A ROARING SUCCESS
14th PHAA Immunisation Conference

By Michael Moore, CEO, PHAA

“A roaring success” was the way one of the attendees described the 14th PHAA Immunisation Conference which was held in Melbourne from June 17 to 19. As well as the Conference there was also the pre-conference workshop ‘Getting the Jabs Done’ with Dr Greg Rowles facilitating and the post-Conference workshop on ‘Immunisation and the Elderly’ organised by Prof Raina MacIntyre.

This year’s focus on Maintaining Excellence in Immunisation: Consolidating Gains, Identifying Gaps attracted close to 600 participants looking to showcase and debate new ideas. Headline issues that were discussed included: coverage and implementation of vaccination programs; National Immunisation Programme developments; polio eradication; vaccine safety; pertussis (whooping cough) in infants; growing challenges around the elimination of measles, invasive pneumococcal disease and rotavirus (which causes viral gastroenteritis); and new vaccines.

The Conference would not have been possible without the dedication of the scientific committee under the leadership of Professor Peter McIntyre. The PHAA is grateful for the commitment made by Peter and every other person involved in the development of the program, reviewing abstracts, Chairing sessions and helping in many other ways.

The Conference was formally opened by Public Health Association of Australia (PHAA) Chief Executive Officer (CEO) Michael Moore who urged attendees not to be complacent about the attacks on preventive health in the Federal budget but acknowledged; “The Federal Health Minister does re-assure us of his support for immunisation. And the Liberals do have a good track record in this area.”

This commitment was reinforced in an address by The Hon David Davis MLC, Victorian Minister for Health who stated; “Victoria’s immunisation coverage for the childhood program is impressively high, with 93 per cent of children currently immunised before they start school.” In a video message from The Hon Peter Dutton MP, Federal Minister for Health, the Conference was reassured of his personal, and the government’s, commitment to immunisation.

The opening plenary of the Conference focussed on coverage and implementation of vaccination programs with perspectives from the United States by Professors Orenstein and LaForce with Associate Professor Julie Leask presenting on challenges of reaching people who were reluctant to vaccinate.

Other special features on the first day program included an update on the National Immunisation Programme Developments from Australia’s Chief Medical Officer, Professor Chris Baggoley AO and the Feery Oration delivered by Professor Orenstein. Professor Orenstein’s oration focused on progress and problems in achieving the global eradication of polio.
On each of the days were concurrent sessions that provided an insight into the extraordinary work being done in Australia at the coal face, in research and in research translation right across the vaccination spectrum.

The second day’s program opened with a session on vaccine safety and adverse events and moved on to consider issues around whooping cough (pertussis) with leading presentations from a wide range of people with expertise, including Nikki Turner from New Zealand and local experts such as Mike Gold, Kristine Macarteney, Nicole Gilroy, Nicholas Wood and Nigel Crawford. A highlight was a video link with Dr Gayatri Amirthalingam from the Centre for Infectious Disease Surveillance and Control, Public Health England.

Things did not slow down on day three, with a session providing ‘report cards’ on measles eradication, invasive pneumococcal disease, rotavirus (which causes viral gastroenteritis) and the National Human Papillomavirus Vaccination Program. There was also a focus on new vaccines. Some of the outstanding speakers from day three included Professors David Goldblatt, Terry Nolan and Marc LaForce.

The 14th PHAA Immunisation Conference also developed a series of resolutions including calling on the government to “reconsider the $7.00 co-payment”, to commit to “an all-of-life Immunisation Register” and “with the demise of the Australian Medicare Local Alliance, for the Federal government to fund a similar but expanded role through an appropriate progressive organisation.”

The Wednesday night dinner was a time when attendees relaxed, celebrated and danced. Some extraordinarily vigorously. And a few of the men actually danced in time with the music! The following awards were announced:

- **The PHAA National Immunisation Achievement Award**
  - presented to Professor C Raina MacIntyre by Professor Peter McIntyre

- **University of New South Wales/Department of Health Aileen Plant Memorial Prize in Infectious Diseases Epidemiology**
  - Presented to Dr Hammad Ali by Professors Raina MacIntyre

- **The Early in Career Public Health Award in Immunisation**
  - presented to Bing Wang by Dr Paul Armstrong on behalf of PHAA

- **PHAA Poster Prizes** presented by A/Professor Kristine Macartney
  - Natalie Allan & Katrina Clark (Theme 1) and Kathryn Taylor (Theme 2)
  - Highly commended Tanya Perrin and Georgina Lewis
  - The PHAA would like to thank all who were involved, from attendees to our keynote speakers, to the presenters and panellists as well as to those displaying posters. We especially thank our sponsors: The Department of Health, Australian Government; bioCSL; GSK; Sanofi Pasteur; Pfizer Vaccines; Novartis; and the State Government of Victoria.

