Inside this issue...

<table>
<thead>
<tr>
<th>Inside this issue...</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Health: Raising Awareness</td>
<td>1</td>
</tr>
<tr>
<td>International Health SIG</td>
<td>2</td>
</tr>
<tr>
<td>Correspondence on the Trans Pacific Partnership Agreement (TPP)</td>
<td>4</td>
</tr>
<tr>
<td>Letter from the Prime Minister regarding the negotiations for the Trans-Pacific Partnership</td>
<td>5</td>
</tr>
<tr>
<td>Letter to The Hon Andrew Robb AO MPISDS in TPP negotiations</td>
<td>6</td>
</tr>
<tr>
<td>Letter From the office of The Hon Andrew Robb AO MP</td>
<td>7</td>
</tr>
<tr>
<td>Australia Day Awards</td>
<td>9</td>
</tr>
<tr>
<td>Healthy Catering at the City of Whittlesea</td>
<td>10</td>
</tr>
<tr>
<td>Larger than Life</td>
<td>11</td>
</tr>
<tr>
<td>Aboriginal Health and Medical Research Council of NSW ‘AH&amp;MRC Staff Walking Challenge?</td>
<td>12</td>
</tr>
<tr>
<td>New BeachSAFE Initiative to target record coastal drowning deaths</td>
<td>13</td>
</tr>
<tr>
<td>Making the political personal</td>
<td>15</td>
</tr>
<tr>
<td>Office Bearers</td>
<td>17</td>
</tr>
</tbody>
</table>

Vol 31 No 1, January 2014

One Health: Raising Awareness

By Julia Landford, Past Convenor

The One Health Special Interest Group workshop was held from the 24-25 October in conjunction with the National Centre for Epidemiology and Population Health, ANU. The co-convenors of the One Health SIG at the time (Martyn Jeggo and Julia Landford) are happy to report successful outcomes. Congratulations to all of the SIG committee members and to all of the participants for the quality of the workshop discussions on progressing education initiatives for One Health approaches at tertiary institutions in Australia. The workshop was attended by a high calibre group of experts from all over Australia, including contributions from the Australian Chief Medical Officer, Professor Chris Baggoley, which is a testament to the importance of One Health approaches in Australia.

A summary report from the workshop is available on the PHAA website, and the committee would be happy to discuss ideas or outcomes emerging from this expert consultation.

The workshop resolved that broadly there is a need to increase awareness and understanding of One Health concepts across Australia. Three specific recommendation areas were identified:

1. Undergraduate training across a wide range of disciplines – to manage complex relationships at the human, animal and environmental interface in Australia, and to recognise that complex problem solving needs specific multidisciplinary skills. Solutions include co-teaching strategies for life sciences and overlapping disciplines, with core competencies identified and addressed through set curricula. By working with professional accreditation agencies units can be developed to showcase One Health approaches for medical and veterinary disciplines.

2. Postgraduate specialisation, skills and knowledge – building on individual disciplinary expertise by adding skills that enable a transdisciplinary approach; applying transdisciplinary approaches to problems and issues of mutual concern and applying systemic thinking; develop networks with One Health practitioners. Solutions include development of One Health as a core subject for Masters courses, and include as an elective for a range of interdisciplin ary post graduate courses.

The Public Health Association of Australia is the major organisation for public health practitioners in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.
One Health: Raising Awareness

Continued from previous page

3. Improving collaboration in research – by strengthening the application of One Health research methods, and utilising team approaches with complementary investigators and institutional contributions. There is also a need to develop collective ways of working by sharing resources, developing shared research funding applications and exploring models for One Health research (consortiums and co-operative research centres).

The SIG also held a very successful AGM following the workshop, with Martyn Jeggo and Julia Landford stepping down after two years as co-convenors. We are pleased to report that Dr Moira McKinnon and Dr Simon Reid have been elected as the new co-convenors, with new committee members Prof Raina Macintyre, Dr Lee Skerritt and continuing committee members Dr Rupe Woods, Dr Sheena Adamson, Dr Mike Nunn, Prof Martyn Jeggo and Julia Landford. Congratulations all and we look forward to an active year.

International Health SIG

Reflections from the field: Community Health in Uganda and Kenya

By Associate Professor Jaya Earnest, International Health Programme, School of Nursing and Midwifery, Faculty of Health Sciences, Curtin University, International Health, Special Interest Group Convenor, Public Health Association of Australia

At the end of June 2013, I had the wonderful opportunity to visit Uganda, Kenya and Tanzania as part of the Transcultural Health Initiative of the School of Nursing and Midwifery, Curtin University. This brief reflection provides a glimpse of the wonderful work undertaken at the community level in international health in resource poor settings.

A study on community health in Jinja, Uganda

I travelled with a colleague Dr Mark Jones, Professor of Transcultural Health Improvement at Curtin University and our first visit was to Jinja, Uganda, a two hour drive from the capital Kampala. Uganda has faced numerous challenges over the past 50 years from overcoming political conflict and civil unrest, to rapid population growth, to combating the HIV epidemic and ever-growing health needs. Women in Uganda have had a major role to play in the health of families and communities.

