



Inside this issue:

The 13th National Immunisation Conference with Patricia Campbell 1

Love Food Hate Waste ...and don't forget about your health! 3

What I learnt and experienced at the PHAA 13th National Immunisation Conference 4

Hitler invited Churchill to help plan invasion of England! 5

Public Health in international emergencies: might this be you? 6

Support for Friends of the Earth campaign on misleading product information - nanoparticles in sunscreen 7

Safety at Home: babies and young children 8

PHAA 13th National Immunisation Conference with Natalie Willis 9

Basil Hetzel Leadership in Public Health Award 10

Living Longer Stronger: AH&MRC Chronic Disease Conference 2012 11

PHAA Membership Review 2012 13

Wheezing on the inside - Will smoke-free prisons be the remedy? 14

Office Bearers 15

Winner of the National Immunisation Achievement Award 2012 16

The 13th National Immunisation Conference with Patricia Campbell

*Patricia Campbell, PhD Candidate
Melbourne School of Population Health*

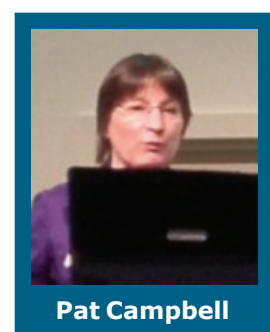
Recently I had the good fortune to escape a cold and wet Melbourne winter and attend the PHAA 13th National Immunisation Conference, held at the Darwin Convention Centre. Over the three days, there were plenty of occasions to celebrate Australia's successful immunisation program, but the conference theme 'Immunisation: new frontiers' was a reminder of the challenges still to be overcome.

Importantly, I had the opportunity to step back from my PhD studies and learn about diseases other than pertussis! The conference taught me technical aspects of a wide range of diseases and different methods of epidemiological investigation being used to determine vaccine effectiveness. I was surprised to hear that a concept which seems like a 'new frontier', maternal immunisation, has actually been around for a long time. One of the most exciting sessions for me covered progress towards new vaccines. Although it may be still some time before we have vaccines for diseases such as malaria and rheumatic fever, I came away optimistic that the goals are in sight.

Many of the presentations opened my eyes to the need for different strategies to deliver high coverage vaccination program across diverse and geographically isolated populations, both in Australia and overseas. Issues such as overdue immunisations, which may be quickly resolved in large cities, are not so easily addressed in remote communities without an on site GP. A presentation on male HPV vaccination made me think about the possible ethical issues of vaccinating only a portion of the population.

It was heartening that my presentation 'Using mathematical models of pertussis transmission to improve understanding of vaccine impact' was attended by so many self-confessed 'non-mathematicians'. The high profile of pertussis in recent times drew the crowds and gave me a chance to showcase modelling as a practical tool to help combat vaccine preventable diseases. This challenged me to present my work to an audience who were possibly very knowledgeable about pertussis but not necessarily modelling, and so was a valuable public speaking experience.

During the conference, I was able to discuss my work with modellers and other pertussis researchers and get their ideas on ways to approach different aspects of my project. The many pertussis-specific presentations and posters have given me useful background material for my work, and identified other researchers around the country working on similar problems which may provide future networking opportunities.



Pat Campbell

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The 13th National Immunisation Conference with Patricia Campbell

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The Darwin Sailing Club was the perfect setting for our conference dinner with its beautiful sunset, tasty food, lively music and dancing (for some!). Over dinner, I spoke with health workers involved in on the ground application of immunisation policies, which gave me a new perspective on how changes to the vaccination program are communicated to service providers and how important it is to tailor information to your intended audience.

Overall, the conference broadened my knowledge of public health issues and improved my understanding of the challenges of implementing an effective vaccination program. Back in Melbourne, the warmth of those three days in Darwin quickly passed, but the knowledge gained and networks formed at the conference will endure.

I would like to thank the Public Health Association of Australia and the Melbourne School of Population Health for generously supporting my attendance at such a worthwhile conference.



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Love Food - Hate Waste ...and don't forget about your health!

Kelly Crawford
Policy Officer for Healthy Kids Association

No doubt you have heard the staggering figures around food waste in NSW; NSW households throw away more than \$2.5 billion worth of edible food each year. You have probably also heard of the initiative by the NSW Office of Environment and Heritage called Love Food Hate Waste, which is trying to get the message out about food waste avoidance. Healthy Kids Association has partnered with the program because we care about preventing food waste. Furthermore, healthy eating messages can be effectively incorporated into messages about food waste avoidance and vice versa.