Our Conference Committee was a key element in such a successful conference. Thank you to: Peter McIntyre (Convenor); Rosemary Lester (Deputy Convenor); Kristine Macartney; Stephen Lambert; Heath Kelly; Helen Marshall; Nicholas Wood; Nigel Crawford; Michelle Wills; Angela Newbound; and Andrea Forde.
I was fortunate to attend the Global Health Asylum Seeker symposium on Wednesday 27 May 2014. I commend the PHAA for co-sponsoring the event with the University of NSW School of Public Health. I walked away feeling very embarrassed and saddened by the treatment of asylum seekers.

The four speakers spoke about the impacts of Australian policy and the impact on children and adults. Children continue to be detained despite both human rights organisations and medical evidence saying this is detrimental. Suicide rates for asylum seekers is 40 times the Australian average and people in detention are not receiving adequate health care assessment or treatment. Once offshore, any major medical treatment must be provided in places such as Darwin and often treatment is delayed due to a lack of resources for travel. Health assessment tools used are outdated and often not acted upon.

Life in detention is also inhumane. Children do not receive adequate schooling and no other vocational activities are available. Conditions are described as oppressive, with children's play equipment made of plastic and not covered from the sun so it is hot and not able to be used. I think it is Christmas Island that is built on phosphate so the ground is rough and absorbs heat. On these islands often air quality is poor due to past mining. Offshore centres also have rationing of nappies and milk powder, lack privacy and people are forced to queue for meals and other items.

It takes three to four months for adults to lose motivation and begin to exhibit signs of cognitive impairment and it is believed to be two to three weeks for children when in an unstimulating environment. The rates of mental health diagnosis continues to increase. People who arrive at detention centres with medications, medical documentation and prostheses have them removed and not returned. Treatment errors are common and there are no facilities for anyone with a disability. There is sub-standard pre-natal care and no nutritional assessment or growth milestones are measured for children.

Other areas of comment were made about returning people to Sri Lanka and China who had left seeking asylum and being arrested or facing further risk of persecution, people being transported without explanation, people in onshore detention are not having claims assessed and no claims have been assessed for over a year, the Human Rights commission is not receiving accurate information and does not have access to Manus Island or Nauru. Sadly it was reported that the Human Rights Commissioner (United Nations) has called for a review of policy and has criticised current policy. It is very rare for this to happen to a "western nation" and our human rights policy is compared to the problems of North Korea, Ukraine and Syria.

Sadly this event was not attended by politicians. I am of the opinion that this is only the start of what needs to be done to change public policy. I am aware the Greens policy was that the UNHCR should be funded to improve processing in Malaysia and Indonesia and this was backed by Clive Palmer. This may be an area to start. I would also recommend that we write to our local members.

I left feeling very sad but will add that a lot was said about the resilience of asylum seekers and the hope and lessons they bring through a lived experience. I would also like to commend the speakers and panel and the audience who took their time to speak about the issue and share their dedication and experience. I thought all speakers were engaging and hope that this topic gets more leverage through the media. I have included two links to the ABC.

This summary is my interpretation of the evening and I would encourage everyone to take an interest in Australian policy for asylum seekers.

For more information click on the links below:
PHAA NT Branch News

By Rosalie Schultz, NT Branch President

PHAA NT Branch composed a submission to the recent Northern Territory Legislative Assembly Inquiry into Hydraulic Fracturing. We addressed the terms of reference and provided evidence for a series of recommendations around hydraulic fracturing (‘fracking’) and the more fundamental issues of energy supply and economic development, and health and environmental impact assessment.

Our key recommendation specifically on fracking is that a moratorium should be imposed to enable assessment of the benefits and risks of this process which has undergone rapid expansion throughout the world with limited data on its effects.

