

## PHAA to deliver four major conferences in 2018

### Welcome to the first edition of Intouch for 2018!

The year is shaping up to be a busy and exciting one for PHAA, with preparations currently underway for our four major conferences of the year.

#### Public Health Prevention Conference

First up is the inaugural Public Health Prevention Conference on 2-4 May in Sydney. It will focus on prevention and protection, consistent with the World Federation of Public Health Associations' (WFPHA)'s Global Charter for the Public's Health. PHAA is excited to announce that former Prime Minister The Hon Julia Gillard AC will be a keynote speaker.

#### Biennial National Immunisation Conference

Following this is PHAA's 16th Biennial National Immunisation Conference on 5-7 June in Adelaide, which has traditionally been our largest conference. This year 500-600 delegates are expected to attend.

#### Australian Public Health Conference

Next up will be the Australian Public Health Conference, PHAA's annual conference, which will be held in Cairns on 26-28 September. The conference theme is 'Leadership in public health: Challenges for local and planetary communities' and will serve as Australia's leading platform for discussing the latest research and developments in public health.

#### Food Futures Conference

We will finish up with our Food Futures Conference on 20-21 November in Brisbane. The conference is being held for the first time since 2011 and will present a national perspective on public health food and nutrition issues. The revisitation of Food Futures is timely, with obesity leading as one of the biggest public health issues of our time. The first article in this Intouch by our Life Member Stephen Leeder, 'Two roads converge in a yellow wood' examines how the problem is currently being approached in Australia and which policy path is the right one to follow.

We hope you enjoy reading this edition, and we look forward to seeing you at our conferences this year!

### CALL FOR ABSTRACTS NOW OPEN!

#### Australian Public Health Conference 2018

Leadership in public health: Challenges for local and planetary communities

Pullman International Cairns, QLD | Wednesday 26 to Friday 28 September 2018

#AustPH2018 | [www.austph2018.com](http://www.austph2018.com)

Call for abstracts close 11:59pm AEST, Sunday 8 April 2018

Photo courtesy of Tourism Tropical North Queensland



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# Two roads converge in a yellow wood

Stephen Leeder, PHAA Life Member, Emeritus Professor of Public Health and Community Medicine, Menzies Centre for Health Policy and School of Public Health, The University of Sydney



Emeritus Professor Stephen Leeder

Two roads converge in a yellow wood when it comes to preventing obesity – blaming the victim (eat less sugar, exercise more, you lazy sloth) and thinking that if we focus on children all will be well. Follow either and you will end up in the same sulphurous place – lost.

The first road ignores the impact of the environment on individual behaviour. A Mt Druitt (less privileged area of western Sydney) woman put it to me like this:

*“Get real! My partner leaves home at six to drive to work in the centre of Sydney and then I have to get the kids ready for school. I work in a day care centre and I walk there. By the time my partner gets home he’s buggered and so am I.*

*Don’t talk to me about cooking healthy meals – there are no shops selling that stuff within walking distance and anyway it costs a bomb and I don’t have the energy to cook it and yes, so we eat a lot of Maccas and chips. As for jogging and the rest of exercise thing – nonsense! Great for people on the North Shore!”*

So if we are to address the problem of obesity realistically, let’s begin with reality – with the real behaviour of societies and people in them. What do we have for the Mt Druitt mother? Stats that show fat kids grow into fat adults? That they should cut down on sugar? A myriad other messages?

Unless we advocate for social change to enable individual change to occur then problem of obesity will be with us until something explodes.

So much for the first road. Then we have the second road populated by people who say, “Let’s focus on children.” This was one of former NSW premier Mike Baird’s captain’s picks, a brave attempt made towards the end of 2016 to identify a dozen or so important things where action might pay off, compared with the hundreds of lesser projects that might be done if one had unlimited magical power. Baird wanted to tackle and prevent childhood obesity.

The arguments for such an approach are strong. As Melissa Wake, from Murdoch Children’s Research Institute and the University of Melbourne, writes in an editorial in the British Medical Journal of 7 February this year,

‘The economic and societal gains from achieving [effective childhood obesity reduction] are immense. The consequences of not doing so are potentially catastrophic. But progress is painfully slow. Common sense approaches endorsed by governments worldwide mainly comprise universal, primary and secondary care strategies to motivate, educate, and facilitate lifestyle change. Unfortunately, these have largely failed a generation of children. Publication of null trials in high impact journals could perhaps help break the cycle of policy makers continuing with ineffective educational preventive approaches that can never hope to greatly impact on the obesity epidemic...In the words of Winston Churchill, “However beautiful the strategy, you should occasionally look at the results.”’

Alas, as the most sophisticated research studies using randomised trials demonstrate, most recently in the same issue of the British Medical Journal as Wakes’ editorial of UK primary schools from the West Midlands, intensive school based programs of increased exercise at school, nutrition education, parental engagement, and getting the local football team involved simply do not work. This is not an isolated finding. The better the study the less likely there is to be a benefit.