Funded by the Transcultural Health Initiative, we had undertaken a study in two districts of rural central Uganda – Jinja and Buikwe. Our objectives were to investigate how processes of development and modernisation have changed the role women play in decision-making, in areas directly and indirectly related to their health and the health of their families. Twenty-two men and women participated in focused group discussions, informant interviews, observations and a descriptive questionnaire. Key themes distilled from interviews included that modernisation has increased maternal responsibility for children; diminished land and economic resources; and led to an erosion of cultural...
values and practices that had previously provided stability. In terms of development, women play an increasing role in decision-making processes in the household and are gaining increasing respect for their expertise in a number of areas, notably health care.

The results revealed that women in rural Uganda have increasing decision-making power in the areas of agriculture, use of funds, and educational choices for their children. Women’s health knowledge is highly valued not only in the family but also in the community. The participants shared that health is predominantly the domain of women, in terms of decision-making, patient care and providing advice. Lessons were learnt on the relationship between gender-related decision-making, empowerment and meaningful participation and how these inter-related concepts contribute to community development.

A visit to a Masai Community Health Centre in the Rift Valley, Kenya

Our next stop was to Kisumu in Kenya, where I had lived for 3 years from 1990 to 1993. I visited a home for street children run by a friend of mine since 1993. We then travelled to Saikeri in Masailand, about 100 kms from Nairobi and travelled 45 minutes on the back of bikes from Ngong Town to visit a community health and education project. We met with Maggie, the community nurse who is passionate about her people and wants to establish a community clinic in her remote village where international volunteers can work with her to improve the health of her community.

We had a wonderful meal of tea and chapattis made on a wood fire in the courtyard of a Masai home. What was evident from our visit to rural Uganda and Kenya is that a starting point for community health improvement can be through application of knowledge using female community health workers. The training as community health workers provides young women with a voice and confidence as they are seen as knowledge bearers. We observed that while women are gaining decision-making power in a number of areas, health decisions appear unique as a space where the knowledge of women was highly valued. We suggest that women take a lead role uplifting the community through engagement in healthcare decision-making. As suggested by the International Covenant on Economic, Social and Cultural Rights, (1966), a movement of grassroots discourse on modernisation, and development, and its effect on health, is needed to ensure that the positive aspects of culture in emerging societies is not lost but harnessed to improve community well-being.

References are available and can be obtained from the author at J.Earnest@curtin.edu.au
Correspondence on the Trans Pacific Partnership Agreement (TPP)

In October 2013, PHAA wrote to the incoming Prime Minister, the Hon Tony Abbott, about our concerns regarding the TPP. In response, Michael Moore received a letter (reproduced below) with the personally penned assurance “We will ensure that the trade arrangements do NOT impact on our ability to manage the PBS for the benefit of patients and taxpayers”.

While this is a positive development, we continue to be concerned about the potential effects of the TPP on many areas of public policy in Australia and in other countries in our region. Dorothy Broom’s heartfelt letter shows the level of concern that many PHAA members feel about the Government’s preparedness to consider an investor-state dispute settlement (ISDS) mechanism for the TPP.

During the December TPP ministers’ meeting, 44 senior academics with expertise in public health and medicine signed a letter to the Health Minister, urging him to ensure protections for health and the environment in the TPP.

The response we received from Trade and Investment Minister Andrew Robb (also reproduced below) again gives reassurances regarding the PBS and health care policy more generally. But the letter confirms the Government is continuing to consider ISDS in the TPP and believes that ISDS can be negotiated in such a way that it will not restrict Governments’ ability to protect public health or the environment. But attempts to exclude health and the environment from ISDS in past trade agreements have not been effective. For example, Canadian mining company Pacific Rim is suing the Government of El Salvador for over $300 million dollars for refusing to grant permits for cyanide-based gold mining, even though there were exclusions for health and the environment in the trade agreement it is using.

The response from Robb’s adviser also notes that the TPP will not weaken Australia’s current regimes for food and alcohol labeling. However, from what we understand of the content of the TPP, it could affect our future ability to introduce innovative public health policies in these areas.

As we move through the final stages of the TPP negotiations, PHAA will continue to encourage the Government to honour its commitments regarding the PBS and to resist provisions that could reduce access to medicines in developing countries. We urge the Government not to agree to ISDS in the TPP or any other trade agreements. And we seek the release of the text for public scrutiny before the agreement is signed by Cabinet.

The Political Economy of Health SIG would like to thank all members who have participated in our campaign to make health a priority in the TPP negotiations.

Deborah Gleeson, Sharon Friel, Fran Baum and Peter Sainsbury
On behalf of the Political Economy of Health SIG
In the follow four pages are a series of letters from the PHAA and its members to the Government and vise versa, regarding the negotiations for the Trans-Pacific Partnership (TPP). To view the letter sent to The Hon Tony Abbott visit: www.phaa.net.au/documents/131003 Letter to Tony Abbott TPPA.pdf

Letter from the Prime Minister Tony Abbott

- 8 DEC 2013

Professor Michael Moore
Chief Executive Officer
Public Health Association Australia
PO Box 319
DEAKIN ACT 2600

Dear Professor Moore

Thank you for your letter dated 14 October regarding the negotiations for the Trans-Pacific Partnership (TPP).