While the Inquiry was underway, the Director of the Environment Protection Authority (EPA), Barry Freeland, announced the EPA’s intention to use the Inquiry to replace environmental impact assessment of all proposals for fracking.

Following the deadline for submissions to the Inquiry, the Minister for Mining, Mr Willem Westre van Holthe, announced on the ABC TV NT 7:30 Report that the intention of the Inquiry was to demonstrate support for fracking throughout the community. Fewer than expected submissions had been received expressing such support so the Inquiry was extended for four weeks.

Ironically the CEO of Armour Energy stated on the same program that his company would proceed with fracking operations, irrespective of community support.

In every state of Australia there is community concern at fracking, and this has led to protests, legal action, and community tensions. PHAA NT Branch is concerned that some of the dangers and risks of fracking elsewhere may be accentuated in NT. We have three times the per capita road toll of Australia as a whole, and the large numbers of heavy vehicles required for the industry to proceed may increase the rates of road trauma. NT has previously demonstrated difficulties in enforcing environmental standards. For example there are repeated radiation leaks related to uranium mines in Kakadu National Park. Furthermore, our low population density is likely to lead to a very high proportion of fly-in-fly-out workers and limited, if any, benefit to local communities from fracking operations. Each of these issues presents an additional justification for a moratorium on fracking development, until its safety benefits are assessed.

However the farcical Inquiry into Hydraulic Fracturing may be another example of NT suffering the hazards of developing countries due to a rush towards industrial development in an environment with inadequate capacity to protect the people and environment.

PHAA NT Branch members will continue our collaboration with other organisations promoting improved health outcomes through a precautionary approach to fracking, irrespective of the outcomes of the Inquiry. Our partners include a broad range of organisations, with primarily environmental, pastoral, Aboriginal and social interests.

PHAA 2nd National Complex Needs Conference

November 2015 - Canberra

Information coming soon
Current child removal rates obstruct Close the Gap initiatives: Grandmothers lead calls against ongoing stolen generations

By Rachel Rowe, MPH candidate, UNSW School of Public Health

On Monday 26 May, fifteen coordinated actions took place at Family and Community Services (FaCS) offices across Australia demanding that FaCS take up a preventative agenda that supports families and carers, aims to restore children to their families, and rules out forced adoption. These actions were initiated by a group of Grandmothers and carers from Gunnedah in NSW. Since making their cases public and organising events in Sydney and Tamworth, the Grandmothers Against Removals (GMAR) have been joined by dozens of similar groups across Australia. In April, together they formed the National Committee of Grandmothers and Guardians Against Removals.

Current efforts to Close the Gap will be hampered by the rising rates of Aboriginal children removed from their communities, and by the prospect of future legislation to enable forced adoptions. As many will already know, there has been a five-fold increase in Aboriginal child removals since the 1997 'Bringing Them Home Report'. In 1997 there were 2,785 children in out-of-home care, in 2013 there were 13,914 children in out-of-home care. Current removal rates are higher than during the White Australia policy, and Aboriginal and Torres Strait Islander children are 10 times more likely to be taken from their families than non-Indigenous children. Public health practitioners play a key role in promoting empowerment and prevention; we have a role to play in supporting the development and implementation of restorative policies.

The Grandmothers Against Removals are clear in identifying that the intergenerational trauma from Stolen Generations continues through current policy and is associated with the gap in Indigenous and non-Indigenous health outcomes. Aunty Hazel from GMAR stresses the lifelong psychological impacts that removal has upon children, their parents and community. She says that kinship care is not currently prioritised in Gunnedah, and Aboriginal communities are not involved in the decision-making or consulted to assist in supporting Aboriginal parents. Removals are known to occur on Friday afternoons with no prior notice, meaning that children are removed with no available recourse left to families until the following week.

The Secretariat of National Aboriginal Child Care (SNAICC) has also been vocal about a child’s right to culture and the need for kinship care policies to be implemented. Grandmothers Against Removals are proposing that FaCS recognise and work alongside Elders in Gunnedah, and elsewhere where communities organise committees, to prevent removals and support families adequately. Only after national protests on May 26 did FaCS representatives in Sydney agree to a meeting.

Debra Swan was a FaCs caseworker and delegate to the FaCS NSW Aboriginal Reference Group (ARG) for 13 years. She said this of her experiences,
Debra decided to publicly denounce practices within the department and calls for others in similar positions to do the same.