These results call for a further examination of the social and economic factors that shape powerfully the world we and our children inhabit.

Another aspect is this: although no-one wants to see obese children, the major health problems we have today with obesity occur in fat adults. What will we offer them? “Educate the parents to make healthier choices for the kids and it will trickle up to the parents”. Possibly, but this is similar to saying that if you educate the children, adults might stop smoking. Well, sorry. We have heard of this trickle-up child labour approach many times in relation to proposed improvements in Indigenous health.

But it is the adults who are most at risk of serious illness from obesity - now -and to do nothing for them and with them (other than beating them up and shouting at them to eat less junk food) makes no sense. It is also lacking in compassion.

Many pre-diabetic overweight adults (evidence available) can avoid diabetes with 10% reductions in body weight – and that weight loss may be in range of intensive educational effort for some although not all. But once again, we should not deflect our attention from the necessity for environmental change.

As the authors of the RCT of the childhood obesity program in the UK conclude, such things as access to healthy foods, food pricing as a way of assuring equity, walkability of new residential areas, encouraging reduced serving sizes in all restaurants and takeaway outlets, progressively reducing the colossal and absurd amounts of added sugar and salt in our diet and so forth are an essential backdrop if programs of the sort they implemented and tested are to have a snowflake's chance of success.

Can we not work to achieve community enlightenment with regard to the fact that the origins of obesity are to be found in the commerce and conduct of food supply, the way we build new suburbs, our transport systems and other social infrastructure?

It is essential to recruit many community advocates to convince politicians to act to require that the food industry do more in the provision of healthy products: less salt, less sugar, smaller portions, and greater availability of fresh food.

The effects of these measures will be health-enhancing for the entire community and the net benefits greater than those achieved by beating up individuals who consume too much fat, salt, sugar and alcohol. They are straightforward reversals of how we got ourselves into the obesity mess.

It is a matter of community health literacy. This is well within our grasp. As the late President John Kennedy observed, the problems created by humans can generally be solved by humans – here's our chance for 2018.

Avoid the yellow wood – sulphurous demons live there.

## View the latest research on weight, diet and physical activity in the February 2018 issue of the Australian and New Zealand Journal of Public Health:

[Using appreciative inquiry methodology to develop a weight management program for obese children in New Zealand](#)

[Physical activity coaching by Australian Exercise Physiologists is cost effective for patients referred from general practice](#)

[An assessment of Australian school physical activity and nutrition policies](#)

[Association between adolescents' consumption of total and different types of sugar-sweetened beverages with oral health impacts and weight status](#)

[Characteristics of healthy weight advertisements in three countries](#)

## Australian and New Zealand Journal of Public Health





# Sugary Drinks Proper No Good – Drink More Water Youfla campaign

Apunipima Cape York Health Council

*Remote Aboriginal communities share local water stories to encourage healthier drink choices as part of Sugary Drinks Proper No Good – Drink More Water Youfla campaign*

The [Sugary Drinks Proper No Good – Drink More Water Youfla campaign](#) is a social marketing campaign developed by Apunipima Cape York Health Council with Aboriginal and Torres Strait Islander people of Cape York, Queensland. It aims to help children, young people and adults be more aware of the poor health outcomes associated with consumption of sugary drinks.

A series of videos filmed in the Cape York communities of Mapoon, Napranum and Wujal Wujal are the latest materials to be released. This includes a water story video from each community, and an educational video on sugary drinks with footage from all three communities.

Regular consumption of sugary drinks is a key contributing factor in development of overweight and obesity, high blood pressure, type 2 diabetes, heart disease, and tooth decay for both young people and adults<sup>1-4</sup>.

The campaign materials therefore aim to encourage Cape York community members to rethink their drink choices and choose water or healthier options instead of sugary drinks like soft drinks, fruit drinks and sports drinks. This was emphasised by community voices in the local videos:

*“Soft drink is not good for you; that’s not our culture. We have got to drink a lot of water.”* – Doreen Ball, Elder, Wujal Wujal

*“I just want to encourage my people to drink more water, and less things from the shop like soft drinks, all the sugary drinks, ‘cause we all know it’s no good for us.”* – Geraldine Mamoose, Land & Sea Ranger, Mapoon

One key message of the campaign is that water is the best drink for everyone – it doesn’t have any sugar and keeps our bodies healthy. These are some of the things community leaders and Traditional Owners had to say about water in the local videos:

*“Water is very important for any human race, but for Yalanji it’s a very precious commodity.”* – Desmond Tayley, Mayor, Wujal Wujal

*“Water is the main source of everything.”* – Steve Hall, Thanakwith Elder, Napranum

*“Water to me is probably one of the most important elements of life, and it’s for everyone.”* – Craig Wheeler, Land & Sea Ranger, Mapoon



The water stories not only portray the health benefits of water but also include some reflections on the important cultural aspects of water in Cape York communities.

