Navigating Through Nutrition Policy in Australia

Food and Nutrition Special Interest Group News

By Simone Braithwaite, Food and Nutrition Special Interest Group

As the day dawned following the 2014 ‘Killer Federal Budget’ and public health experts nationwide mourned the loss of universal public health care as we know it, nutrition professionals came together in a State well known for short sighted health budget decisions (Queensland).

Ironically, it was barely 18 months earlier when the Newman government decimated investment in prevention and health promotion in Queensland. Yet despite the political realities, for many this was a meeting of new beginnings – an opportunity to plant seeds for food and nutrition policy action that may shape the future of this great land.

Navigating Through Nutrition Policy in Australia was held on the 14th May 2014 in Brisbane. Organised as a satellite conference to the Dietitians Association of Australia national conference. The meeting brought together independent, non-government, industry and university nutrition, public health and policy experts to a think tank focused on food, nutrition, sustainability, health, illness and action.

Delegates were challenged by the PHAA President Heather Yeatman to think of what food and nutrition policy can we achieve for population health outcomes? She called for national leadership, action, and integrated food and nutrition policy. Heather reminded delegates that in 2012, the Public Health Association of Australia identified Australia as a country with a food and nutrition system that was in crisis, and provided solid evidence for why it remains so. She provided some inspiring international examples of innovative, integrated and sustainable focused food policy with documented clear public health outcomes. Such examples mean Australia can build from these policies rather than repeat and replicate what currently exists. Heather set the call to action and inspired delegates to take food and nutrition policy agenda to another order.

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Christel Leemhuis, representing the Commonwealth Department of Health, outlined the Department's current nutrition policy investments. Given the budget had only just been passed down, Christel's presentation was prior to the Department having an opportunity to consider the implications. Current investments outlined by Christel included: the commitment to developing a National Nutrition Policy to replace the 1992 National Food and Nutrition Policy; Education initiatives such as The Healthy Weight Guide and the national roll out of Stephanie Alexander’s Kitchen Garden Program; provision of public health information such as pregnancy warnings on alcohol labels and Front of Pack Labeling on processed foods; reformulation of the food supply through the Food and Health Dialogue which has been going since 2009 and regulation such as mandatory fortification of bread.

Barbara Eden, from the Heart Foundation, provided an overview of the elements and outcomes of the Heart Foundation’s investment in reformulation programs such as the Food and Health Dialogue and the Tick program.

Meg Adam, from Khadro Consulting, and Helen Vidgen, co-convener of the PHAA Food and Nutrition SIG, asked the question: who are the nutrition workforces of Australia – past, present and future? They outlined where nutrition work is being carried out and the expertise of who is doing this work. The picture they presented about the loss of nutrition workforce in Queensland was nothing short of catastrophic; and now given replication in other states, investment in nutrition is at all time low – despite nutrition related ill health being at an all time high. They highlighted the lack of awareness and engagement regarding the total loss of the Aboriginal and Torres Strait Islander expert workforce in Queensland and pondered the impact of this loss in years to come.

Reminding us of the importance of linking evidence to policy, Amanda Lee provided compelling evidence for why disinvestment in preventative nutrition interventions is not only short sighted but a result of poor and inaccurate use of data and evidence. Amanda highlighted the complexities of nutrition evidence, but clearly demonstrated why it is impossible to argue against investing in improving the population's nutrition.

Representing the Dietitian’s Association of Australia, Annette Byron reiterated the policy history and journey for Australia, and outlined the investments the Association had made in shaping and influencing the current policy environment.

Aloysa Hourigan from Nutrition Australia Queensland led a panel discussion bringing together key themes and challenges of the day.

Delegates were presented with the current PHAA Food, Nutrition and Health Policy and 1992 National Nutrition Policy and asked to discuss food and nutrition policy for the future. Represented organizations were asked to consider collaborating on an agreed statement; an opportunity to create a single non-government voice to inform the development of National Nutrition Policy. To conclude the day, delegates were challenged to identify and workshop key elements to be considered in the future ‘single voice’ policy.

The seminar was organized by the Food and Nutrition Special Interest Group of the Public Health Association of Australia, Heart Foundation, Nutrition Australia Queensland, Dietitians Association of Australia and Queensland University of Technology. It was attended by 95 delegates with expertise in broad range of food, nutrition and public health. Special thanks to Dr Helen Vidgen for her lead in organizing the day and Deanne Wooden from Heart Foundation for her role as MC.
Gap in understanding puts baby boomers’ mental health at risk

By Dr Murray Patton, President, Royal Australian and New Zealand College of Psychiatrists

Australian baby boomers are lagging behind younger generations when it comes to understanding mental illness, putting them at risk of delayed recovery. This has been highlighted by a recent survey by the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

The RANZCP Australian community survey found young people had a much greater awareness and understanding of appropriate treatment options for anxiety and depression than adults aged over 45 years. When experiencing mental illness, baby boomers are twice more likely than 18-24 year olds to rely on their GP over any other type of mental health professional or social support.

GPs play a crucial role in providing health care for all Australians and their importance cannot be overstated. They have a central role in the health care system, providing effective primary care responses for a wide range of problems, coordinating care and, where necessary, referring on to specialists for people with more complex diagnostic and treatment problems.

However, we are all aware of the pressure our growing and ageing population places additional pressure on GPs to provide mental health advice and support and it is important that other health providers with expertise in this area are appropriately involved in care.