Through a partnership with Hornsby Shire Council, Healthy Kids will be co-delivering cooking and food waste prevention workshops called "Aussie Families Love Food Hate Waste". These workshops aim to create "food champion partners" who will gain the knowledge and skills they need to practice and spread food waste avoidance and healthy eating behaviours in their homes and broader communities.

The Love Food Hate Waste themes are: Love food, Buy it, Cook it, and Save it. Healthy eating messages can be easily integrated with each of these important components of avoiding food waste to tackle both our growing waste epidemic and our obesity epidemic. When we talk about loving food, we focus on whole foods that provide our bodies with essential nutrients such as fruits and vegetables, wholegrains, legumes, lean meats and dairy. The Australian Guide to Healthy Eating allows for conversation about core foods versus non-core foods and why our bodies will love us more if we feed them from the core food groups.

We also discuss the importance of food purchasing decisions and planning meals in advance using ingredients from the pantry and fresh ingredients from the grocery store. When we plan our meals, we are more likely to buy healthy food than pre-packaged convenience foods that are high in salt, saturated fat and sugar. This provides a great opportunity to discuss what a meal plan looks like for both an adult and for a child.

By providing workshops on cooking, children and adults have the chance to learn or refine their skills. We discuss serving sizes and cooking the appropriate amounts so that people are not tempted to eat more than they need and will not be throwing away excess food. This is also a great time to discuss recipe modification to lower sodium, saturated fat and sugar. Finally, we give ideas on how to save food by incorporating leftovers in the lunchbox the next day and cooking new meals with leftovers so that nothing ends up in the bin.

Love Food Hate Waste gets people thinking about their eating experiences, the quality of food versus the quantity and how they can avoid wasting it unnecessarily. Healthy eating messages about choosing healthy core foods over non-core foods and programs aimed at increasing cooking skills are naturally incorporated into discussions about avoiding food waste. For more information about the Love Food Hate Waste programs and its themes, you can visit www.lovefoodhatewaste.nsw.gov.au. For more information on Healthy Kids Association, please go to www.healthy-kids.com.au.

"Aussie Families Love Food Hate Waste" is a grant-funded project from the NSW Government, Round 2, Love Food Hate Waste Grants.



Healthy Kids staff member, Nina Tan, helps children learn cooking skills at a recent Hornsby Shire Council cooking workshop

What I learnt and experienced at the PHAA 13th National Immunisation Conference

Carolyn Ronan, RN
Immunisation Nurse, Ceduna Koonibba Aboriginal Health Service

What I discovered from attending the 13th National Immunisation Conference, was how this public health conference was able to foster a 'circle of protection' for vaccine preventable diseases. This bringing together of researchers, scientists, government delegates, funding companies to market vaccines and service providers was truly remarkable. They promoted a 'circle of protection' at the conference with the ultimate goal to promote population health through effective immunisation programs. Providing access and availability of vaccines through a National Immunisation Program contributes to this 'circle of protection' to protect our most vulnerable children and families. With the introduction of e-Health and the linking of data from service providers, it will be crucial that the Australian Childhood Immunisation Register (ACIR) is available for whole of life.

A new National Immunisation Strategy is being developed. It includes the introduction of the new Family Tax Benefit Part A supplement, replacing the Maternity Immunisation Allowance from 1st July 2012. This payment will be linked to immunisation check points when children turn one, two and five years. Parents of fully immunised children receive a total financial incentive of \$2,100. Importantly this will be assessed from the data entered onto the ACIR making it vital that Indigenous status is reported accurately. The data on the ACIR is possibly not used to its full extent and could be more user friendly, allowing immunisation providers to receive feedback on their local coverage rates, local hospital presentations and disease outbreaks. Queensland's local immunisation register: Vaccine Information and Vaccine Administration System (VIVAS) links local notifiable diseases, test results, hospital presentations and other data sets, demonstrating a much improved data linkage system.

Dr Holly Seale addressed the apathy of health care workers towards protecting their clients by getting their influenza vaccination. The question remains why don't more health professionals choose to protect themselves, their clients and community? By strengthening the vaccine coverage of all health workers it helps provide a 'circle of protection' for our most vulnerable.