These latest materials will complement existing campaign materials, which feature former professional rugby league player, Scott Prince, promoting the Sugary Drinks Proper No Good – Drink More Water Youfla messages.

This Cape York campaign is linked to the national Rethink Sugary Drink campaign through Apunipima’s membership of the Rethink Sugary Drinks Alliance. The Alliance (of which PHAA is also a member) aims to raise awareness of the amount of sugar in sugar-sweetened drinks and encourages all Australians to reduce their consumption. Our campaign information and resources can be accessed on the Rethink Sugary Drink website '[Murri Page](#)'.

The Sugary Drinks Proper No Good – Drink More Water Youfla campaign is part of Apunipima’s broader Healthy Communities project, which seeks to engage Aboriginal Shire Councils and key decision makers in creating supportive environments for health and wellbeing, with a focus on healthy drink and smoke-free environments. Visit [our website](#) for more details.

## References:

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# New Resources in Global Health

Dr David Legge, Co-Convenor of the PHAA Political Economy of Health Special Interest Group, Scholar Emeritus in the School of Public Health & Human Biosciences, La Trobe University

Two new resources offer insights and perspectives on global health, equally valuable for MPH students and career public health professionals. Members of PHAA's Political Economy of Health SIG have been involved in both, through the international [People's Health Movement](#) (PHM).

## The WHO Tracker

The [WHO Tracker](#) is a new platform on which to follow discussion and decision in the governing bodies of WHO. The Tracker enables users to review the issues discussed at governing body meetings, follow the debate and the resolutions or decisions coming out of them.

The 70th session of the World Health Assembly (WHA70) which met in Geneva in May 2017 discussed: Health emergencies, Antimicrobial resistance, Access to medicines, Immunisation, NCDs and International chemicals management. The technical reports, the record of debate and decisions, and the PHM commentaries provide a comprehensive window onto global health policy making. These are linked from the Tracker [here](#).

The 142nd session of the WHO Executive Board (EB) meeting from 22-26 January 2018 considered Health emergencies, Polio, Climate change, Access to medicines, NCDs, Snakebite, Physical activity, mHealth, Nutrition and much more. These are all linked from the Tracker [here](#).

The Tracker also has an Item Search function which enables users to search (free text or key words) for particular topics and to follow how specific policy issues have evolved across time. For example, an item search on 'Ebola' ([here](#)) brings up a longitudinal record of the sequence of discussion within the governing bodies.

## Global Health Watch 5

Global Health Watch is the must read resource for alternative perspectives on global health. The fifth edition, launched in December 2017, has keynote chapters on the Sustainable Development Goals; and on the changing structures of global health governance.

The section on 'The Global political and economic architecture' draws links between decisions that impact on health and the current structure of global power relations and global governance. Michael Moore, CEO of PHAA and President, World Federation of Public Health Associations, writes: "[GHW] Offers a courageous and serious assessment, making it compulsory health policy reading."



The section 'Health systems: current issues and debates' looks at contemporary debates on health systems. "[GHW] Addresses the increasingly complex problems affecting the health of populations. It draws attention to the destructive impact of corporate power and to the abuse of technological and scientific developments" says Nila Heredia Miranda, former Minister of Health for Bolivia, and Executive Director of the Andean Health Organisation.

The third section, 'Beyond healthcare', examines the social and structural determinants of health. Nancy Krieger of the Harvard School of Public Health notes that this section brings together "vision, critique, solidarity, and the promise of a collective path towards health equity for the world's peoples. GHW5 makes vivid the connections between social justice and public health".

The final section foregrounds stories of action and resistance, from different regions of the world. Paulo Buss, Director, FIOCRUZ Center for Global Health in Brazil endorses GHW as: "A consistent source of critical information and analysis of health around the world. Terrific for researchers, teachers, students and health activists. The current edition will help the fight for better social, economic and environmental conditions."

The production of GHW5 was coordinated by the People's Health Movement (PHM), Asociacion Latino-americana de Medicina Social (ALAMES), Health Poverty Action, Medico International, Third World Network (TWN) and Medact. Copies can be purchased from: <https://www.zedbooks.net/shop/book/global-health-watch-5/> or from [www.hesperian.org](http://www.hesperian.org).

Previous issues of GHW contain much material which is still current and which can be downloaded from the GHW website. Contents pages and download are here: [GHW4](#), [GHW3](#), [GHW2](#), and [GHW1](#).

# The 4th Global Forum on Human Resources for Health (HRH), Dublin 2017

Madhan Balasubramanian & Stephanie Short, The University of Sydney and Kings College London

*'That further shore is reachable from here' - Seamus Heaney*

We are pleased to report on the the largest ever forum on health workers and global health. The Forum was organised by the World Health Organization, the Global Health Workforce Network, the Irish Government and Trinity College Dublin in November 2017. It was the fourth HRH Forum, following Kampala (2008), Bangkok (2011), and Recife (2013). Each HRH Forum has focussed on the importance of health workers as the backbone of health systems. The 'mantra' of the Dublin Forum was to progress from "advocacy to activism" in investing in the health workforce.