The TPP is an important opportunity for all participating countries to boost job-creating trade and investment, and will further integrate Australia into the fast-growing Asia-Pacific region. The Government is committed to achieving outcomes in the TPP which will benefit Australia.

I note the concerns raised in your letter, including in relation to the Pharmaceutical Benefits Scheme and potential impact of the TPP on other areas of Australia’s health policy.

The Minister for Trade and Investment, the Hon Andrew Robb AO MP, has portfolio responsibility for trade negotiations, including in the technical areas you have raised.

I have copied this letter to the Minister and he will provide you with a more detailed response.

Yours sincerely,

TONY ABBOTT

We will ensure that the trade arrangements do NOT impact on our ability to manage the PBS for the benefit of patients and taxpayers.
Letter to Minister on ISDS in TTP negotiations
A letter by PHAA member Dorothy Broom

The Hon Andrew Robb AO MP
Minister for Trade and Investment
House of Representatives
Parliament House
Canberra ACT 2600

Cc:  The Hon Tony Abbott, Prime Minister

22 January 2014

Dear Minister:

Re: ISDS in TPP negotiations

Thank you for your reply to my letter of November last year concerning the effect of intellectual property provisions in the draft Trans-Pacific Partnership agreement. I am glad to learn of your government’s determination to protect the Pharmaceutical Benefits Scheme as discussions surrounding this agreement continue, and I trust you will remain resolute on these matters since – as best as I can learn as a mere citizen with no access to relevant documents – the US trade representative is persisting in pressing to advance the interests of Big Pharma at all costs.

I write now to raise a related matter with potentially even more far-reaching implications, namely Investor-State Dispute Settlement provisions. As you may be aware, there is reason for grave concern about these provisions as they confer rights on foreign investors far in excess of those accorded to Australian investors. The integrity of the environment and public health are the most likely casualties of complaints under ISDS provisions.

While I appreciate that ISDS were originally devised to protect investors from the expropriation of their assets in developing nations where the domestic courts could be inadequate or corrupt, these considerations are irrelevant in rich societies such as Australia. Instead of serving an honourable purpose, ISDS in other treaties is being used by the tobacco industry and major polluters to put pressure on governments (including Australia, in the case of tobacco) to weaken environmental and public health regulations. This is objectionable even for a wealthy country such as ours, but at least we can afford to litigate, and hence to resist the pressure. For poor nations, it is an unconscionable imposition since they lack the financial and professional resources to protect themselves.

I urge you and your government to reject the incorporation of any ISDS in the TPP and to insist on Australian sovereignty in all decisions relating to vital considerations such as public health, the environment and social justice.

Finally, I express my continuing deep distress at the secrecy in which these and other trade negotiations are conducted, and the silencing of voices from civil society. I can understand that the industries with interests in trade want a place at the table. But excluding civil society actors from even seeing, let alone contributing to drafts, is utterly inappropriate. All citizens of the nations who will be party to the agreement have equally significant interests in the contents of the treaty. It is bizarre that we have no direct voice, and cannot even learn from our own government of the wording of drafts that would enable us to comment more usefully, and must rely on leaks to find out what is being done in our name. Evidently in the USA, the President is seeking authority to approve the document without even submitting it to Congress first. I trust that a similar approach will not be taken in Australia.

The combination of ISDS, the secrecy of the documents, the exclusion of civil society from the table, and the potential failure to submit the final draft to Parliament before ratification combine into a terrible recipe for the erosion of democracy at a time when citizen engagement and voice have never been more important. Please take the actions that will make the welfare of the Australian people to the foremost consideration in these matters, instead of relegating it at the mercy of vested commercial interests and un-democratic processes where it has currently been consigned.

Yours sincerely,

Dorothy Broom, Professor Emerita of Population Health
Letter From the office of The Hon Andrew Robb AO MP
regarding Trans-Pacific Partnership (TPP)

To view the letter sent to The Hon Peter Dutton visit:

OFFICE OF THE HON ANDREW ROBB AO MP

MINISTER FOR TRADE AND INVESTMENT

30 JAN 2016

Professor Fran Baum & co-signatories
PO Box 319
CURTIN ACT 2605

Dear Professor Baum

Thank you for the letter of 9 December 2013 from you and colleagues, to the Minister for Health the Hon Peter Dutton MP, regarding the Trans-Pacific Partnership (TPP) Agreement. As the matters raised in the letter fall within the portfolio responsibility of the Minister for Trade and Investment, the Hon Andrew Robb AO MP, your letter has been referred to him for consideration. Minister Robb has asked me to reply to you on his behalf.

The Australian Government is not intending to sign up to international agreements that would restrict Australia’s capacity to govern in our own interest – whether in the area of healthcare, environment or any other regulated area of the economy.

I note your concerns in relation to pharmaceutical issues in the TPP. The Pharmaceutical Benefits Scheme (PBS) is an integral part of Australia’s health system and the Government will not permit an outcome which undermines the PBS or Australia’s health system more generally.