Aboriginal communities are already taking initiatives to address the underlying social issues that lead to FaCS intervention. Aunty Karen Fusi, of a Brisbane-based group of Aunties and carers involved in the National Committee, is part of a community food drop initiative. She explains that often parents struggle to afford a well-stocked fridge, and this is one of the first factors that FaCS caseworkers look at when ordering child removal. It is likely that the simple act of ensuring that households have enough food also leads to discussions about other things, such as nutrition, supportive relationships, parenting and maternal health. These sorts of community initiatives are modelling effective and targeted outreach strategies and innovative, community-led health promotion that addresses the social determinants of Aboriginal and Torres Strait Islander health.

Closing the gap in Indigenous and non-Indigenous health inequalities will require Governments to not repeat past mistakes. We will need to hold them to that. Public health practitioners can contribute by promoting strengths based approaches, acknowledging the rights of children to culture and understanding the significance of culture to Indigenous health. The Closing the Gap monitoring targets will not consider the impacts of child removal, it is necessary for health professionals to make these links. Indexes of social and emotional wellbeing will go some of the way to demonstrating these impacts, but as public health professionals we need to be attentive and vocal.

References are available from the author upon request.
Impact of the 2014–15 Federal Budget on Public Health

**LOSERS**

- **Nearly $8.6B worth of cuts to the health budget over 4 years, including:**
  - $368M Cessation of NPAPH
  - $6.4M Abolish ANPHA
  - $1.3B Cut to PBS through increase in co-payments & safety net thresholds
  - $635M Total funding cut to dental care
  - $54M in reduced funding for Partners in Recovery

- $1.9B Total funding cut to hospitals
- $197M Funding cut to Health Flexible Funds, which currently funds many NGOs
- $5.5B Cut to MBS including $3.5B from $7 GP co-payment
- Replacement of Medicare Locals with a vastly reduced number of Primary Health Networks

**WINNERS**

- $96M National Bowel Cancer Screening Program
- $445.8M for research including:
  - $276.2M for Medical Research Fund (primarily biomedical research)
  - $160M to boost dementia research
- $18M to establish a National Centre for Excellence in Youth Mental Health
- $23M in 2014–15 for continuation of the Mental Health Nurse Incentive Program
- $14.9M additional funding for the Headspace Program

**WHO ELSE LOSES**

- **Seniors**
  - Increase pension age, reduce seniors concessions
- **People with disability**
  - Tougher disability pension criteria
- **Low income earners**
  - Change to eligibility for welfare, increased costs for petrol, health care and pharmaceuticals
- **Environment**
  - Abolition of Australian Renewable Energy Agency
- **Families**
  - Tougher Family Tax benefit criteria, increased costs for petrol, health care, pharmaceuticals
- **International health**
  - Reduction in foreign aid commitment of $7.9B over 5 yrs
- **Young people**
  - Increased age and waits to access Newsstart allowance, uncapped university fees, increased interest for FEE-HELP loans

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**PHAA 2nd National Sexual & Reproductive Health Conference**

18-19 NOVEMBER 2014

ABSTRACT SUBMISSIONS CLOSES 25 JUNE 2014

HILTON ON THE PARK, MELBOURNE

For more information visit: www.phaa.net.au/NSRH2014Conference.php
A maternal and child health program aimed at reducing the risk of Sudden Unexpected Deaths in Infancy in Aboriginal and Torres Strait Islander communities has won the HESTA National Nursing Award for Team Innovation (May 2014) and the National Lead Clinicians Group Award for Cultural Competence in Indigenous Care (June 2014).

Aboriginal and Torres Strait Islander babies currently die suddenly and unexpectedly at a rate between three and four times higher than non-Aboriginal and Torres Strait Islander infants. Sharing sleep with babies is the cultural norm in many Indigenous communities; however infant deaths are associated with hazardous co-sleeping environments. Valued practices, including co-sleeping, need recognition in order to make public health messages effective. Use of portable sleep spaces for co-sleeping Indigenous families have not been previously reported in Australia, however Indigenous families have identified this area as being important for investigation.