Mental health specialists such as psychiatrists work collaboratively with GPs to provide ongoing support for people struggling with anxiety, depression and other mental health conditions.

It is imperative that we educate the Australian public to seek help for mental health concerns. Early detection and treatment of conditions such as depression are important. Research reported in the Australian and New Zealand Journal of Psychiatry has shown that a patient presenting to a GP while suffering depression has only a 50 per cent chance of being accurately diagnosed without the use of psychiatric tools.

While GPs provide excellent primary care to older Australians, and some have undertaken additional training to provide mental health care, they are not specialists in mental health. Consultation with and treatment by a psychiatrist may be required for people with more complex problems or who are not responding to treatment in a primary care setting. Psychiatrists have received advanced training in a range of treatment modalities which means they can tailor treatments to the needs of their patients. As medical practitioners, they are aware of the impact of other health conditions and can adjust treatments to ensure optimum effect.

Psychiatrists typically have more time to consult with patients and establish a comprehensive understanding of complex problems and to make an accurate diagnosis. This means that the treatment best suited to these problems can be commenced at the earliest opportunity.

The survey also found that Australians over the age of 45 are also more likely than young people to attend hospital for a mental health emergency rather than request a referral to a psychiatric specialist. This puts pressure on the public health system, and in particular contributes to the crowded Accident and Emergency departments.

We need to educate the community that the best course of action is to seek a referral to a psychiatrist as soon as suicidal or self-harming thoughts become apparent in order to ensure the most expert assistance is provided as early as possible and to avoid increasing the demand on our already stretched Accident and Emergency Departments.

The RANZCP survey highlighted a concerning level of confusion in the community about the role of psychiatrists and other mental health professionals.

Australians are confused about the difference between the different professionals working in mental health fields, in particular psychiatrists and psychologists.

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The Tasmanian Reproductive Health (Access to Terminations) Bill passed in November 2013, and officially came into effect on February 12, 2014. It marked a great step forward for Tasmanian women’s reproductive health and one that the Tasmanian branch of PHAA can be very proud to be a part of.

Population Health Services (Department of Health and Human Services) has been disseminating information on the changes to all key stakeholders including: an information kit mailed to every general practitioner and practice manager in the state; fact sheets for the general community available in print and online; and liaising with the community sector to ensure they are also aware of the changes. You can go to this webpage for all the information: [http://www.dhhs.tas.gov.au/pophealth/termination_of_pregnancy](http://www.dhhs.tas.gov.au/pophealth/termination_of_pregnancy)

At this point it is important to remember that the change will have very little short term effect on the level of access women have to termination services. There are four private clinics in Tasmania which provide these services and they are all limited in terms of staffing resources and how many days a week they are open. If a woman, who is financially disadvantaged, cannot afford the fees they charge, she may still not be able to access a termination. There is work being undertaken to explore how these issues can best be addressed.

As an added caution, it is important to remember that we cannot take hard fought gains for granted, as with the change of state government there are already some in the new ministry who have clearly indicated they would like to see some or all of the legislation repealed or watered down. It would seem that the price of reproductive freedom is still eternal vigilance.

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**Gap in understanding puts baby boomers’ mental health at risk**

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For example, more than half of Australians are unaware that psychiatrists are trained medical doctors. More than a third of the population is unaware that psychiatrists can prescribe medication and around a quarter incorrectly thinks a psychologist can do so.

While there has been a focus in recent years on increasing understanding of mental health conditions among young people, this survey has highlighted the need for tailored information for older Australians to explain the role of a psychiatrist and other mental health professionals.

The survey findings have also highlighted a need to work with GP organisations to develop improved referral pathways for older Australians to ensure they receive the most effective treatment for any mental health condition.

References are available from the author upon request.

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**Update on Tasmanian Reproductive Health (Access to Terminations) Act 2013**

*Tasmania Branch News*

*Ingrid van der Mei, PHAA Tasmanian Branch President*

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Do storybooks help teach children to eat more vegetables and fruit?

By Charlotte Morrison and Aloysa Hourigan, Nutritionists, NAQ Nutrition

This was a question NAQ Nutrition (Nutrition Australia Queensland) asked a few years ago, with the desire to reach children in novel and innovative ways, to teach them about healthy food and drinks.

In 2013, through funding from the small grants program of Metro North Brisbane Medicare Local, NAQ Nutrition commenced development of an educational children’s storybook, for parents to read to their young children (from 3- 5 year olds). The book, ‘I’m Having a Rainbow for Dinner’ was written and designed around fun characters and illustrations to engage children, while at the same time promoting messages about nutritional advantages of vegetables and fruit. A small number of books were printed for local use only.

Then through funding from the Australian Government and Queensland Government under the Australian Early Development Index (AEDI) program, ‘I’m Having a Rainbow for Dinner’ storytime sessions were developed, implemented and evaluated. The work was completed in the AEDI Caboolture community which has a higher proportion of children who are developmentally vulnerable for physical health and wellbeing compared to the rest of Queensland. It was also the area in which the storybook was initially developed so strong links had been developed with local organisations and community members.

Within three months, 14 storytime sessions had been held across the area, covering libraries, community groups, community organisation and early-years groups. Each participant received a free copy of the book to take home, with the remainder of the 500 copies provided to local community organisations or libraries for further dissemination.