The main objective of the forum was to advance implementation of the United Nations High Level Commission's Health Employment and Economic Growth recommendations towards achieving Universal Health Coverage and Sustainable Development Goals; and the WHO Global Strategy on HRH 2030.

Following completion of the 10 year mandate of the Global Health Workforce Alliance (GHWA) it has transitioned into the Global Health Workforce Network (GHWN), which now operates within the WHO as a global mechanism for multi-sectoral collaboration and dialogue on health workforce policies. Five thematic hubs were introduced as part of the GHWN: (i) Data and Evidence (ii) Labour Market (iii) Education (iv) Leadership (v) and Community-based health workers. These hubs will work with set objectives and activities, and are open for partnerships with educational institutions, community organisations and so on.

Considerable emphasis was placed on the National Health Workforce Accounts (NHWA), urging partners and WHO Member States to consolidate a core set of HRH data with the implementation of the NHWA. It is proposed that data from the NHWA will be linked to the Global Health Observatory, strengthening the availability of data for monitoring and research purposes.

Based on the WHO Global Strategy for HRH 2030, it was considered useful to develop an internationally recognised postgraduate professional programme on HRH policy and planning. This initiative will be the sole focus of the GHWN Leadership Hub. The WHO plans to collaborate with relevant academic institutions and partners with a view to have the course(s) administered by one or more higher education participating institutions on the basis of a syllabus approved by WHO.



The authors at the Forum with their pledge.

A key outcome from the Forum is the proposed setting up of an international fund the Working for Health Multi-Partner Trust Fund (MPTF), mainly to support countries to expand and transform their health workforce. It is expected that this MPTF will "enable partners to pool funding to provide support needed to generate change at the country level".

The intention also is to use the platform to maximize mutual benefits and mitigate adverse effects from the increasing magnitude and complexity of health labour mobility.

## On Reflection

The World Health Organization seems to have strengthened its resolve to further action on the HRH global agenda. Through the five Thematic Hubs this work is likely to be more focused and will hopefully improve engagement with stakeholders, provide quality data and research evidence on HRH, and contribute towards innovations in education and leadership. By stressing the urgency of investing in the health workforce, and the call for immediate action and innovative solutions, we see much-needed support for policy, planning, and research. However, the question remains. How will the status-quo will be challenged and how relevant and applicable will this strategy be to specific health professions and national circumstances, including Australia?

[The Dublin Declaration](#) (click link)



# Increasing immigrant child immunisation rates - the role of health literacy

Majok Wutchok, MPH GDTMH GDPH BSc Nutr, Health Promotion Officer, Western Australian Department of Health



Inarguably, Australia has one of the most sophisticated, advanced and efficient public health systems in the world. Every aspect of health service delivery, including childhood immunisation is readily and easily available to all categories of patients and consumers. However, various scientific studies have indicated that immigrants tend to miss some of the most essential health services.

This development is often attributable to low health literacy among the immigrants. For instance, Fada et al. (2015) in their study noted that parents from developing countries easily believe rumours that vaccination contains deadly substances that are capable of triggering chronic disease. Obviously, such misconception is linkable to poor health literacy which then impacts negatively on parental attitudes toward immunisation.

According to Sanz et al. (2000), health literacy entails people's competence, knowledge and motivation to understand, assess, obtain and apply health information with the major objective of making the right judgements and decisions that are pertinent to healthful living. Health literacy is associated with disease prevention and health promotion. In Australia, the healthy migrant effect is clear and is attributed to various factors like pre-migration selection criteria of host countries, high social capital of migrants and healthy lifestyles in migrants' countries of origin (Biddle et al., 2007). At times, the pre-migration selection criteria can disqualify migrants with existing health conditions under certain circumstances.

Migrants with low levels of health literacy may only seek out Australian health services when they are truly in need of them. They are more likely to avoid services like child immunisation which they may erroneously deem 'non-essential' and highly risky. For example, there remains among many of these groups the belief in the myth that vaccines are the cause of the rising rates of autism in Australia.

Generally, it has been observed that health literacy among migrants is significantly lower than people born in the host country (Shaw et al., 2009). Australia is clearly not an exception, as limitations in health literacy practices have led to lower migrant health literacy in this country.

A study by Garad and Waycott (n.d) revealed that many migrants in Australia exhibit a strong preference for their culture's traditional medicine. According to the authors, many migrants, especially those from China, use the Australian health system for acute illness while their own traditional medicine practitioners are consulted for chronic conditions. The fact that child immunisation is removed from acute illness in this context implies that it is likely to be ignored by migrants as an essential part of one's healthcare. Sadly, low health literacy levels means that many of these people rarely disclose their use of traditional therapies to their general medical practitioner. Indeed, low health literacy has considerable negative impacts on the overall health of migrants, especially those from non-English speaking backgrounds. Such individuals are less likely to understand the implication of not having their child immunised, due not only to their poor health literacy but also as a result of their tendency to experience social isolation in Australia.