The Pēpi-pod Program is the first of its kind in Australia to combine real-time support for reducing risk for high risk infants, with a health intervention that uses social and community networks. The program is led by Professor Jeanine Young, University of the Sunshine Coast and Chair, SIDS and Kids National Scientific Advisory Group in collaboration with participating Aboriginal and Torres Strait Islander maternal and child health services and Change for our Children New Zealand.

The Pēpi-pod Program is a safe sleep space combined within a targeted safe sleeping health promotion initiative for families with known risk factors for sudden unexpected death in infancy (SUDI). Families are asked to make a commitment to spread what they learn about protecting babies as they sleep within their priority social networks. The name originates from Pēpi, Maori for baby, with the ‘pod’ symbolising protection of precious new life. Reductions in infant mortality have been experienced in New Zealand health regions which have implemented a Pēpi-pod Program, however it was unknown whether the program would be acceptable or feasible in Australian Aboriginal and Torres Strait Islander communities.

The Pēpi-pod Program draws attention away from the problems for vulnerable babies in unsafe sleeping situations and instead focuses on a solution: support for parents and protection for the baby. A baby lying on their back in a Pēpi-pod sleep space and also in, or on, an adult bed, on a couch or away from home, is better protected from environmental hazards whilst remaining in close proximity to their parent. Breaking the ‘smoking and bed-sharing’ combination is a major benefit of the Pēpi-pod, as sharing sleep with a caregiver who is a smoker increases the risk of SUDI ten-fold.

Currently seven services which provide antenatal and maternity care services to Aboriginal and Torres Strait Islander families have implemented the program through integration of the Pēpi-pod Program into existing maternal and child health services as part of an evaluation with 300 families. These services include government and community controlled organisations and cover metropolitan, regional, rural and remote areas of Queensland, from South East Queensland to the Gulf. These services currently include: Ngarrama Antenatal and Birthing Project Staff at the Royal Brisbane and Women’s and Caboolture Hospitals; Woorabinda Multi-purpose Health Centre, Queensland; New Directions Program, Townsville-Mackay Medicare Local; Mums and Bubs Clinic Logan Aboriginal and Torres Strait Islander Community Health Service (ATSICHS); Apunipima Cape York Health Council; and the Royal Flying Doctor Service Cairns Section.

Pilot results supported the Pēpi-pod as a safe sleep space for babies with positive parent responses that related to three key themes: safety, convenience and portability. Active engagement with existing maternal and child health services serving Aboriginal and Torres Strait Islander communities has demonstrated the potential for long term support and sustainability of the program.

Innovative strategies which allow for the benefits of bed-sharing, respect cultural norms and infant care practices, whilst also enabling the infant to sleep in a safe environment, are necessary if a reduction in SUDI, including Sudden Infant Death Syndrome and fatal sleeping accidents, is to be achieved amongst Aboriginal and Torres Strait Islander communities.
In the community of Bentley in the Northern Rivers region of NSW, a David and Goliath battle between community and mining interests has occurred. The mining company Metgasco planned to drill a tight sands gas well on a property in Bentley against the wishes of the majority of the surrounding community. To date the community has held them out...

As the issue of unconventional gas mining, most commonly known as ‘Coal Seam Gas’, began to develop in the Northern Rivers, people set about researching the risks versus the benefits. Particularly the risks associated with hydraulic fracturing or ‘fracking’. As more information emerged it became apparent that there were serious risks to health and the environment from the industry.

So the people of the Northern Rivers mobilised. With the help of the ‘Lock The Gate Alliance’ they surveyed every house, every road, every community. ‘Gas Field Free’ signs were erected at each road. A rally was held in the city of Lismore and over 7,000 people marched to show their opposition. An AEC poll was conducted at a local election and 87% of people voted NO to Coal Seam Gas.

Despite very strong community opposition, mining company Metgasco continued in their bid to secure the region as a gas field. In March 2014 the company was poised to commence drilling on their Rosella site at Bentley.

On Monday 31 March, after a ‘red alert’ via text message more than 2000 people gathered before dawn to blockade the property and protect the land from an invasive gas industry. Police arrived, saw the congregation and left to reconsider. Metgasco did not attempt to gain access. After that morning numbers at the protector’s camp swelled.