You also raised issues regarding intellectual property provisions of the TPP and access to medicines. The Government is working to negotiate a TPP that is in Australia’s national interests, and that supports each Party’s right to protect public health and promote access to medicines. In particular, Australia’s TPP negotiating position takes into consideration input and advice on the potential impact of TPP proposals on Australia’s overseas aid program and developing TPP countries.

At the same time, the Government recognises the role of intellectual property in providing incentives and rewards for investment in pharmaceutical research and development. Ultimately, any outcome on pharmaceutical intellectual property issues in the TPP must strike an appropriate balance for Australia in promoting investment in innovation, and supporting timely and affordable access to medicines.

Telephone (02) 6277 7420 Parliament House, Canberra ACT 2800 Facsimile (02) 6273 4128

7

Continued on next page
I note your concern with investor-state dispute settlement (ISDS) provisions. The Government is considering the inclusion of ISDS provisions in FTAs on a case-by-case basis. ISDS provisions have been included in agreements over the past three decades to provide protection for those who choose to pursue new opportunities for Australia by investing abroad. Australia has ISDS provisions in place with 28 economies.

Contrary to some public commentary, ISDS does not protect an investor from a mere loss of profits and does not prevent the Government from changing its policies or regulating in the public interest. A loss of profits, by itself, does not amount to a breach of an FTA.

Should the Government agree to the inclusion of ISDS provisions in any of the FTAs currently under negotiation, we will seek to ensure that the Government is not restricted in its ability to protect public health and the environment. Further information can be found at www.dfat.gov.au/fta/isds-faq.html.

As is standard practice with the negotiations of international treaties, draft negotiating texts of the TPP, which involves 12 countries, are not public documents. The Department of Foreign Affairs and Trade is however making every effort to ensure that stakeholders are adequately consulted and able to express their views. There will be an opportunity for full public and Parliamentary discussion prior to any agreement being ratified. In accordance with the Government’s treaty-making process, once the TPP text is agreed it will be tabled in Parliament for 20 joint sitting days to facilitate public consultations and scrutiny by the Joint Standing Committee on Treaties (JSCOT) before any binding treaty action is taken. Once tabled, the treaty text and an accompanying National Interest Analysis will be published on the JSCOT website and in the online Australian Treaties Library. Further information about the TPP can be found on the Department's website, at www.dfat.gov.au/fta/tpp.

Australia's negotiating positions have been, and continue to be, guided by consultations with a range of stakeholders. The Government will continue to take every available opportunity to consult with stakeholders and is always open to receiving written submissions and meeting with interested parties. I would encourage you to continue to participate in this consultative process.

Thank you for bringing your views on this matter to the attention of the Government. I trust that this information is of assistance.

Yours sincerely

Gareth Simpson
Adviser
Australia Day Awards

Congratulations to all public health professionals recognised in the Australia Day Awards and particularly to PHAA Members.

**Companion (AC) in the General Division of the Order of Australia**

Professor Edward BYRNE AO,
Monash University,
For eminent service to tertiary education, particularly through leadership and governance roles with Monash University to biomedical teaching and research as a scientist and academic mentor, and as a contributor to improved global health.

**Officer (AO) in the General Division of the Order of Australia**

Professor Michael Matthew DAUBE, former PHAA President
For distinguished service to medicine, particularly in the area of public health policy and reform, through advisory roles with leading national and international organisations, and to youth.

Associate Professor Edward Thomas WILKES,
For distinguished service to the Indigenous community as a leading researcher in the area of public health and welfare, to youth in Western Australia, and to the provision of legal support services.

Professor Christine Constance BENNETT,
For distinguished service to medicine and healthcare leadership, as a clinician, researcher and educator, particularly in the fields of child and family health and social policy. She is Dean, School of Medicine, Sydney, University of Notre Dame Australia and was Chair, National Health and Hospitals Reform Commission.

Dr Richard John BRENNAN,
For distinguished service to the international community through seminal contributions to humanitarian health, emergency medicine, and disaster response organisations, particularly in developing nations.

**Member (AM) in the General Division of the Order of Australia**

Mr Joseph CHAKMAN,
For significant service to optometry and public health, particularly through policy reform. Chief Executive Officer, Optometrists Association of Australia, 1981-2011. Life Member, Optometrists Association of Australia (NSW & ACT).

Ms Sue CAMPBELL-LLOYD,
For significant service to public health through the promotion of immunisation programs.

Winthrop Professor Cashel D’Arcy HOLMAN,
For significant service to medicine in the field of epidemiology and public health.

Professor Rob MOODIE,
For significant service to medicine through HIV/AIDS research, and through leadership roles in population health and disease prevention programs.

Don BAXTER
For significant service to the community as an advocate for people affected by and living with HIV/AIDS.