So back to the question at the start – does the storybook help teach children to eat more vegetables and fruit? - Yes. Through the evaluation component of the AEDI grant, data was collected on changes in behaviour, skills, awareness and knowledge of parents and their children. NAQ Nutrition conducted the evaluation through pre- and post- intervention surveys as well as observations that were designed to be unobtrusive and acceptable to local community members.

The data showed parents reported having more skills in offering different vegetables and fruit? - Yes. Through the evaluation component of the AEDI grant, data was collected on changes in behaviour, skills, awareness and knowledge of parents and their children. NAQ Nutrition conducted the evaluation through pre- and post- intervention surveys as well as observations that were designed to be unobtrusive and acceptable to local community members.

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NAQ Nutrition has a long history of working with the early-years sector and with early childhood settings through its Food Foundations program. This program has primarily focused on: developing and delivering workshops for educators and parents; developing and disseminating resources such as posters and presentations; supporting subscribers through monthly e-newsletters; and providing other services such as menu assessments. The program now has a new different style of resource to help parents, educators and families to start conversations about food and nutrition in a child-friendly, acceptable, fun and colourful way. Future work will build on the experience and work already completed within South East Queensland and across the whole of Queensland.

For more information, see www.naqld.org, call 3257 4393 or email info@naqld.org
The opioid problem

There is global concern about the increasing opioid prescriptions. Whilst there is acknowledgment that opioid related harm is an increasingly major public health problem, the solutions are complex. In Australia, the prescribing rate for opioids rose from 3.8 per 100 encounters in 2000–01 to 5.6 per 100 in 2010–11, particularly for oxycodone which had risen from 0.3 prescriptions per 100 encounters to 1.5 per 100 in that period of time. GP prescriptions for opioids almost doubled (from 3.83 million to 6.65 million), while the number of oxycodone prescriptions increased almost seven-fold (from 0.26 million to 1.73 million). For the period 2001-2011, the total prescribing rate for analgesics has remained steady.

Commonly prescribed opioids include combinations of paracetamol with at least 30mg codeine (the minimum amount for classification as an opioid), oxycodone (traded as Kapanol, MS Contin, OxyContin (slow-acting), OxyNorm, Endone (fast-acting), and APO-Tramadol (Roxburgh 2011). Opioid analgesics can become addictive or cause physical dependence, and may fuel substance abuse. They are primarily prescribed for musculoskeletal pain - back problems account for more than a quarter of all opioids prescribed while about 1:10 opioid prescriptions are for osteoarthritis conditions. Only about 3.5% of opioid prescriptions are for malignant conditions (Roxburgh 2011).  

Oxycodone prescriptions are oral preparations available in various dosages: 5 mg tablets; 10 mg, 20 mg, 40 mg and 80 mg controlled-release (CR) tablets; and 5 mg, 10 mg and 20 mg capsules. The combination drug Oxycodone and Naloxone (Targin®) is the recommended choice for GPs to prescribe to methadone patients. 20mg is the threshold for suspected dependency, addiction and/or abuse.

There are more deaths from prescription opioids in North America than from heroin and cocaine combined and that is likely to be the case in Australia as well. A NSW study found that 500 Australians aged 15 to 54 died of an opiate overdose in 2008, up from 360 in 2007 (Piotrowski 2012), which is more than the number of road deaths in NSW in those years. In Australia, a Victorian study has reported ‘a strong and significant association between oxycodone supply and coronial deaths involving oxycodone’ (Rintoul et al 2010). For the period 2006-08 oxycodone accounted for 19.9% of all consumption of narcotic drugs in Australia (Rintoul et al 2010). Detection of oxycodone in deaths reported to the Victorian Coroner has increased from 4 in 2000 (0.19/100 000 population) to 97 in 2009 (1.78/100 000 population); a 21-fold increase (Rintoul et al 2010).

The street drug market for oxycodone is a growing public health problem. Illegal diversion (the unlawful transfer of prescription opioids from legitimate to illicit channels of distribution), often results in sale or exchange, and drug abuse (SA Health 2008). Oxycodone is reported to have a street value of $60-70 per 20 mg tablet (Piotrowski 2012) – thus, a prescription for 20 tablets could have a street value upwards of $800. In 2009-2010, more than 580,000 taxpayer-funded scripts were approved in NSW for OxyContin and similar opiate painkillers, such as OxyNorm and MS-Contin which are commonly known as “hillbilly heroin” (Duff and Lane 2011). In particular, the 80mg oxycodone controlled-release (CR) tablets are a target for illicit diversion (Bradford and Rodwell).

Table 1 shows data from 2011-2013 for Oxycodone prescribing in Australia showing fluctuations throughout the year. Interestingly, the fast acting <20mg has increased rapidly up till end of 2012 and then plateaus. Quarter 1 in 2013 is higher than Quarter 1 in 2012. However, Quarter 3 in 2013 is lower than the previous year. Prescriptions for the combination drugs (Oxycodone and Naloxone) are rising.

Table 1: Oxycodone prescribing in Australia 2011-2013

Sources: PBS
Opioid Prescribing: a Public Health Problem
but How Should Australia Intervene?

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Potential PHAA policy positions

1. GP targeted education – there has been national attention in recent years, to pain management by GPs. Perhaps this is having an effect on prescribing habits but overall, the number of prescriptions is not decreasing.

2. Public campaigns highlighting the potential hazards of prescription opioids. There is some support in the literature for this approach to discourage the use of opioids for chronic pain.