As I work in the service delivery at the 'pointy end' of immunisation, I found the showcasing of ideas presented in the short sessions and poster displays most enlightening. The following ideas presented by Nikki Turner were particularly pertinent to me:

- Service delivery improvements can start with having good systems in place at the GP practice such as ensuring effective and timely vaccinations to reduce missed opportunities.
- The need for immunisation providers to have confidence in their own knowledge, with a focus on population health.
- Having a lower ratio of nurses to children and being able to address parental barriers to vaccinations.
- Offering antenatal information, with supported discussions and decision making along with early enrolment to the immunisation program, to prospective parents.
- Using communication approaches that are appropriate for the audience and culturally respectful.

Award winners demonstrated that by using innovative recall processes and delivery systems to increase vaccine coverage rates they could make a big difference in community protection from vaccine preventable diseases. A progress report was given on new vaccines for diseases such as Group A Streptococcus, Meningococcal B, Malaria and Dengue fever which indicated that some clinical trials may soon be undertaken. With any roll out of new vaccines the process to link data from evaluating coverage, vaccine safety, and disease impact is vital for not only scientists, researchers and funding companies but also to keep immunisation providers updated. The challenge of providing an equitable immunisation service to all people no matter where they live, can hopefully be achieved through diligence, commitment and consistency to keep all groups connected in this 'circle of protection' around our most vulnerable children/families and people.



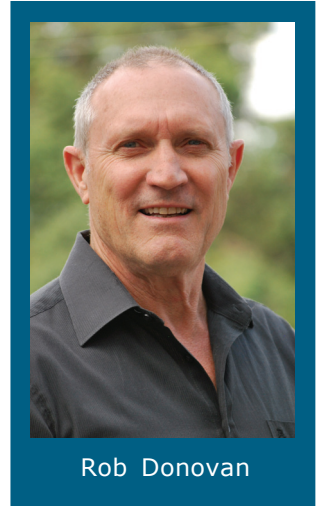
Carolyn Ronan (left) met up with Penny Angus who she hadn't seen for 6 years. Conferences are great for social networking.

Hitler invited Churchill to help plan invasion of England!

Rob Donovan

Newly released World War II archives raise new questions over Hitler's sanity. Long an admirer of the British and always hopeful that Britain would join forces with Germany, it is now revealed that Hitler invited Churchill to help him plan the invasion of England. Hitler believed that a successful invasion would lead to an Anglo-German alliance that would rule the world. Although some of Hitler's Generals doubted the wisdom of Hitler's invitation, none had the courage to question his decision, and the rest, as they say, is history. Apparently, Churchill jumped at the chance and covertly met with Hitler and his Generals several times. Churchill's tactics of course were to distract, distort, digress, dissemble and delay any such invasion until the allies themselves were ready to counterattack on D-Day. Churchill was clearly successful. The German invasion plans were never completed and by then the D-Day counterattack rendered them irrelevant anyway.

While such behaviour might seem bizarre in the 21st century, we nevertheless thought we'd ask others in competing situations whether they had ever considered such a strategy. So we wandered into the Aussie quarters of the London Olympic village and asked the Hockeyroos' coach whether they would ask the Kiwis' Black Sticks coach to help plan their game strategy against the Black Sticks. Given the look we got you'd think we'd been speaking in tongues.



Rob Donovan

So, back home we asked the Bombers coach if he'd ask the Magpies coach to help them plan his game strategy. Again, we got that same look we got in London! What's wrong we asked ourselves? Isn't it a reasonable question? Just then we spotted (in a bar of course) the spokesperson for the Brewers and Spirits Manufacturers and Marketers Association and popped the question: "Would you accept an invitation from Australia's Notional Preventive Health Agency to help plan how to reduce alcohol consumption?" Again, we got that same look! But then we saw a gleam in her eyes and a dawning realisation followed by a widening smile that defied any attempt at suppression. "Well, actually, now that you mention it, we'd love to help the government help people drink responsibly. When can we start?"

Somehow that smile and eagerness made us feel just a little bit uneasy. Had she read the Churchill archives report? Was this to be payback for all the times that old government joke had been used but now in a new form: "We're from the alcohol industry and we're here to help you"!

So we rushed over to Australia's Notional Preventive Health Agency and asked a spokesperson with a kind, but vacant, look about her: "Will you be asking the alcohol industry to help plan public health policies and interventions to reduce alcohol consumption?" She stopped in her tracks. Turned to face us and with the eager smile of an innocent child exclaimed: "That's a brilliant idea!" and headed rapidly and excitedly in the direction of the CEO's office. But then suddenly she stopped, turned around slowly with a quizzical 'are-you-having-me-on-look' and said: "Hang on - hasn't the government already told us to do that?!"