I am pleased to also congratulate Rosemary LESTER who was awarded the Public Service Medal. Rosemary has been a stalwart of the Public Health Association particularly as a long-term member of the scientific committee of the biennial Immunisation Conference.
Healthy Catering at the City of Whittlesea

By Yasmina Diab, Program Co-ordinator, Healthy Together Whittlesea

The City of Whittlesea in Melbourne’s north is the third fastest growing municipality in the nation employing over 1,000 staff to support and service 176,000 residents. Whittlesea’s population is growing by over 9,000 people per year.

One of 14 local government organisations funded under the State Government’s Healthy Together Victoria (HTV) Initiative, the City of Whittlesea provided fertile ground for the HTV prevention work to be undertaken from 2012 – 2015 through Healthy Together Whittlesea.

With an active corporate health program in place since 2003 which included such programs as discount gym memberships, yoga classes and affordable fresh fruit, a relaunch and staff consultation undertaken in 2012 identified healthy eating guidelines within the workplace as a priority among management and staff.

Issues identified through staff Workhealth checks also showed that:

- 84% of staff reported not meeting dietary requirements for vegetables;
- 43% reported not meeting dietary requirements for fruit;
- 26% of Workhealth check participants had high cholesterol levels; and
- 25% had a waist circumference above the healthy normal range.

Working with key staff from across the organisation, the Healthy Together Whittlesea team supported the development of a Healthy Catering Policy including extensive consultation with staff.

We then worked in partnership with Council’s Procurement Department and Food Services Manager to undertake a tender process for the appointment of a panel of healthy caterers. As a result, five local caterers were contracted to provide a range of menu options in line with the Policy.

Using the Healthy Eating Advisory Service’s Healthy Eating Policy and Catering Guide for Workplaces, the Policy adopted a Traffic Light System to assist staff make healthy food choices for corporate catering. An online ordering system was developed as part of the Policy and allows staff to track their catering against the ‘green, amber and red’ categories. In addition existing vending machines across two Council sites were replaced with healthier machines, allowing staff greater access to healthy snacks.

One of the greatest challenges implementing a policy like this has been the reluctance of some staff to change. Implementing the online ordering system using new technology was another challenge.

Despite these challenges, we took this opportunity to engage with staff and provide training and consultation to increase awareness and engender support for the Policy. While it is still early days, we are already seeing some positive outcomes reflected through the online ordering system, and a reduction in overall catering costs to Council and a greater awareness among staff of healthy food options.

We’re looking forward to seeing the results of a formal audit of Council’s catering and further staff consultation to evaluate the Policy and changes made as a result. The formal audit and evaluation is expected in mid-2014.

Kamal, Yasmina and Natalie enjoying the new healthy catering at a work function
Obstructive Sleep Apnoea (OSA) is connected to your metabolism, to your heart, to your brain, to everything that you do as a normal functioning human being. You might be asking how is it relevant to Public Health? What can we do as a community to better prevent this illness in people or assist them medically? It is what we always do; we raise awareness in our patients who in turn seek further advice and assistance. OSA is a prevalent condition and is highly correlated with obesity. This is due to the fact that when a person's neck is larger, their airways tend to get smaller and are more easily obstructed by the soft tissue in the back of their throat.

1 in 10 Australians have OSA and 2% of all road fatalities are caused by fatigue. Obesity is highly associated, with WHR (waist to hip ratio) being a better predictor of OSA than Body Mass Index (BMI) or neck fat deposit. It can often reduce the basal metabolic rate, making it harder for people to lose weight and making them susceptible to type II diabetes due to reduced insulin sensitivity. The co-morbidities that come with having OSA are vast, and that is why treating it falls into the Public Health category. It is not just about treating a medical condition, it is also about preventing the onset of other conditions.

Diet and exercise play a big role in the treatment of OSA. People who can reduce their weight often reduce their Apnoea-Hypopnea Index (AHI) even to a point in some cases where they no longer have OSA. AHI is a tool used in Sleep & Respiratory Medicine to determine the frequency of their airway closures, on average, per hour over how many hours the person has slept. Unlike the Respiratory Disturbance Index that is often used for other conditions, the AHI only takes into account the number of apnoeas (pauses in breath) and hypopnoeas (partial airway closures/flow resistance). We are then able to classify the number of apnoeas a person has, and determine if this is the cause of their day time and night time symptoms and if it is contributing to a weight issue the patient might have.

There has been significant media attention given to OSA, raising people’s awareness about symptoms such as snoring, daytime tiredness, and early morning headaches. If you feel that your patients, family or friends might be suffering from the condition, it is worth mentioning they do get checked. Due to medical technology advancement, there are plenty of treatment options available which do not require invasive surgical procedures, such as Continuous Positive Airway Pressure, Oral Appliance Therapy, Specialist Dietetics and Exercise Physiologist Services. If you would like further information about this condition, please make an enquiry at Sleep Centres of Australia on (02) 9332 8890 or you can follow our blog at www.sleepcentres.com.au
Aboriginal Health and Medical Research Council of NSW ‘AH&MRC Staff Walking Challenge’

By Jo Coutts, Katarina Curkovic & Kerri Lucas, AH&MRC

The Aboriginal Health and Medical Research Council (AH&MRC) Chronic Disease Program organised and led a four week walking challenge for staff. 30 staff participated in the walking challenge which started Wednesday 20 November and ended Wednesday 18 December 2013. Staff were separated into two groups of 15 people, each with a team captain to lead the motivation of their teams. Each participant was provided with a pedometer and was registered on the 10,000™ steps website to log their steps each day. National physical activity and nutrition guideline materials as well as independent external support through Get Healthy Coaching and Information Service® were promoted and available to each participant.