3. Restrict prescriptions for opioid painkillers – in the US state of Maine, rules introduced in 2012 limit patients to painkillers for just two weeks a year, allowing renewal in two-week intervals with special permission. Patients with chronic pain lasting beyond eight weeks are required to try alternative treatments such as cognitive behavioral therapy and chiropractic for pain relief. Cancer and AIDS patients and others with lasting pain from end-of-life conditions still receive coverage for narcotic painkiller prescriptions. Hospice patients and those in nursing homes are also exempt. As a result, the number of pills dispensed was cut by 27 percent (6 million pills) for 15,000 fewer patients (Maine News 2014). Undoubtedly, there are pros and cons to this approach but economically and socially, the weight of evidence suggests that restricting prescriptions is a good public policy position.

4. ‘Real time’ electronic databases that make it much harder to obtain opioids from multiple doctors or pharmacies.

5. Continued monitoring of prescriptions and opiate related deaths.

I am keen to hear member’s views on these proposals to inform a PHAA policy position on opioid prescribing in Australia.

References can be obtained from the author at Helen.Keleher@med.monash.edu.au
Professor Geoff Mercer from The Australian National University passed away suddenly on Saturday April 12, 2014 at the peak of his career. Geoff was treasured for his personal qualities, his attentiveness as a teacher and mentor, his dedication to service and his research achievements. His gentle strength, positive outlook, unassuming nature, selflessness and delightful sense of humour were greatly valued. His door was always open and he made time for anyone who needed to talk to him no matter how busy he was. As a teacher and mentor he was patient, generous with his time and ideas, and unwavering in his support.

Geoff contributed in ways above and beyond what was expected and at the time of his death was Acting Director of the National Centre for Epidemiology and Population Health (NCEPH), Delegated Authority for Higher Degree by Research students at the Research School of Population Health (RSPH), oversaw the Masters in Public Health program and was head of NCEPH’s infectious disease epidemiology and modelling group. During his career he also contributed in a variety of roles to the Australia and New Zealand Industrial and Applied Mathematics Division of the Australian Mathematical Society.

Geoff was passionate about applied mathematics and although he only turned his skills to infectious disease modelling when he joined NCEPH in early 2009 his impact was significant. He was a valued and enthusiastic collaborator, working with NCEPH and other Australian and international colleagues on understanding Australian influenza pandemic preparedness, as well as a variety of other topics including tuberculosis in the Torres Strait region and Hepatitis E control in displaced persons camps in Uganda. He was widely published, successful in gaining NHMRC, ARC and other funding, and was a sought-after consultant by the Department of Health. He had an honorary appointment as senior infectious diseases modeller with Doherty Epidemiology at the Victorian Infectious Diseases Reference Laboratory. In 2013 he was awarded the E.O. Tuck Medal for mid-career researchers for excellence in research and service to applied mathematics and he has been posthumously accredited as a Fellow of the Australian Mathematical Society.

Geoff is survived by his wife and two daughters.

To honour Geoff’s many contributions, the Research School of Population Health has established the Geoff Mercer Endowment. This endowment will continue Geoff’s legacy of mentoring and support of students by funding an annual award for an RSPH postgraduate student to undertake an activity in pursuit of their academic goals, including travel to a national or international conference. To find out more or to donate to the Endowment see http://philanthropy.anu.edu.au/philanthropy/donate-online/search/?cause=the-geoff-mercer-endowment
In May, 150 WA population health practitioners, researchers and policy makers had the opportunity to hear two of the world’s most influential experts in public health – Professor Martin McKee and Professor Gerard Hastings – discuss adapting to change, at the first WA Population Health Forum.

Unfortunately, the theme and many of the key points became a harsh reality in the Federal Budget, which pulled the rug out from under the feet of low income and disadvantaged Australians. The drastic cuts to health and many other key areas mean that adapting to change will be essential for public health professionals. More than ever we are charged with the responsibility to engage Government and take action to improve population health and mitigate the diminished focus on preventative health.

Professor McKee discussed the role of government and the changing geopolitical environment. Globally, distribution of resources is changing and increasingly there is uneven wealth distribution. Governments have a democratic mandate to act on our behalf, but often have little understanding of or consideration for public health or the need for health in all policies. Fewer politicians than ever have had a career before politics, and often lack experience in the challenges that ordinary people face. Yet, most of us are too busy in our own lives or lack the confidence to get involved in politics. Power has become concentrated in a few hands which is rendering the democratic process powerless.

Professor McKee challenged us to change our world. We need to be curious – to ask why, and never be happy with the answer; to challenge what’s being done. We need to take initiative – we need more social entrepreneurs, we all need to do something, and we shouldn’t be frightened of failing. Doing something and failing is better than doing nothing. We need to make connections and to see the big picture. We need to find the cause of problems by considering the upstream effects, and to consider the socio-political context, and other factors, not just the epidemiology, so we know what we’re up against. We need to be more confident to speak out – don’t talk nonsense, but understand many “experts” only have superficial understanding. Exploit social media to get our message out and use it as a research tool.

Public health is firmly grounded in social justice and equal rights, which are the core requirements for any society.

Professor Hastings reminded us about the principles of marketing – the customer is always right; the customer is in charge; produce what you can sell, not sell what you produce. Corporations are under a legal obligation to take care of shareholders. CEOs of Big Tobacco, Big Alcohol and Big Soda are simply doing their jobs by denying their products cause us harm. But marketing also causes another insidious harm - it spoils us. We get whatever we want, whenever we want it. Our ever increasing consumption as a society (due to marketing) is leading to catastrophe, and we need to act now to address this.