** The Australian National Preventive Health Agency has Expert Committees on Alcohol, Obesity and Tobacco. Their aims are similar. The ANPHA's website lists the following Terms of Reference for the Expert Committee on Alcohol: "Provide advice to ANPHA's CEO on the development of robust, evidence-based, defensible public policy on alcohol misuse and associated harms; Provide advice on the development, implementation and evaluation of broad social marketing, education and community awareness programs relating to alcohol misuse and associated harms; and any other function relating to preventive health that the CEO may request advice on relating to alcohol misuse and associated harms."*

Contrary to WHO practice and common sense, ANPHA has invited an alcohol industry member to serve on the Expert Committee on Alcohol. OR ANPHA has invited an alcohol industry member to serve on the Expert Committee on Alcohol.

A brewer, a spirits distiller and a vigneron walked into a health agency – and turned it into a bar. No joke.

Public health in international emergencies: might this be you?

*Alan McLean
CEO, RedR Australia*

Public health specialists are urgently needed to respond to natural disasters and emergencies caused by conflict in many parts of the world. In evacuation centres for internally displaced, in refugee camps in neighbouring countries, and when people remain in devastated homes, public health issues become critical.

RedR Australia is a community-based, not-for-profit organisation established in 1992. We engage technical specialists from a dozen different disciplines and place them on contracts, usually of three to six months, serving within humanitarian field programmes of United Nations agencies such as WHO, UNICEF and UNHCR. Seventy-one deployments were made in 2011. Only a handful were public health specialists. Many more are needed for the years ahead.

RedR Australia is very keen to attract public health practitioners with degrees in public health or health-related disciplines such as nursing or medicine. Training or experience in public health and epidemiological data collection and management are highly valued, as are experiences implementing and overseeing health programs with a non-government organisation or UN agency, preferably but not necessarily in an emergency context.

Knowledge of surveillance and monitoring systems applicable to emergency relief operations, and of the latest developments and technologies in nutrition, reproductive health and HIV/AIDS are equally valuable.

Field roles include assessment of health risks arising from the crisis, proposal and rapid introduction of corrective action, engagement of data management systems, community monitoring, introduction of health/hygiene campaigns, disease outbreak detection, and immunisation.

There is major interaction with local partners, transferring skills and promoting healthy practices generally, with an eye to crises in future years.

RedR Australia has placed public health specialists in some of the world's crisis zones. The devastating earthquake in Haiti in January 2010 included a cholera outbreak which took many lives. Catastrophic floods in Pakistan, in 2010 and 2011, affected 20 million people, generating public health needs and large-scale response.

The present dislocation of millions of Africans caused by multi-faceted crises in the Sahel countries, Horn of Africa, and South Sudan among others, have generated serious health concerns, as have upheavals in the Middle East.

Our public health personnel report field roles as challenging but highly rewarding in personal and professional terms.

To consider whether this might be you, visit www.redr.org.au. RedR Australia also welcomes enquiries on (03) 93291357. Staff answer questions, explain the needs, and can put you in touch with our public health specialists who are happy to relate their field experience.



Public health specialist, Karen Hobday, facilitating training of government health educators in Pakistan. Karen deployed via RedR Australia to Pakistan to work with the World Health Organization in response to the 2011 floods which affected over five million people.

Support for Friends of the Earth campaign on misleading product information - nanoparticles in sunscreen

The Public Health Association of Australia (PHAA) shares the concern of Friends of the Earth (FOTE) over the possible public health impact of nanotechnology. PHAA has recently provided its support for a complaint to the Australian Competition and Consumer Commission (ACCC) in relation to misleading product information about nanoparticles in sunscreen.

At the same time the PHAA wants to emphasise the importance of using sunscreen. The evidence is overwhelming about the reduction in the risk of skin cancer by use of sunscreen and other protections from the sun.

Our broader policy on nanotechnology can be found on our website at:

http://www.phaa.net.au/documents/111204_Public%20Health%20Impacts%20of%20Nanotechnology%20Policy%20FINAL-with%20cover%20sheet.pdf

This policy, which was adopted at our Annual General Meeting in September 2011 states:

"Increasingly evidence is indicating that nanotechnology potentially poses significant health, safety and environmental hazards as well as social, economic and ethical challenges. PHAA will advocate for Commonwealth and State and Territory governments to develop a nanotechnology strategy and regulatory framework to address health and safety concerns".