Workplace walking challenges have shown to increase productivity and morale. By providing staff with the appropriate resources and materials and incorporating the 10,000 steps website and Get Healthy Information and Coaching Service® the walking challenge aimed to facilitate and support the uptake of physical activity.

“It made you think about the number of steps you did!” (staff participant)

“I was pacing back and forth on the airplane so I could get my steps up.” (staff participant)

The main aim of the AH&MRC Chronic Disease Program is to provide support to their member services, the Aboriginal Community Controlled Health Services (ACCHS) in NSW, in the area of chronic disease prevention and management. The Program recently received funds to further support the Community Controlled Sector in the area of prevention. This walking challenge was a pilot, to not only increase physical activity levels at AH&MRC but also to develop a process for ACCHS in NSW should they wish to adapt the project to meet their organisational needs.

A staff member’s friend called one day after the staff member had left their pedometer in their friends car saying: “I had to give this back as you would of just panicked if you didn’t have it!”

This walking challenge is an example of a successful case study:
- 20 staff initially registered to be involved. Due to the enthusiasm within the workplace, the number of staff involved increased to 30 (49% of all AH&MRC staff).
- The average steps per day was 10,883.
- The highest number of steps completed by a staff member was a whopping 532,697 over four weeks. This is a total of 19,024 steps per day - nearly double the amount of minimum recommended steps per day. The staff member chose to take a longer lunch break and work back later.
- By participating as a team on the 10,000 steps website, staff had the opportunity to learn ways to increase physical activity levels from peers and draw on the friendly competitive nature of the challenge.
- The challenge initiated new interest of some staff members to set quit smoking dates over the holiday period, with requests to take up the workplace Nicotine Replacement Therapy (NRT) workplace support.
- The visual, customised challenge set up on Google maps encouraged staff to walk further each day to get their team in the lead.

Group calendar invites and group emails were set up and distributed by team captains to remind staff to log their steps each day. A Facebook page was set up by one team captain to share images of where team members walked (see: https://www.facebook.com/#/GetUpGetBusys/photos_stream )
Families became involved in activities:

“I was just short of 10,000 steps last night, so I got the whole family to go walking to get past 10,000 steps.”

“I put it (pedometer) down one day and then had the whole house looking for the pedometer for me.”

Previous workplace activities in Aboriginal and Torres Strait Islander populations have shown that workplace is one such setting through which to deliver physical activity interventions, however there is still limited knowledge for this population group. Although the capacity to evaluate this challenge was limited, it does provide evidence of positive observational physical activity outcomes.

The AH&MRC is looking at being involved further in workplace physical activity and assisting ACCHS. With potential funding to promote physical activity in workplaces, it is hoped future challenges such as this one will be able to be conducted with further research support so organisations can directly positively impact the health of Aboriginal communities in NSW.

New BeachSAFE Initiative to target record coastal drowning deaths

Chrissie Skehan, Health Promotion and Research Officer

Surf Life Saving WA (SLSWA) had a productive year in 2013, producing the inaugural WA Coastal Safety Report and the comprehensive BeachSAFE Initiative.

The WA Coastal Safety Report revealed a record number of coastal drowning deaths occurred in the year 1 May 2012 to 30 April 2013, with 17 people tragically losing their lives at the WA coast. This compares with an average of 12 drowning deaths for the previous 6 years.

Although there was a tragic loss of life in the recent season, between 2009-10 and 2012-13 SLSWA lifesaving services were able to prevent 293 people from drowning at WA beaches, save 176 people from permanent incapacitation, and save the WA economy over $1.45 billion, highlighting the valuable drowning and injury prevention contribution of Surf Life Saving services.

The report will be an annual production for SLSWA, providing stakeholders and other water safety agencies with information regarding incident history, trends and patrol statistics to best inform planning of future services. The 2013 report revealed key statistics that SLSWA will use to guide future drowning and injury prevention strategies.

An alarming 53% of coastal drowning cases in 2012/13 were known to have an overseas nationality, being an increase of 38% from the 2011/12 season, stressing the importance of inclusion of culturally and linguistically diverse populations into Surf Life Saving clubs and community programs to reduce their drowning risk.

In response to the WA Coastal Safety Report highlighting a significant increase in preventable deaths at WA beaches, Surf Life Saving WA developed the BeachSAFE Initiative which is a comprehensive and holistic approach to reducing coastal drowning deaths in WA.

WA has stunning beaches, attracting many residents and visitors although they often present unpredictable hazards to beachgoers. The Initiative encompasses four key safety messages that are fundamental to staying safe when at the beach:

• Supervision;
• Aquatic education;
• First Aid and CPR; and
• Emergency preparedness.
New BeachSAFE Initiative to target record coastal drowning deaths

Continued from previous page

The four key messages create an easy to remember acronym SAFE, and will be promoted through all of SLSWA’s existing and future club and community programs.