Professor Hastings challenged us to move beyond passive behaviour change we need transparency, critical thinking and humility. The business of business is business – we need the mechanisms in place to regulate large corporations better, to turn them around and deliver true social corporate responsibility. We need to encourage citizens to be thinking critically – the opposite of nudge politics. And we need to be humble – public health doesn’t have all the answers, we need to recognise those limitations. We need new ideas, we need to look elsewhere.

Professor Hastings suggests that when marginalised people get into distress we need to see this as the Miner’s canary and listen to them. Recognise this as an opportunity and trust these ‘Miners’ to bring about social change. We need to listen to our Indigenous people – not just thank them for the past, but look for what they can do for the future. They are the people who know the need for sustainable living. We should be open to listening to their perspectives.

As McKee and Hastings both opined, the power and influence of large corporations on the political environment is troublesome. Large corporations are setting the rules by redefining illness, avoiding regulation and running rings around the tax system by banking in low tax countries, so the countries they operate in are missing out on tax income that could be funding health. Corporations selling healthcare won’t want everyone to be their customer, only the people that don’t cost much. And to attract these customers they’ll need to convince them they have something wrong with them, which has the potential to create medical conditions out of nothing.

As Professor Hastings so eloquently put it: ‘If you’re in public health, you’re in politics’
CALL FOR NOMINATIONS
PHAA Public Health Mentor of the Year Award 2014

Nominations for the PHAA Public Health Mentor of the Year Award 2014 are now open!

This award is made to a senior member of PHAA who has made a significant contribution to mentoring early-career professionals/practitioners/students to acknowledge a public health professional who has demonstrated outstanding dedication to mentoring students/early career professionals/practitioners.

Its purpose is to formally acknowledge the importance of mentoring in career development and in recognition of the time commitments and other sacrifices that are involved for mentors.

Mentoring plays an important role in developing proficiency and increase the capacity of the objects of the Association.

Nominations for this award close on Monday 21 July 2014

For further details about this award and the nomination process, please visit the PHAA website at this link: http://phaa.net.au/awards.php

SIDNEY SAX PUBLIC HEALTH MEDAL 2014

Nominations for the PHAA Public Health Sidney Sax Public Health Award 2014 are now open!

The Public Health Association of Australia (PHAA), in 2000, initiated the first Public Health Medal. This Medal was designed to be the Associations pre-eminent prize. The Medal is awarded every year.

In 2001, the Public Health Medal was renamed the Sidney Sax Public Health Medal in honour of the late Dr Sidney Sax.

The PHAA bestows this competitive award on a person who has provided a notable contribution to the protection and promotion of public health, solving public health problems, advancing community awareness of public health measures and advancing the ideals and practice of equity in the provision of health care.

This award will be presented at the PHAA awards dinner which will be held at the Annual Conference in Perth on Tuesday, 16 September 2014.

For further information on this award, please visit the PHAA website at this link http://phaa.net.au/awards or by email phaa@phaa.net.au

Nominations close Monday 21 July 2014
Findings Show Raw Apricot Kernels a Risk

Food Standards Australia New Zealand (FSANZ) has released findings showing that eating raw apricot kernels could pose a public health and safety risk to consumers.

FSANZ Chief Executive Officer Steve McCutcheon said FSANZ and the New Zealand Ministry for Primary Industries had looked at a range of foods that naturally contain a chemical that can be broken down after eating to release cyanide.

'Cyanogenic glycosides are found in a range of foods including cassava root, linseed, bamboo shoots and apricot kernels,’ Mr McCutcheon said.

‘After testing these foods and conducting a risk assessment, FSANZ found only raw apricot kernels can pose a health and safety risk and may require further action.’

‘FSANZ has issued advice previously on raw apricot kernels and continues to advise consumers about the amounts they should consume.’

‘Adults should eat no more than three raw apricot kernels per day and children should not eat any.’

‘No other apricot products, including those made with apricot kernels, present a risk.’

Mr McCutcheon said some consumers eat apricot kernels in the belief they can cure or prevent cancer but Cancer Council Australia states that they are not only ineffective at treating cancer but could also be very dangerous. ‘While we are providing consumer advice and education, FSANZ is also working on a proposal looking at how to manage the risk of cyanogenic glycosides in raw apricot kernels.’

A call for submissions on the proposal is expected to be released mid-2014. For more information:

Survey of cyanogenic glycosides
Consumer warning about raw apricot kernels

Environmental Sustainability, Climate Change and Health: a Checklist for the Urban Environment

By Peter Sainsbury, PHAA Member

The NSW Healthy Urban Development Checklist was jointly developed in 2009 by Population Health in South Western Sydney Areas Health Service and the NSW Department of Health. The Checklist is a tool to assist health workers in providing evidence-informed comment to planning bodies on proposals for urban development. Individual chapters focus on food, physical activity, housing, transport, employment, safety, open space, social infrastructure, social cohesion, and air and water.

A new chapter focusing on "Environmental Sustainability and Climate Change” has been added to the Healthy Urban Development Checklist page on the Population Health website http://www.sswahs.nsw.gov.au/populationhealth/hud/. The chapter provides information and references about the relationship between the built environment, environmental sustainability, climate change and health, before posing four key questions about any proposed development:

1 How will it achieve environmental sustainability objectives?
2 How will it contribute to climate change mitigation?
3 What measures does it adopt to adapt to climate change?
4 How will it promote community resilience?