The negative effects of low health literacy among migrants in Australia make it necessary for health professionals to address such knowledge deficits proactively. Such measures should focus on disease attribution, safety and ethical concerns, as well as working with NGOs and other organisations that are concerned with migrants' welfare. Such an approach will ultimately enhance health literacy, especially in the areas of compliance, motivation, engagement and accessibility. Australian health professionals should also work with relevant governmental agencies to create more awareness of the need for child immunisation among migrant populations. The employment of bilingual key health personnel in migrant communities as health instructors will be of optimal benefit in such awareness programs.

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# Why students and young professionals often feel like ‘frauds’ – Let’s talk about ‘Imposter Syndrome’

PHAA Student and Young Professionals in Public Health (SYPPH) Committee

Why is it that the more we learn, the more we worry about how much we still don’t know? Why is it so much easier for peers to recognise our success than to own it ourselves? Such feelings are so common that they led to the coining of the term “Imposter Syndrome”. Members of the SYPPH Committee realise that feeling like an imposter or fraud, despite evidence of high achievement, is common among young professionals. Young professionals are not alone though – it can be difficult to recognise our own accomplishments at any stage of our career, see examples below from the wide range of professionals we asked!

***“The problem with the world is that the intelligent people are full of doubts, while the stupid ones are full of confidence” - Charles Bukowski***

## What is imposter syndrome?

You’ve just been accepted to present your research at a conference; you’ve been awarded a prize for your work; you’ve received a scholarship. You’re initially excited and proud of yourself. But then comes the crippling self-doubt and nerves.

***Why me? I’m sure someone else’s work is better than mine. It’s got to be a fluke.***

According to the website '[The Imposter Syndrome](#)' which is dedicated to the topic, imposter syndrome is the nagging feeling you get, telling you that somehow you don’t belong, you haven’t earned your success, and that at any moment you will be exposed. You experience these feelings despite objective evidence to the contrary (an offer to present your work, receiving a prize or an award).

We called on Hugh Kearns, an expert on imposter syndrome, to unravel these feelings for us. We asked Hugh why it is particularly common for students and young professionals to experience these imposter feelings.

“When you move from one role, for example being a student to your first job, or from your first job to another position, you are very likely to experience a severe bout of imposter feeling. You’ve moved from somewhere where you knew how things worked, what was expected of you and you probably did well there. Now you’re in a completely new environment where you have to start all over again, you don’t know how things work and you begin to wonder if you will be able to make it. These



feelings are probably amplified because at the interview you told them you were a quick learner and now here you are asking what you believe to be stupid questions. You think, they’ll be wondering how the quick learner got replaced by this fraud who doesn’t know anything.” Hugh Kearns, co-founder of [Thinkwell](#) and author of [The Imposter Syndrome](#).

## So what can we do about imposter feelings?

Firstly, it is important to acknowledge that imposter feelings are normal, and that you are not alone. We spoke with a range of public health professionals on their experiences with imposter feelings to demonstrate just how common the experience really is.

**Michael Moore, CEO of PHAA, President of WFPHA, awarded an Order of Australia Member (AM) in the General Division**

My own experience has taught me that if I am not feeling a certain amount of ‘stress’, ‘nerves’, ‘uncertainty’, I invariably perform poorly. Harnessing the adrenalin that comes with stress can sharpen the wits and improve performance. Recently I completed a presentation in Beijing on the Global Charter for the Public’s Health and the SDGs in front of an audience of about three thousand. Enough stress to assist performance. I wonder how sharp I would have been had I learnt before the presentation (instead of after) that it was being live-streamed to over a million people!



**Kate Hills, Senior Social Planner of Health and Wellbeing at Mornington Peninsula Shire, 2012 Deakin University Young Alumni of the Year Award recipient**

I find myself contributing to conversations on topics that I don't feel I fully understand or having to make sales pitches about why my work is important. The successes are profound, but can also be outweighed by challenges. Working in this way has definitely led to me experiencing imposter feelings and I have seen colleagues leave the field because of imposter syndrome and a desire for a 'black and white' career. I realised very quickly that while what I learnt at university was valuable, it was more important to have strong interpersonal skills, problem-solving skills, resilience and persistence. I have put work into building my confidence through seeking out mentors, undertaking relevant professional development and practicing mindfulness and positive self-talk. I think we should all embrace the imposter – it helps us to grow!

**Rose Bell, Health Promotion Project Officer at Asthma Australia**

I recently graduated from a Bachelor of Public Health and Health Promotion, and was lucky enough to secure a full time graduate role. I told very few people I had applied, fewer still that I had an interview and didn't celebrate until I had finished my first week in the role, convinced they had made a mistake in hiring me. Even though I'm now quite certain that hiring me wasn't an elaborate joke, the feeling regularly flares up particularly when collaborating with other (more experienced) professionals. However, while I can acknowledge it's normal to feel like this, I think what's important is to not let it stop you from taking on new opportunities. I regularly volunteer to take on additional tasks or learn new skills, but openly communicate with my manager if I need support. I'm fortunate to have colleagues who constantly believe in me more than I do myself, and are always willing to provide feedback or to answer questions. At the very

least we need to remind ourselves that everyone started somewhere, and even the public health legends we're so in awe of probably felt the same way we do at some point in time.