While those at camp and the increasing numbers of day visitors kept a constant presence at the site there was a persistent push for a political rather than policing solution. Days of waiting stretched into weeks and novel ways of encouraging people to spend time at the blockade emerged. There were regular workshops on ‘Non Violent Direct Action’, ‘Communication for Managing Conflict’, ‘Protectors under Pressure’ all providing legal information and conflict resolution strategies to ensure a peaceful protest. There were gigs with local and well-known musicians. Other events include Frocks on the Frontline, Bentley High Tea, an ANZAC Day ceremony, Mother’s Day at Bentley, Farmers and Nannas Lock On and more.

As part of this effort I organised “Health Carers for a Healthy Environment”. I invited health care professionals from all disciplines to stand together at Bentley for a healthy environment. As health care professionals, part of our work in health promotion and disease prevention must acknowledge the impact of environment on health. Industry that threatens to contaminate a community’s water supply, that requires the use of known carcinogens in their processes and reduces the available land for food production will impact on the health of that community. And an industry forced upon an unwilling community will cause emotional and psychological harm.

The Murwillumbah Hospital branch of the New South Wales Nurses and Midwives Association was very supportive, as were the Lismore Hospital Branch and the officials at the State level. A large group of health care providers turned up to the frontline and made a statement about their concerns. It was a wonderful moment standing in solidarity with my colleagues and associates as we fight for a healthy future.

The next morning we got the incredible news that the license to drill was suspended and Metgasco referred to the Independent Commission Against Corruption!

At the NSW Nurses and Midwives Association (NSWNMA) Committee of Delegates on Tuesday 20 May a resolution that “the NSWNMA demonstrate support to communities fighting unconventional gas in any way they can” was unanimously passed.

I am enormously proud of my union, the actions taken by the members and the support shown by delegates and officials. Unconventional gas mining and other environmental hazards are putting communities at risk right across Australia and I encourage any who see it happening in your communities to do what you can to stop it. If you can’t give your presence then write letters, email, phone politicians, toot in solidarity with protectors as you drive past, deliver food to protest camps, donate to the Lock the Gate Alliance, educate yourself and share your information with others and never forget that health begins with our environment!
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.

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
Cancer Council WA spreads the UV Index message to fight skin cancer

By Lorena Chapman, SunSmart Workplace Coordinator, Cancer Council WA

Despite it being largely preventable, Western Australia has the second highest skin cancer rate in Australia.

In 2012, Cancer Council WA launched a ‘world first’ campaign which aimed to help West Australians better understand and use the UV Index to reduce their risk of developing skin cancer. The campaign was developed following research which concluded that, while most people in Australia have heard of the UV Index, few understand how to use it or what it means.

The UV Index is a measure of the strength of solar UV radiation that reaches the earth’s surface. Developed by the World Health Organization, the scale starts at zero and has no upper limit. When the UV Index reaches 3 or above, solar UV radiation is strong enough to cause skin damage and skin cancer. In summer, the midday UV Index in Perth is as high as 14. In the northern parts of Western Australia the UV Index can be high all year round.

The UV Index message is now a focal point across all areas of Cancer Council WA’s comprehensive SunSmart program.

The mass media component of the campaign, funded by Healthway and the Department of Health, has now aired over two summers (2012-13 and 2013-14) on TV, radio, online and outdoor media.

Evaluation results from the second wave of the campaign show the message is having an impact:

- The majority of adolescents and adults surveyed nominated the UV Index as the measure that is the most useful in providing information on the risk of sunburn for the day (adolescents: 72%; adults: 75%).
- The proportions of adolescents and adults who correctly nominated UV 3 as the value of the UV Index at which you need to protect yourself from the sun were significantly higher among those aware of the campaign than those unaware of the campaign (adolescents: 30% vs. 2%; and adults: 27% vs. 13%, respectively).

A new educational website - www.myuv.com.au - was also developed to support the campaign and provide local UV forecasts. Over the last year the MyUV website has received close to 27,000 visits, around 43% of these visits were from new visitors, with the remaining 57% from returning visitors. More than half of these visits occurred during the 2013-14 summer (1 December 2013 to 28 February 2014), when nearly 16,500 visits were received (of which around 51% were new visitors and around 49% were returning visitors).