For each key question there is a series of more specific questions to help the user of the Checklist formulate a response about the proposed development.

Further information is available from Peter Sainsbury, sainsburyp@email.cs.nsw.gov.au or 02 9828 5718.
Indigenous Health Care in the Spotlight at Congress Lowitja 2014

By The Lowitja Institute

Innovative ways to improve health care for Aboriginal and Torres Strait Islander peoples dominated discussions at the biennial Congress Lowitja 2014 – Many Mobs, One Vision: Creating a Healthy Future.

Leading lights from Australia’s Aboriginal and Torres Strait Islander communities gathered in Melbourne to attend the Congress, which celebrates diverse Aboriginal and Torres Strait Islander communities sharing a common goal for a healthy future.

Part of a week-long program run by the Lowitja Institute in Melbourne, Congress Lowitja 2014 attracted around 250 participants, including the institute’s patron, former Australian of the Year Dr Lowitja O’Donoghue AC, CBE, DSG, and its chairperson, powerful advocate for disadvantaged people, Ms Pat Anderson.

Delegates to the Congress, which informs research strategies, programs and projects to contribute to healthier families and children, included representatives from Aboriginal communities, government departments, policy makers and researchers.

“Lowitja Congress 2014 has been a great opportunity for people from around Australia to meet and learn about the progress of their work in Aboriginal and Torres Strait Islander health, particularly in research and the implementation of research to close the gap in Indigenous health,” leading academic Professor Marcia Langton said in her closing address.

In his keynote speech, the chair of the Prime Minister’s Indigenous Advisory Council, Warren Mundine, said in order to improve Aboriginal health it was first necessary to solve Aboriginal poverty through economic development, increased social stability, education, employment and increasing incomes. Mr Mundine expressed concern that Aboriginal funding was consumed by bureaucracy and red tape, and said good data was required to inform good decisions.

Australia’s national institute for Aboriginal and Torres Strait Islander health research, the Lowitja Institute is the only research organisation in Australia solely focused on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Named in honour of Dr O’Donoghue, the institute brings together world-leading researchers, policy makers and experts in cutting-edge service delivery, enabling collaborative health research to make a real difference to people’s lives. The board has a majority Aboriginal and Torres Strait Islander membership and comprises highly skilled and experienced professionals from health, education, Indigenous and community sectors.

Other highlights from the Congress Lowitja 2014 program included a presentation by Ms Anderson about a Lowitja Institute initiative that aims to investigate the variety of views on what Indigenous health and the Indigenous health sector would look like in 2030.

Young Orator Shannan Dodson delivered a powerful speech on recognition, identity and agency, raising awareness of Recognise, an initiative that campaigns to recognise Aboriginal and Torres Strait Islander peoples in the Australian Constitution.

In his address, Australian Race Discrimination Commissioner Dr Tim Soutphommasane noted that racism is a fundamental driver of poor health, injuring not only the individual but the health of our civic life.

Across the two-day program, delegates discussed innovative ways to tackle high-priority issues such as developing the Indigenous health and health research workforce; an increased focus on early childhood development; dealing with foetal alcohol spectrum disorder; and kidney health.

Delegates also enjoyed cultural activities, including performances by Deborah Cheetham and Koori Youth Will Shake Spears and James Henry and the Skin Choir.

Congress Lowitja 2014 followed the Lowitja Institute’s 2nd National Conference on Continuous Quality Improvement in Aboriginal and Torres Strait Islander Primary Health Care. The week-long program wrapped up with a comedy panel event, “Is Racism the New Black?”, featuring Charlie Pickering, Richard Frankland, Meshel Laurie and Libby Gorr.

For additional information go to http://www.lowitja.org.au/congress-2014 or call (03) 8341 5555.
Greetings from 14th WCPH 2015!

On behalf of IPHA and WFPHA, we are delighted to inform you that the 14th World Congress on Public Health will take place in Kolkata, India from February 11-15, 2015. This premiere event will create an unrivaled international forum for the global public health community including service providers, researchers, academicians and scientists to deliberate on important issues.

The Asian region is the most dynamic region for growth and development and this fact adds greater importance to the 14th WCPH. The event will be a not-to-be-missed opportunity to harness synergy, strength and experience of the developing and developed worlds towards collectively attaining global public and environmental health.

On behalf of 14th WCPH, we sincerely request all WFPHA Members to come and participate at this very significant event. It is ‘our event’ and we need all WFPHA society members to come to Kolkata! The congress promises to be a great learning and networking experience, and we do not want any Public Health professional or well-wisher to miss being part of this significant event.

We want to disseminate information about 14th WCPH to all parts of the globe. We appreciate the help of WFPHA member organizations to communicate information about the Congress to all their members. Your efforts to generate maximum awareness will be invaluable as, through your active support and help, information will reach the correct people. These are some ways your society can help:-

- Send an email to all your members about the Congress
- A banner with information about and a link to the Congress URL (www.14WCPH.org) on your website
- Information about the congress in your organization’s printed communications
- Send information to the secretariat for the network of schools and programs offering post-secondary education in public health

Abstract submission and online registrations are open. We seek your help in reaching all your members as soon as possible. Last date for submission of abstracts is 15 June 2014. Further information on the congress, the scientific programme, abstract submission and fees are available at www.14wcphe.org Emails should be sent to info@14wcphe.org

We await your response and assure you that we will help you as best as we can. I wish to reiterate that your support is crucial and important for us to involve the global Public Health community so that the 14th World Congress on Public Health creates a platform to showcase and share knowledge and experiences of public health professionals from across the world.