**Hugh Kearns gave us his top three tips for young professionals in managing imposter feelings**

1. Realise that imposter feelings are normal. Almost everybody will feel like an imposter occasionally.
2. Focus on facts. Are you really an imposter? Did you download your degrees off the internet? How likely is it that you have been fooling all these other clever people?
3. Be brave and take action. At the end of the day you face the imposter feelings and get on with things.

Hugh also gave some advice on how mentors can support young professionals who may be experiencing imposter feelings:

"Managers, supervisors and mentors can help younger professionals by talking about the imposter syndrome and describing times when they have felt like an imposter themselves. It's a real eye-opener when someone you admire and who looks super-confident is honest enough to reveal their own doubts and how they deal with them. Mentors can also help by explaining that you don't have to be the world's expert or world-beater on day one. It takes time and experience to develop expertise, so take the pressure off. Allow yourself time to learn, to make mistakes and grow into your role."

***"Mentors can also help by explaining that you don't have to be the world's expert or world-beater on day one."***

**- Hugh Kearns**

## 16th National Immunisation Conference

### Immunisation for all: Gains, gaps and goals

Tuesday 5 to Thursday 7 June 2018  
Adelaide Convention Centre, Adelaide SA

**#NIC2018 | [www.nic2018.com](http://www.nic2018.com)**



# Lessons in public health campaigning from Fertility Week 2017

Louise Johnson, CEO, Victorian Assisted Reproductive Treatment Authority



Since its launch in 2011, the national government-funded public education program *Your Fertility* has run an annual campaign, Fertility Week, to raise awareness about factors affecting an individual's or couple's chance of becoming pregnant and having a healthy baby. The 2017 Fertility Week in particular delivered some important lessons on the multiple elements which together help form a successful public health campaign.

In 2017, Fertility Week explored the effect that endocrine disrupting chemicals (EDCs) - chemicals found in food, everyday products, and the air that we breathe – can have on reproductive health. The selection of this topic was a shift in direction for Fertility Week: it was the first time the campaign had focused on a topic outside of the main fertility factors highlighted on the *Your Fertility* website - age, weight, alcohol, smoking and timing of intercourse.

While the impact of EDCs on fertility had received considerable media coverage overseas, it had attracted little attention in Australia. *Your Fertility* believed this topic would generate considerable interest in the media. As a result, the campaign shifted its recent strategy of promoting messages primarily through Facebook advertising to targeting traditional media.

The decision proved effective: the subject was widely covered via print, online and broadcast outlets, reaching more than 72 million individuals through more than 55 media interviews and articles.

However, the campaigns success was not simply the result of a newsworthy topic. Other factors that influenced its reach were:

- Targeting individual journalists and publications in advance of the campaign.
- Using AAP's audio news release service which distributed sound bites to small radio stations around the country. AAP's general news release service was also used.

- Releasing a review of research on the subject during Fertility Week. This publication provided a news hook onto which journalists could hang their stories.
- Working with an expert. Dr Mark Green, Senior Lecturer in Reproductive Biology at the University of Melbourne, made himself available for numerous interviews. His involvement gave an immediate stamp of scientific credibility to the new material.
- Working with Melbourne University's media and communications units. The university's extensive resources and connections helped expand message delivery as well as capture data on audience reach.
- Having a case study available for interview.
- Providing articles to a range of health, academic and parenting publications in the lead-up to and following the campaign.

Social media platforms continued to be employed to promote key messages, with an increased emphasis on Instagram. A number of graphics were commissioned for use on social media and three videos were produced. These videos were widely utilised in *Your Fertility*'s social media marketing and included in some media stories for illustrative purposes.

For *Your Fertility*, the campaign provided a useful insight into how an innovative combination of traditional and new media approaches can result in wider audience reach.

*Your Fertility is a national public education program funded by the Australian Government Department of Health and the Victorian Government Department of Health and Human Services. Your Fertility is run by the Victorian Assisted Reproductive Treatment Authority (lead agency), the Robinson Research Institute, Andrology Australia, and the Jean Hailes Research Unit. For more information about Fertility Week and Your Fertility visit [www.yourfertility.org.au](http://www.yourfertility.org.au)*

Louise Johnson is CEO of the [Victorian Assisted Reproductive Treatment Authority](http://www.vart.vic.gov.au) and spokesperson for the Fertility Coalition, which runs the *Your Fertility* program and provides advice about the best way for people to optimise their fertility. She is also the mother of two grown-up sons.