Supervision is a key factor to reducing the severity of injury and risk of drowning at the beach, and is a fundamental message in many of SLSWA’s campaigns and programs, such as the nationwide ‘swim between the flags’ campaign. Surf Life Saving WA has 29 existing clubs along the WA coast, rescuing approximately 1,291 people every year at WA beaches. Whilst Surf Life Saving Lifeguards and Lifesavers commit their time to supervising our beaches, SLSWA strongly encourages active supervision of children at the beach and always going with a friend to maximise safety.

SLSWA highly values education and its importance in reducing drowning risk. Education programs aim to give participants the knowledge and skills required to make safe decisions at the beach. SLSWA offers a range of educational programs to its members, school students and the wider community. Topics covered range from introductory sessions to the beach environment through to the internationally recognised Bronze Medallion and Surf Rescue Certificates.

As reported in the 2013 WA Coastal Safety Report, 26,454 members of the WA community benefited from First Aid Treatments from SLSWA lifesaving services over the past four years. Early provision of First Aid in an emergency situation can significantly reduce the severity of injuries and increases a person’s chance of survival in an emergency situation. As a key water safety agency in WA, SLSWA offers public First Aid and CPR courses that give participants vital lifesaving skills that can be utilised in their home, work and community.

With 2013 seeing 29% of coastal drowning deaths attributed to the high risk activity of rock fishing, the fourth message of the BeachSAFE Initiative, emergency preparedness, places emphasis on the importance of taking appropriate safety precautions. It highlights the importance of having preparations in place that will lessen the impact of an emergency, reduce injury and increase chance of survival.

Surf Life Saving WA’s BeachSAFE Initiative has been designed to align with the National Water Safety Strategy set by the Water Safety Council, and will contribute to the goal of a 50% reduction in drowning deaths by 2020. For more information on the 2013 WA Coastal Safety Report or the BeachSAFE Initiative visit www.surflifesavingwa.com.au

Surf Life Saving WA operates lifesaving patrols at over thirty Western Australian beaches
Making the political personal

By Peter Tait, Ecology & Environment SIG Convenor

When do we take personal action to achieve political, public health goals?

As public health professionals, we believe that action to improve health relies on societal system change. But to achieve this, we need to change individual’s behaviour. When it comes to keeping our climate safe for human habitation, one societal change is from fossil fuel sourced energy to renewables. What are the personal actions?

Changing the light bulbs, walking not using the car, putting on a jumper and turning down the thermostat, buying ‘green’ energy are all important; these help normalise these behaviours and it can start a process of personal change. But it can also rationalise inaction on other fronts. And, in an economy where most energy and resources goes into companies making ‘stuff’, it is insufficient.

The major driver of greenhouse gas emissions is fossil fuel use. Therefore one focus for change is to remove legitimacy from fossil fuel companies while they continue to extract coal, gas and oil, produce energy from fossil fuels, and resist the energy transformation to renewables.

We know that at some stage in the near future these companies are going to be forced to stop taking carbon out of the ground and putting it into the atmosphere. This is inevitable. And (glossing over the complexities here) this has to happen this decade to avoid over-cooking the planet. So how do we incorporate this political objective into our personal lives?

One avenue is to divest ourselves from financial institutions that are supporting the continued exploration for, and extraction of, coal, gas and oil. All the ‘big four’ banks are involved to some extent. Many superannuation funds and insurance companies are. Not only are these financial institutions continuing to prop up fossil fuel companies, but they risk losing their shareholders and investors assets or asset value when the crunch comes for closing down fossil fuel use.

As an illustration only (not trumpet blowing) for me this involved closing my accounts with two of the big four banks (I did the CBA some years ago) and am moving from the ANZ as I write. It is a moderate hassle: having to open new accounts, change regular payments over, close the old accounts in a way that lets the bank know why I am leaving them (that’s the political message for them). A friend has also refinanced their mortgage. A community organisation of which I am a member has moved their account from a major to a community bank. I pulled out of the industry superannuation fund and set up my own personal fund where I have total control over what I invest in.

I know that this isn’t going to immediately make banks sit up and take note. This is a situation where it is going to take a few years, and to build cumulatively on lots of individuals and organisations sending this message to the banking sector: we only bank with you if you are environmentally responsible. Again it will take time for companies to plan and expedite the transfer of investment out of fossil fuel to renewable and other ecologically sustainable sectors. The divestment campaign against South African apartheid took years but ultimately succeeded. But the success was because a huge number of people took personal action to send a political message to companies and governments. This is a growing international movement, essential to protecting our climate. Please join in.