Let us all unite our efforts to make 14th World Congress on Public Health in Kolkata India a memorable experience for all!

India beckons .... Come and join us!

Dr Madhumita Dobe, Organizing Secretary – 14th WCPH
Indigenous Health the Big Winner as Two Top Researchers Reap Rewards at Congress Lowitja 2014

By The Lowitja Institute

Two of the brightest prospects in Australian Indigenous health have taken top honours at the prestigious Congress Lowitja 2014. Rising talents Simon Graham and Stewart Sutherland were recognised for their outstanding academic research - and future potential - as part of the Lowitja Institute’s third national conference, held in Melbourne.

The biennial awards were established in 2012 to acknowledge the achievements of Aboriginal and Torres Strait Islander students and early-stage researchers, with a focus on the health of Australia’s First Peoples.

This year’s recipients now hope to use their accolades and respective $5000 winners’ grants - presented by Lowitja Institute namesake and patron Dr Lowitja O’Donoghue and Chairwoman Pat Anderson - to further promote the cause of Indigenous health and wellbeing.

Mr Graham, who is completing his PhD at the Kirby Institute at the University of NSW, was honoured with the Emerging Aboriginal and Torres Strait Islander Researcher Award. He has spent four years devising and implementing a “quality improvement intervention” in regional NSW, aimed at boosting the detection rates of sexually transmitted diseases among young Indigenous people.

“Our main goal was always to help the communities we were working with, and we’ve achieved that... but it’s also good to be recognised for the hard slog”, said Mr Graham, who grew up as part of the “Nurrunga Nation” on South Australia’s York Peninsula.

Mr Sutherland, a PhD student from the Australian National University, was given the Aboriginal and Torres Strait Islander Student Award for his work on the social and emotional wellbeing of the Stolen Generations. This research includes the long-term impact of the 2008 "Apology to Australia’s Indigenous Peoples" by then Prime Minister Kevin Rudd, and equivalent declarations in the parliaments of New Zealand and Canada.

“To receive this award from the Lowitja Institute was a very great honour”, said Mr Sutherland, who was raised in the heart of Wiradjuri country in NSW, and is now also a research fellow at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

Dr Chelsea Bond, winner of the 2012 Emerging Aboriginal and Torres Strait Islander Researcher Award, was among this year’s delegates.

Dr Lowitja O’Donoghue, Simon Graham, Stewart Sutherland and Lowitja Institute Chair Pat Anderson

The Lowitja Institute, Australia’s National Institute for Aboriginal and Torres Strait Islander Health Research, brings together world-leading researchers, policy makers and other experts in Indigenous health. For more information, visit www.lowitja.org.au

PHAA 2nd National Complex Needs Conference

November 2015 - Canberra

Information coming soon
Food quality and security, and water quality are high profile public health issues for obvious reasons. By contrast, air quality (AQ) has a much lower profile because Perth generally enjoys very good air quality. Every now and then incidents like the Morwell coal fire in Victoria highlight how vulnerable people and government can become when air quality is diminished.

Most commonly, AQ disputes arise when public expectations of what constitutes clean air differs from industry’s, when land-use planning leads to urban infill encroachment on industrial estates and where pollution control measures are already maximised and options for controlling air pollutants are not economically viable or no other options are available.

Many air pollutants can be regulated by applying a health-based guideline but many others cannot. When this occurs, a risk assessment helps us reach an informed decision about the extent of ‘safety’ that can be reasonably expected from a particular concentration of air pollutant. Consequently the concepts of ‘acceptable levels of risk’ and ‘tolerable levels of risk’ are integral to our thinking and shape our decision making when air quality disputes arise.

Most of WA is a desert environment and once we leave the relative green and clean air of Perth and southern urban centres, geogenic dust (aka natural background dust) is inescapable. Combustion derived particulate matter is the ninth leading cause of respiratory and cardiovascular disease in the world and early signs are that geogenic dust is just as harmful as urban dust under specific conditions.

Why is this important? Because the Pilbara workforce development plans 2013-2016 aims to attract and retain a skilled workforce to the Pilbara. This means more people will be encouraged to work and live in arid environments and simply through population diversification more vulnerable people will live in these environments. Anyone who has been to Karratha, Broome or Port Hedland will appreciate that coping with dust and heat is part of life in these towns. One of the challenges not covered in the workforce strategies document is, how to protect people from the adverse health effects of high background dust in towns where even existing health based guidelines for dust are currently not met.

To better understand the risks and health costs of living in dusty environments we have begun characterising the risks people face by living in such environments. This will help inform whole of government on how to manage risks in such environments. Since we want people to live in dusty places, we also need to understand what level of ‘tolerable risk’ people may be willing to accept when dust mitigation strategies are saturated? We may have to think differently about applying recommended dust guidelines in these towns and instead think more about a range of dust concentrations that might be acceptable in terms of societal and economic costs.