# Australian breastfeeding policies and programs - how do they measure up globally?

Naomi Hull RN, IBCLC, MPH (Nutrition), PHAA Member

There is consensus from leading authorities, particularly health authorities, that breastfeeding is important for optimal health and economic outcomes. However, there is a lack of political will to protect, promote and support breastfeeding, especially in high-income countries.

In September 2017 a group of passionate advocates, health professionals, academics and NGO representatives, including the PHAA, gathered together for a '[Gender Responsive Budgeting and Breastfeeding](#)' workshop at the Australian National University. They were joined by Dr. Shoba Suri from the International Baby Food Action Network (IBFAN) Asia and Breastfeeding Promotion Network India (BPNI), who presented the World Breastfeeding Trends initiative (WBTi) assessment tool information.

There was much enthusiasm and concern as to why this assessment has been carried out in 84 countries but not yet in Australia, and from there a core group was formed. This core group has undertaken the task of assessing how Australia's policies and programs in infant feeding measure up against the [Global Strategy for Infant and Young Child Feeding](#). The Global Strategy was designed as a guide for nations to increase their breastfeeding rates and duration. The global goal is for 50% of babies to be exclusively breastfed for 6 months. The most recent data in Australia (from the [2010 National Infant Feeding Survey by the AIHW](#)) tells us that we only achieve around 15% exclusively breastfed for less than 6 months.

The WBTi tool is made up of 15 indicators in total. Each indicator has a score of 10, meaning the country ends up with a score out of 150. You can have a closer look at each indicator in the Assessment Tool [here](#).



Pictured: Some of the WBTi team

The assessment is then used to highlight gaps, and to formulate recommendations for improvements and a platform for action. A reassessment can be carried out in three to five years.

The results are then uploaded into a web-based toolkit, and a report card generated. The results then form a data bank of the state of policies and programs on breastfeeding and infant and young child feeding (IYCF) around the world. Currently there is data on 84 countries, including the USA and the UK (WBTi, 2017, Country Information). You can have a look at the global rankings and each country's individual scores for each indicator [here](#).

It is important that this assessment is a collaboration between clinicians, academics, NGOs, government and other relevant stakeholders. The WBTi team is happy to have the support of the Public Health Association of Australia throughout this time. The aim is to have Australia's report card completed by April 2018 and launch our hard copy report during World Breastfeeding Week in August 2018. Stay tuned!

For more information please email the Australian co-ordinator Naomi Hull at [wbtiaus@gmail.com](mailto:wbtiaus@gmail.com)

You can also follow along via our blog [www.wbtiaus.com](http://www.wbtiaus.com) or by liking our [Facebook page](#).

Part-I deals with policy and programmes (indicator 1-10)	Part -II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none"> <li>1. National Policy, Programme and Coordination</li> <li>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li> <li>3. Implementation of the International Code of Marketing of Breastmilk Substitutes</li> <li>4. Maternity Protection</li> <li>5. Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li> <li>6. Mother Support and Community Outreach</li> <li>7. Information Support</li> <li>8. Infant Feeding and HIV</li> <li>9. Infant Feeding during Emergencies</li> <li>10. Mechanisms of Monitoring and Evaluation System</li> </ol>	<ol style="list-style-type: none"> <li>11. Early Initiation of Breastfeeding</li> <li>12. Exclusive breastfeeding</li> <li>13. Median duration of breastfeeding</li> <li>14. Bottle feeding</li> <li>15. Complementary feeding</li> </ol>



# Australia's longest running regular survey of lesbian, bisexual and queer women's health

Dr Julie Mooney-Somers, Senior Lecturer, School of Public Health, University of Sydney

Every two years since 1996 the SWASH survey has been asking lesbian, bisexual and queer women in Sydney about their sexual health, mental health, experiences of violence and abuse, tobacco and drug use, alcohol consumption, and health service engagement. In 2010, the survey started running biennially in Perth (as WWASH). Data collection for 2018 will take place during Sydney's LGBTI Mardi Gras events in February, at Lismore Women's Festival events in March and online throughout March.

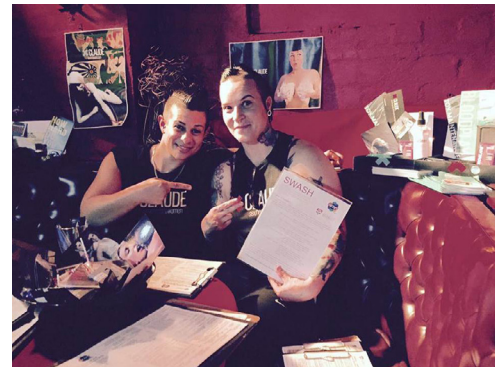


SWASH began as a collaboration between researchers (including Juliet Richters and Garret Prestage) and community health workers at the then AIDS Council of NSW. [ACON](#) is now Australia's largest LGBTI health promotion organisation. Since 2009, Julie Mooney-Somers and Rachel Deacon at the University of Sydney have been the lead researchers.