Further information is available from the author at aspetert@bigpond.com
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

Call for Abstracts Now Open - Closes 17 February 2014

17 - 19 June, 2014
Pullman Melbourne Albert Park Hotel,
Melbourne

For more information visit: www.phaa.net.au
Office Bearers

The Board

President
Heather Yeatman: hyeatman@uow.edu.au
Vice President - (Policy)
Marion Carey: marion.carey@monash.edu
Vice President - (Development)
Yvonne Luxford: yvonne@palliativecare.org.au
Vice President - (Aboriginal & Torres Strait Islander Health)
Vanessa Lee: Vanessa.lee@sydney.edu.au
SIG Convenors' representatives
Jaya Earnest: j.earnest@curtin.edu.au
Richard Franklin: richard.franklin@jcu.edu.au
Branch Presidents' representatives
Russell McGowan: lazarusss@bigpond.com
Emma Croager: ecroager@cancerwa.asn.au

ANZJPHE Editors

Editor in Chief John Lowe: jlowe@usc.edu.au
Senior Editor Roderick McClure: Rod.McClure@monash.edu

Editors
Priscilla Robinson: priscilla.robinson@latrobe.edu.au
Alistair Woodward: a.woodward@auburn.ac.nz
Anna Ziersch: anna.ziersch@flinders.edu.au
Lin Fritschi: Lin.fritschi@uwa.edu.au
Sandra Campbell: SandraKaye.Campbell@unisa.edu.au

Branch Presidents

ACT Russell McGowan: lazarusss@bigpond.com
NSW Devon Indig: d.indig@unsw.edu.au
NT Rosalie Schultz: Rosalie.schultz@caac.org.au
QLD Sara Gollschewski: s.gollschewski@qut.edu.au
SA Rebecca Tooher: rebecca.tooher@adelaide.edu.au
TAS Ingrid Van der Mei: Ingrid.vanderMei@utas.edu.au
VIC Bruce Bolam: bbolam@vichealth.vic.gov.au
WA Emma Croager: ecroager@cancerwa.asn.au

Chief Executive Officer
Michael Moore: ph (02) 6285 2373
mmoore@phaa.net.au

SIG Convenors

Aboriginal & Torres Strait Islander Health Co-convenors
Jessica Stewart: jess.stewart.m@gmail.com
Vanessa Lee: vanessa.lee@sydney.edu.au
Alcohol
Mike Daube: M.Daube@curtin.edu.au
Child Health Co-convenors
Elisha Riggins: elisha.riggins@mcrl.edu.au
Colin Macdougall: Colin.macdougall@flinders.edu.au
Ecology and Environment
Peter Tait: aspetert@bigpond.com
Evidence, Research & Policy in Complementary Medicine
Jon Adams: jon.adams@uts.edu.au
Food & Nutrition Co-convenors
Julie Woods: jwoods958@gmail.com
Helen Vidgen: h.vidgen@qut.edu.au
Health Promotion Co-convenors
Justine Leavy: J.Leavy@curtin.edu.au
Emma Croager: ecroager@cancerwa.asn.au
Immunisation Co-convenors
Angela Newbound: Angela.Newbound@yahoo.com
Michelle Wills: mwills@amlalliance.com.au
Injury Prevention Co-convenors
Richard Franklin: richard.franklin@jcu.edu.au
Patsy Bourke: Patsy.Bourke@hnehealth.nsw.gov.au
International Health
Jaya Earnest: j.earnest@curtin.edu.au
Justice Health Co-convenors
Tony Butler: tbutler@nchecr.unsw.edu.au
Stuart Kinner: s.kinner@unimelb.edu.au
Mental Health Co-convenors
Michael Smith: mjohnsmith@hotmail.com
Kristy Sanderson: Kristy.Sanderson@utas.edu.au
One Health (Zoonoses) Co-convenors
Moira McKinnon: moira.mckinnon@bigpond.com
Simon Reid: simon.reid@uq.edu.au
Oral Health
Bruce Simmons: simmonsbruce@hotmail.com
Political Economy of Health
Deborah Gleeson: d.gleeson@latrobe.edu.au
Primary Health Care Co-convenors
Jacqui Allen: jacqui.allen@deakin.edu.au
Jo Walker: jojowalker@bigpond.com
Women's Health Co-convenors
Catherine Mackenzie: catherine.mackenzie@flinders.edu.au
Louise Johnson: ljjohnson@varta.org.au
ATTENTION
STUDENT
MEMBERS!

It’s time to renew your membership if you haven’t done so already.
If you’ve forgotten your login, send an email to membership@phaa.net.au
and Eve will reset your username and password so you can renew.
If you are no longer a full-time student, please choose another membership category.
Have a great year!

PHAA 2nd National Sexual & Reproductive Health Conference
18-19 NOVEMBER 2014
HILTON ON THE PARK, MELBOURNE

For more information visit: www.phaa.net.au/NSRH2014Conference.php

How to join PHAA
ONLINE MEMBERSHIP is available at:
www.phaa.net.au
or enquiries to:
Membership Coordinator, PHAA
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
email: membership@phaa.net.au

Editors: Jacky Hony & Pippa Burns
Articles appearing in intouch do not necessarily reflect the views of the PHAA but are intended to inform and stimulate thought, discussion and comment.
Contributions are welcome and should be sent to:
The Publications Coordinator, intouch, PHAA
PO Box 319, Curtin ACT 2605, or email publications@phaa.net.au