentations related to Indigenous public health curriculum development and teaching are encouraged.

Papers: Please forward details for papers as Abstracts with the following information:

1. Title
2. Authors including institution affiliation, and presenter underlined
3. Outline of presentation (Aims; Methods; Results; Conclusion; max 300 words)

Preference will be given to papers which promote discussion by presenting results and evaluations.

Workshops encourage discussion and the exchange of views, and proposals are invited for 60 minute workshop sessions. The workshop outline should include:

1. Title
2. Convenor
3. Outline of the Presentation (max 300 words)
4. Workshop design, including number of speakers, panel discussion, etc

Proffered Papers and Workshop Outlines to caphia@caphia.com.au should be received by Monday, 19 May 2014. Accepted papers will be confirmed before Earlybird Registration closes on 18 July 2014 and the presenting author is eligible for the Earlybird discount rate.

The CAPHIA Teaching and Learning Forum on 18-19 September 2014 follows the PHAA Annual Conference in Perth on 15-17 September 2014. For CAPHIA Forum Registration and additional information contact the CAPHIA office on (02) 6285 2373 or caphia@caphia.com.au

The Council of Academic Public Health Institutions Australia (CAPHIA) is the peak organisation that represents public health in Australia. Its purpose is to maintain high quality academic standards in the education and development of public health practitioners and researchers, to lead and represent public health education in the tertiary sector and to be a respected voice and advocate for the development of public health professionals and researchers within Australia.
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