PHAA understands that the nature of the complaint being put by FOTE to the ACCC is that Antaria is misrepresenting the nature of a component product of sunscreen applications it manufactures and supplies to third parties in Australia and overseas. We support the assertion that it is false and misleading for Antaria to represent that Zin Clear IM™ is 'non-nano'.

PHAA believes it is important for consumers to be able to access accurate information on the content of products in order to properly inform their purchasing choices.



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Safety at Home: babies and young children

Dr Kamal Hussein, University of NSW

One afternoon, in late 2006, my family were walking through a residential street in a Sydney suburb, favoured predominantly by fresh immigrants. We too were fresh migrants, in our initial two months in Australia. While walking down the road we were struck by a scene that was hard to ignore, and were then in the dilemma of what to do next!

My teenage son pointed out that a toddler (about two years old) was walking on the window frame of an upper storey, unit block without a balcony. The window had no security grill or fly screen. My son initially shouted as we were walking nearby and looking at the boy. I told him to stop shouting as he could distract the boy and contribute to him falling more than ten meters to the ground. Quickly and quietly, we picked up an abandoned wooden board and got ready beneath the window to catch the boy, if he fell.

Fortunately, the boy disappeared inside. We were relieved and assumed that his mother was sleeping on a bed adjacent to the window. We could not imagine the impact on our family if the boy ended up in any unthinkable tragedy. Apart from the psychological impact on my other two under age children, we would have also become entangled with legal matters, such as giving witness. We would have also felt guilty for distracting the boy which may have contributed to the fall. Once the boy disappeared, we managed to call out to the boy's mum and relate the incident.

Similar incidents, which often end in tragedy, are reported frequently in Australian newspapers, but we do not know the exact numbers of injuries, deaths and near misses.

Home affordability is a lifelong dream for most Australians, let alone for new immigrants. The rental market is in short supply, particularly around major cities. Tenants have limited options to modify rental property that have safety concerns. Information, Education and Communication (IEC) regarding home safety is not included in the lease agreement.

Australia embraces and practices reputable occupational health and safety as well as road safety standards. However, there are several unanswered questions about safety at home, particularly for babies and young children. Due to the ageing population, falls prevention for the elderly is commonly addressed in research and the academic arena. So far, prevention of SIDS (Sudden Infant Death Syndrome) has been actively addressed. It is now time to focus on balcony falls, window falls, home injuries, driveway accidents and playground injuries. Further reading on this topic is available at <http://kidshealth.schn.health.nsw.gov.au/projects/falls-windows-and-balconies>



Kamal Hussein

PHAA 13th National Immunisation Conference with Natalie Willis

Natalie Willis

Natalie Willis is a Research Officer for the Centre for Health Communication and Participation in Melbourne. She has a nursing background and is currently completing her Masters of Public Health. She was the recipient of the PHAA National Immunisation Conference Scholarship.

Stepping off the plane in Darwin was wonderful. Having woken earlier to a freezing cold and wet Melbourne morning, my body immediately started to thaw as I left the airport terminal. I was in Darwin for the Public Health Association of Australia's 13th National Immunisation Conference. I was lucky enough to receive the PHAA scholarship to attend this conference, and in return must provide an article for *intouch* outlining what I learned and found most interesting. So here it goes...

The focus of the conference was new frontiers in vaccination research. There was also an emphasis on improving strategies to target hard to reach populations such as Indigenous Australians.

While the development, funding and delivery of current and new vaccines is an important area in the vaccination field, I was more interested in the social science of vaccination. As there are few of us working in the communication realm of vaccination research, I was particularly pleased to see that Dr. Julie Leask was presenting on a number of occasions. Julie spoke about her research, "What makes pregnant women have a vaccine?" as well as her work in developing guidelines to help practitioners communicate more effectively with their patients. Julie described her parental attitudes hierarchy (parents range from 'unquestioning accepters' to 'refusers') and how physicians can improve their communication with parents by simply identifying where in the hierarchy the parent was located. Brilliant stuff!

An interesting session was presented by Eugene Maraskovsky from CSL Biotherapies, entitled, "Scientific investigations into febrile reactions observed in the paediatric population following vaccination with a 2010 Southern Hemisphere Trivalent Influenza Vaccine." It addressed the jump in febrile convulsions amongst infants in WA, in 2010, who had received the Fluvax influenza vaccine. Maraskovsky presented CSL Biotherapies preliminary conclusions as to what caused this increase in adverse events and commented briefly on what they were doing to ensure this did not happen again. CSL Biotherapies fielded a few prickly questions from the audience and should be commended for presenting their findings at such a public forum.