Building on the UV Index campaign, Cancer Council WA has now spread the message to include public real-time UV meters. In August 2013 Australia’s first public real-time UV meter was erected at Deep Water Point, Mt Pleasant. Developed by Cancer Council WA and funded by a grant from the City of Melville, the UV meter combines the striking marine-themed artwork of renowned WA artist Tony Jones with a functional meter which detects the intensity of the UV radiation and converts it to a UV Index number. UV meters are a visible reminder of the current UV radiation level and prompt people to cover up when the UV level is 3 or above. Public real-time UV meters have now also popped up at Surf Life Saving WA’s headquarters at Trigg Beach and at St Hilda’s Anglican School for Girls in Mosman Park.

Cancer Council WA is working towards selling the UV meters. Cancer Council WA encourages other groups, including local governments, schools and businesses, to erect a real-time UV meter to inform their communities of the current UV radiation levels and encourage them to cover up when the UV level is 3 or above. If you are interested in buying a UV meter from Cancer Council WA please contact the SunSmart team.

For more information about the UV Index message, including the campaign or public real-time UV meters, please visit www.myuv.com.au or contact the SunSmart team on SunSmart@cancerwa.asn.au or (08) 9388 4333.
Photos taken from the 14th National Immunisation Conference held in Melbourne - 17 - 19 June 2014

Stephen Lambert & Penelope Jones

Kristen Macartney, Vicki Krause & Chris Blyth

Aye Moa & Elizabeth Kpozehouen

Nikki Turner & Helen Petousis-Harris

The Pfizer Team

J Kevin Yin & Mohammed Tashani

Nikki Gilroy & John Kaldor

Jessica Amato, Kirsten Perrett, Nicholas Wood, Marita Kefford & Margie Danchin

Continued on next page
The Public Health Association of Australia Inc. wishes to thank the following organisations for their support to the PHAA 14th National Immunisation Conference.

Brendon Kelaher & Natalie Allan

Paul Armstrong, Linda Selvey & Peter McIntyre

Theo Brandt & Leeann Knight (NZ)

Verity Hill, Sue Evans, Andriana Parrella, Iann Homer & Mary Walker

Michael Moore, Kylie Jenkins & Deborah Lehmann

Sponsorship

The Public Health Association of Australia Inc. wishes to thank the following organisations for their support to the PHAA 14th National Immunisation Conference.

Australian Government

bioCSL

gsk

Novartis VACCINES AND DIAGNOSTICS

Pfizer Vaccines

Sanofi Pasteur

State Government of Victoria
A new national Knowledge Centre aims to reduce harmful substance use among Aboriginal and Torres Strait Islanders

By Prof Neil Drew, HealthInfoNet

National Indigenous Drug and Alcohol Committee (NIDAC) Chair, Associate Professor Ted Wilkes, today launched the new Australian Indigenous Alcohol and Other Drugs Knowledge Centre (Knowledge Centre) at the NIDAC conference in Melbourne. The Knowledge Centre web resource aims to provide the evidence base to reduce harmful substance use among Aboriginal and Torres Strait Islander peoples.

It provides quick and free online access to a comprehensive collection of relevant, evidence-based, current and culturally appropriate alcohol and other drug (AOD) knowledge-support and decision-support materials and information for individuals, communities, practitioners and policy makers that can be used in the prevention, identification and management of alcohol and other drug use in the Aboriginal and Torres Strait Islander population. The contract to develop the Australian Indigenous Alcohol and Other Drugs Knowledge Centre was awarded to Edith Cowan University’s Australian Indigenous HealthInfoNet by the Department of Health.

HealthInfoNet Director, Professor Neil Drew, believes "Better information and knowledge are required to improve approaches to harmful substance use among Aboriginal and Torres Strait Islander peoples. Health professionals require access to a wide range of up-to-date and culturally appropriate materials and governments require evidenced-based policy support materials. The Knowledge Centre will enable us to provide the collation and provision of advice to governments and health practitioners on Indigenous substance issues, with special focus on how current research can best inform future policy and planning and provision of strong and practical support for the Indigenous AOD workforce."

The work of the Knowledge Centre is supported by a collaborative partnership with the three national alcohol and other drug research centres (the National Drug Research Institute, the National Centre for Education and Training on Addiction, and the National Drug and Alcohol Research Centre). Guidance is provided by a National Reference Group comprising of specialists in the area of AOD.

PHAA 43nd Annual Conference

The future of public health: big challenges, big opportunities

15 - 17 September 2014
Pan Pacific Hotel Perth

For more information visit: www.phaa.net.au/43rd_Annual_Conference.php
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