Gathering evidence on the health effects of geogenic dust takes time, so we have also started to think differently about how people might still live well in these towns. One strategy is to actively collaborate and partner with the community of architects and urban planners who think beyond green and energy efficient buildings and who can conceptualise innovative and sustainable building designs and urban scapes to minimise air-borne dust.

We anticipate that addressing these issues now will go a long way to supporting the government’s vision of vibrant and liveable Pilbara communities in the future.
Removing the speed limit: culture and language in road safety

By Dr Rosalie Schultz, President, NT Branch of the Public Health Association of Australia

Safety is no accident, but the result of where and how we live. Like language, we could consider safety to be part of our culture.

For road traffic fatalities speed is the most common cause of death. Speed kills and it is because of the energy involved and the time to react that increase your chance of death. If you have an older vehicle, are a young driver or an Aboriginal person you are more likely to die in a road crash than others.

"Open speed limits" were re-introduced as a trial to Northern Territory on 1st February 2014, on 200km of Stuart Highway between Barrow Creek and just north of Alice Springs. Minister for Transport Mr Peter Styles advised “You should drive safely, to your own capability, the capability of your vehicle and the road conditions. The trial is not a license to drive recklessly, dangerously or without due care.”

This language has been carefully chosen. It suggests that involvement in a crash is due to lack of due care. If you crash, you may be responsible. This is not the case, road conditions, vehicle type, time of day and age of driver change the risk of the likelihood of crashing and dying on our roads.

Injury is a health equity issue

Like many other health issues, injuries from motor vehicle crashes affect some groups of people more than others. In NT, people at greater risk of injury from motor vehicle crashes are Aboriginal people and young people. Many of these people are already disadvantaged so road safety is an equity issue.

While deaths on Australian roads have declined significantly since the 1970s, the number of deaths on NT roads has not declined as much. The number of deaths on NT roads varies considerably from year to year due to small numbers but is out of proportion to our small population, as shown in the figure. There are many reasons for the difference in NT. However overall, the number of deaths on NT roads reflects our inability to embrace a culture of safety. The culture of "open speed limits" is the culture of risk. A culture of safety would not tolerate the removal of speed limits.

Speed contributes to every road crash. As speed increases, there is less time to see a hazard, and you travel further as you apply the brakes and further again to slow down or stop. People do not always drive at the speed limit, but the limit provides a guide, and a level at which police can respond to speeding. In general, the faster the limit, the faster people drive. When there is no limit, it is likely that some people will drive faster than when there is a limit.

Language in road safety

Average is "a number expressing the central or typical value in a set of data, in particular the mode, median, or (most commonly) the mean".

By the definition of average, exactly half of all drivers must be above average, and half below average. However data from the World Health Organisation demonstrates that 90% of people state that they are above average in driving ability. This may lead to a conflict between the Minister’s request that we drive to our capability – which 90% of people believe is above average – and the average level of driving ability. We need to ensure that all drivers are safe, not just superior drivers.
There are millions of Australians, including me, sitting in front of workstations for an entire working day. Most of them also commute to work using either private or public transport while sitting. Furthermore, there are PCs, smartphones, and televisions at home with endless entertainment programmes; one can only enjoy by sitting or lying on the couch. We all know that moving around or doing exercise is good for our health but many of us could do not do it due to insufficient time, unfavourable weather, poor motivation or a lack of facilities. There is evidence that the sedentary lifestyle that we are enjoying has significant adverse effect on our health, particularly cardiovascular diseases and Type 2 Diabetes.

Sedentary behaviour is a modifiable health risk. One of the easiest modifications may be to use a standing workstation. A 75 kg man can burn about 300 additional calories over eight hours if he stands up to use a workstation instead of sitting. That means each hour of standing can make 40 calories of difference. If we stand for just half of each working week, we will burn additional 800 calories. Apart from burning extra calories, there may also be some benefits ergonomically.

A few months ago, I noticed a work colleague using a standing workstation. Initially, I thought that he must have a musculoskeletal problem aggravated by sitting and had been provided a special workstation. Subsequently, some other workmates started using similar workstations. It seemed to me to be awkward to stand up while others are sitting. However, I have realised that this is an initiative to promote health aimed at countering the adverse effect of long term sitting. I am now privileged to use such a workstation and I no longer feel awkward. I hope standing few hours a day in front of our workstations will have a positive impact on our health.

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Mr Styles, the NT Minister for Transport affirms a belief that Territorians are responsible adults. However just as responsible adults require traffic lights and seat belts, we also require speed limits.

I think we should use the power of language to promote a culture of safety in NT. We should refuse to use the deceptive language of “open speed limits”. The speed limit has been removed, and we should state this, not copy the government’s choice of language and culture. We also need to remember that half of us are below average drivers.

Let Us Stand Up for Our Health

By Dr Kamal Hussein, PHAA member

There are millions of Australians, including me, sitting in front of workstations for an entire working day. Most of them also commute to work using either private or public transport while sitting. Furthermore, there are PCs, smartphones, and televisions at home with endless entertainment programmes; one can only enjoy by sitting or lying on the couch. We all know that moving around or doing exercise is good for our health but many of us could do not do it due to insufficient time, unfavourable weather, poor motivation or a lack of facilities. There is evidence that the sedentary lifestyle that we are enjoying has significant adverse effect on our health, particularly cardiovascular diseases and Type 2 Diabetes.

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The future of public health: big challenges, big opportunities

15 - 17 September 2014
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For more information visit: www.phaa.net.au/43rd_Annual_Conference.php

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