Another interesting aspect of the PHAA Immunisation Conference was the popularity of Twitter. Social media is becoming more influential in health care and it was wonderful to see fellow tweeters twittering interesting points from sessions. This was especially useful for those wanting to keep their finger on the pulse of concurrent sessions.

Overall, it was an informative and energetic conference. I had the opportunity to meet many dedicated and enthusiastic vaccine researchers, program managers, professionals, academics, local council immunisation coordinators and students. I thank the Public Health Association of Australia for supporting me to attend this conference.

Get on Twitter and say hello to Natalie: @TheNatWillis.



Basil Hetzel Leadership in Public Health Award

SA Branch, PHAA

The SA Branch PHAA recognises the valuable contribution made by leaders in public health within South Australia and annually awards the **Basil Hetzel Leadership in Public Health Award** to public health experts who:

- demonstrate leadership in public health in South Australia;
- demonstrate innovations in teaching, research and/or theory development and application;
- contribute to the strategic direction and value of the profession and thereby contribute to excellence in service provision to consumers;
- are available as a resource person and/or mentor;
- actively participate in professional practice activities; and
- demonstrate courage in maintaining principles of public health.

The Honourable Dr Basil Hetzel was proclaimed a National Living Treasure by the National Trust on March 15, 2004 and is a life member of the PHAA. The SA Branch is proud to award the Leadership in Public Health Award in his honour.



(L to R) Dr Martin Dooland (2012 Recipient of the Basil Hetzel Leadership in Public Health Award), The Hon. Dr Basil Hetzel, Dr Natasha Howard (President SA Branch)

2012 Recipient of the Basil Hetzel Leadership in Public Health Award

The award was presented by the Honourable Dr Basil Hetzel on Wednesday, June 6th at the SA Branch PHAA Annual General Meeting. The 2012 recipient is **Dr Martin Dooland** from **SA Dental Service, SA Health**. The presentation dinner was held at the Queen's Head Hotel in North Adelaide and attendees had an enjoyable evening.

Dr Martin Dooland is commended for his innovative leadership and advocacy and his commitment to the public health sector. He has been responsible for the introduction of numerous innovative population health programs which have contributed to South Australians' well being, particularly in relation to oral health. Dr Dooland has spearheaded the development and implementation of public dental policy and programs delivered through SA Dental Service. His commitment to public oral health over many years has increased the profile of oral health both in SA and nationally. In addition, Dr Dooland has fostered creativity and excellence in others by providing support for the development and implementation of many exemplary programs to improve health and wellbeing.

Living Longer Stronger: AH&MRC Chronic Disease Conference 2012

Jo Coutts and Katarina Curkovic, AH&MRC

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) held its second Chronic Disease Conference on 19-20 June, 2012. Over two days, 52 speakers gave presentations to 150 delegates from across NSW, half of whom were from Aboriginal Community Controlled Health Services (ACCHSs). The aim of the Chronic Disease Conference was to build skills and knowledge of ACCHS staff to address chronic disease among Aboriginal people. Post-conference evaluations showed that delegates were very pleased to have the opportunity to network, share stories and access resources and information. Thank you to everyone who came and made this possible!

'It was good to come together and be able to see what works for others that may also be able to be implemented back at work.'

The conference started with a panel discussion on the current policies surrounding Aboriginal chronic disease and emerging priority areas, followed by an active question and answer session. The issues raised during the session suggested that delegates feel policy is heading in the right direction, but that decision-makers must continue to ensure community voices are heard — and consulted — when choices are made about the distribution of policy funding.

Concurrent sessions provided delegates with the opportunity to showcase how chronic disease activities are embedded in their services. The most attended session was 'ACCHS Tell Their Stories'.

'The "Tell Their Stories" workshop was great. Picked up a few ideas for projects which I will borrow/share with our community.' Participant comment.

Day One ended with two inspirational speakers who discussed the theme 'Harnessing opportunities - the outcome of capacity building'. Feedback was that delegates felt "inspired" or "positive" afterwards.

'Both energetic and passionate. Re-affirms me in my direction and passion.' Participant comment

The conference dinner offered attendees an opportunity to network informally and included entertainment by musical group, The Stiff Gins, plus a karaoke party for delegates.

Day Two kick-started with four presenters who spoke about social media and new ways of communicating and engaging with communities. Melissa Sweet, an independent health journalist and moderator of *Crikey's* health blog, *Croakey*, started off with a well-researched presentation about the rapidly evolving media landscape and the implications of the digital revolution. Aboriginal education consultant Luke Pearson followed with a fast-paced pictorial presentation that discussed common issues in social media campaigns for communities, organisations and individuals. Next, Vicki Wade from the National Heart Foundation outlined the various methods her organisation use to get the heart health message out. Finally, Tom Widdup spoke about the communication techniques Oxfam's *Close the Gap* campaign employs to keep Aboriginal and Torres Strait Islander health issues relevant to a broad section of society.

'All these sessions on social media were very informative and demonstrated how to get involved in connecting with community.' Participant comment on social media session



Plenary Session One
(L-R) Rhoda Roberts (MC), Dr Mark Wenitong (National Aboriginal Community Controlled Health Organisation), Selena Lyons (Riverina Medical and Dental Aboriginal Corporation) and Alison Killen (Office of Aboriginal and Torres Strait Islander Health).

continued on next page

Living Longer Stronger: AH&MRC Chronic Disease Conference 2012

Continued from previous page

More concurrent sessions followed, including an exciting opportunity for delegates to get creative by taking part in an art workshop. Rugby league legend Max Krilich, from the *Learn Earn Legends!* program, presented prizes to delegates.

The conference began to wind down on the theme of workforce. With the National Aboriginal and Torres Strait Islander Health Practitioner registration process coming into effect on 1 July, 2012, Peter PangQuee, Chair of the Aboriginal and Torres Strait Islander Health Practice Board of Australia gave a valuable talk clarifying the application process and detailing the role of the board. Following him was Ian Thurgood from the Health Care Complaints Commission (HCCC), who explained why the regulation of standards in health is important, what the HCCC does to protect the public and how to contact the organisation. Florence Onus from the Healing Foundation ended the conference with a humbling talk. To view presentations please visit the articles section on the homepage of www.ahmrc.org.au.

For other information, please contact: Jo Coutts, AH&MRC Chronic Disease Program Coordinator, on jcoutts@ahmrc.org.au or ring (02) 92124777.



One of the artworks produced by delegates at the art workshop session.

Population Health Congress 2012 Population Health in a Changing World

Australasia's four population health professional organisations working together to strengthen the focus on Population Health in the region.

Adelaide Convention Centre, Adelaide, Australia 10 -12 September 2012



Registration Now Open

The 2012 Population Health Congress will be the largest public health event of the year, we are anticipating an audience of at least 1300 people.

Organised and sponsored jointly by the four leading professional population health organisations in the Asia Pacific region, it will replace their normal annual conferences for 2012. It will provide the opportunity for working across and within organisations on key population health issues and for unparalleled opportunities for networking.

For more information visit: www.conferenceco.com.au



PHAA Membership Review 2012

Thank you to every one of the 409 members who completed the survey. The response was fantastic and no doubt the offer of a prize was an incentive. Congratulations go to Debra Welsby from NSW who is the lucky winner of the PHAA Annual Member Survey Draw. Her prize is free registration to the Population Health Congress to be held in Adelaide 10-12 September 2012.

We have received some excellent feedback and the Board is now considering the survey and working on prioritising as many of the suggestions as possible in order to serve our members better. Here are a few of the suggestions we received:

- Keep asking for feedback like this
- More job vacancies in places other than Melbourne
- Update the websites in a timely matter
- Hold regular outing activities
- Build mentoring support for members
- Orientation or meeting for new members
- Utilise the technology of the day
- Better advocacy on cutting edge issues
- More local events/workshops/speakers
- More networking events, involve universities
- Make people more aware of the good things that are going on and keep SIGs active and engaging
- Conduct better elections, engage young members
- Encourage friendly introduction of new members at conferences
- Fix up the website - revitalise the SIGs with more support centrally



Debra Welsby, winner of Population Health Congress Registration



Michael Moore with Gabrielle Weppner & Melanie Walker at the PHAA secretariat drawing out the winner

There were many other issues considered around conferencing, membership and advocacy that will assist the Board and the National Office to build a stronger, more effective PHAA.

Dr Yvonne Luxford
Vice-President (Development)

AUTOMATIC MEMBERSHIP RENEWAL

Our experience has shown that automatic renewals are complicated by the fact that members have either new credit cards or would like to renew for a new category or subscribe to other SIGs. Therefore, we will not be offering automatic renewals any longer. We kindly request all members to renew their membership themselves on the PHAA site www.phaa.net.au

2012/13 Membership renewals are now due

Wheezing on the inside – Will smoke-free prisons be the remedy?

*Greg Soulos, Tobacco Control Project Officer
Cancer Council NSW*

Those of us old enough to have been working in an office prior to the late 1980s will no doubt remember that breathing second-hand tobacco smoke was as normal as morning tea delivered to your desk by the tea lady. While tea ladies are remembered with nostalgia, those who prefer the air they breathe to be devoid of carcinogens and other toxins will have no such sentiments about free-reign smoking at work.

In most NSW prison facilities the risk of second-hand smoke exposure remains for staff and prisoners alike. While smoking is prohibited in common areas of NSW prisons, it is still allowed in prisoners' cells. The problem with this arrangement is that smoke drifts, quickly contaminating all areas and exposing anyone therein. Pity the non-smoking inmate forced to share a cell with a smoker.



New Zealand Department of Corrections staff accept a prestigious Institute of Public Administration of New Zealand Public Sector Excellence Award for the successful smoke-free prisons policy.

Some have argued that prisoners' cells are their homes, so they should be allowed to smoke. But if the cells are prisoners' homes - a questionable proposition according to a UK legal decision - they are also the homes of non-smoking prisoners, who by current public health standards have the right to clean air.

Encouragingly, Corrective Services NSW has recently commenced a smoke-free trial at the maximum security Lithgow Correctional Centre. Internationally, a growing number of jurisdictions have adopted comprehensive smoke-free policies in custodial facilities. In July last year, New Zealand authorities introduced a complete ban on smoking throughout its prison facilities. The United States and Canadian Federal prison systems have taken similar action and survived legal challenges in both jurisdictions. Furthermore, the alarmist predictions of mass rioting and gaols burning to the ground have not eventuated.

A recent report by Collinson et al in The New Zealand Medical Journal suggests that major reasons for the apparently smooth introduction of smoke-free prison policies in that country were careful planning and the provision of adequate quit smoking support for inmates, the majority of whom are likely to have been dependent on nicotine for much of their lives. There was also strong commitment to effective policy implementation, from Ministerial level to staff working 'on the ground', in each facility.

The potential benefits of comprehensive smoke-free policies are many, including:

- reduced risk of tobacco-related illness, leading to reduced health care expenditure;
- reduced risk of second-hand smoke related litigation;
- increased smoking cessation among prisoners (most prisoners in NSW who smoke want to quit);
- a newfound sense of achievement among prisoners who do quit;
- reduced tobacco-related social disadvantage for inmates going into an increasingly smoke-free community upon release from prison;
- smoke-free role-modelling by former prisoners who have quit in prison, leading to reduced uptake by their children; and
- reduced second-hand smoke exposure for family members of these former inmates.

The public health community should commend Corrective Services NSW for initiating the Lithgow trial and encourage the Department to strengthen its existing smoke-free policy.

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Winner of the National Immunisation Achievement Award 2012

This year Helen Moore, who is the Principal Network Advisor for Immunisation at the Australian Medicare Local Alliance, was the winner of the PHAA National Immunisation Achievement Award which was presented at the 13th National Immunisation Conference. She said that "she was very pleased to be able to accept it on behalf of the wonderful and passionate team of people who have worked in what was the Australian General Practice Network".



She commented that, "for the past 15 years this team has supported the delivery of the National Immunisation Program through general practice and helped to raise the coverage rate for Australia from a very poor level to the desired over 90% coverage rate".

"Now that we are operating in the Medicare Local environment", Helen added, "I will be very pleased to be working with this team to continue to provide that support to all providers of immunisation and those interested or in need of protection from vaccine preventable diseases".

The person nominating Helen described her as follows: "As the Principle Advisor for Immunisation at the Australian General Practice Network (now the Australian Medicare Local Alliance), Helen's role varies from day to day but her belief in immunisation never falters nor does her commitment to support the service providers delivering immunisation to the community. Disease prevention, improving health outcomes, and quality service provision in vaccine delivery and patient education are the foundations of her work and her work has made a significant impact on immunisation in Australia".

Editors: Jacky Hony & Pippa Burns

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