SWASH has always been a community-driven and community-engaged project. For each iteration we review the survey topics and check the cultural safety of our language with health promotion workers and community advocates at ACON, recruitment is undertaken by peer workers, and we translate the findings via short community reports and community forums.

Across its lifetime, SWASH has provided the most comprehensive data on LBQ women's health in Australia. In particular, it has been a vital evidence base for LGBTI organisations such as ACON to understand the health needs of their communities and develop and deliver interventions for parts of the population that are often not engaged by mainstream messaging or organisations.

Analysis of SWASH surveys in the early 2000s indicated that lesbian, bisexual and queer women's use of latex dams and gloves barriers was low (Richters, Prestage, Schneider, Clayton, 2010). SWASH analysis demonstrated that Pap smear screening rates were better than expected given evidence of misinformation that LBQ women are not at risk of cervical cancer and overseas evidence of lower access. However, LBQ women were significantly less likely to be screened if they had no history of sex with men, had never had an STI test, or were not out to a regular GP (Douglas, Deacon, Mooney-Somers, 2015).



Images supplied by ACON feature survey recruiters at events during the 2016 Mardi Gras period.

Analysis of smoking data across 10 years revealed that LBQ women were smoking at twice the rate of their heterosexual peers and rates were declining only very slowly; close to half of young LBQ women respondents smoked (Deacon, Mooney-Somers, 2017). This data was the impetus for a Cancer Institute of NSW Evidence to Practice grant that subsequently produced the innovative "[Smoke Free Still Fierce](#)" smoking cessation campaign. We are beginning to look at 20 years of illicit drug use data and recent data on contexts of drug use and help seeking to better understand how to respond to LBQ women's substance use needs.

Find out more about SWASH (and WWASH) by contacting [Julie.MooneySomers@sydney.edu.au](mailto:Julie.MooneySomers@sydney.edu.au) or check out all out the SWASH/WWASH outputs [here](#)

# Report on the ASHM Australasian Sexual Health Conference

Anisa Assifi



In November last year, as a recipient of the PHAA Women's Health Special Interest Group scholarship, I had the opportunity to attend the 2017 Australasian Sexual Health Conference held by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) in Canberra. It was an opportunity to hear from researchers whose names I have known for years and to learn about the latest research occurring around Australia.

The conference was extremely relevant to my doctoral research project which focuses on abortion access and women. Of particular interest were the presentations on adolescent and sexual health, and the symposiums on reproductive health for young people and abortion provided new and interesting information on the latest research taking place in the region.

What I took away from the sessions was information on the current abortion legislation in Australia, and the implementation of medical termination of pregnancy (MTOP) services and research around it that has been taking place, especially in Victoria. It was interesting to hear how services are striving to make abortion procedures more accessible, especially in rural and

regional areas of the country, and how services are assisting in improving women's access to health care. I also had the opportunity to talk to other researchers in the abortion field about their work and the data they are collecting in Australia.

Other personal highlights from the conference were hearing plenary speaker Professor Christopher Fairley discuss the challenges and opportunities in sexual health from his own personal experience, and Simon Blake's talk about sexual health and young people which highlighted the "absolute universality of diversity". I also enjoyed hearing presentations by Katie Fitzpatrick on sexuality education in New Zealand reforming the curriculum policy, and Jane Tomnay on medical termination of pregnancy services implemented in Wodonga, Victoria.

## Women's Health SIG

The PHAA Women's Health SIG aims to influence policy development to advance women's health and the public health research that informs policy and programs. We promote understanding of the social model of health and how gender determines health. Using human rights and feminist approaches, we advocate for improving women's health in Australia, as well as working to promote women's health globally, often with other PHAA SIGs. A feminist and human rights approach recognises that women may experience injustice based on their sex/gender, and that these injustices may also occur on a systemic level through public policy processes.

If you're interested in joining, please email Co-Convenor Dr Angela Dawson at [angela.dawson@uts.edu.au](mailto:angela.dawson@uts.edu.au) or email [phaa@phaa.net.au](mailto:phaa@phaa.net.au)

## Public Health Prevention Conference

*We can do more and we must*

Wednesday 2 to Friday 4 May, 2018  
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# PHAA Welcomes New Members

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Tim Woodruff VIC

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Pip Brennan WA

Kylie Stephens VIC

Timothy Kariotis VIC

Karen Salter SA

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Sami Mushta

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Erica Reeve NSW

Fariha Salman Punjab

Jasmine Angus TAS

Lidia Mayner SA

Pamela Adelson SA

May Na Erng QLD

Jane Taylor QLD

Alanna Sincovich SA

Shugufa Noor SA

Julie Mooney-Somers NSW

Xinyue Wang SA

Sara Deroy NSW

Maureen Ude NSW

Kate Young VIC

Helen Berry ACT

Ariel McKay NSW

Amalie Dyda NSW

Veronique Roussy VIC

Kaley Butten QLD

John Turahui NSW

Giulia Fabris ACT

Lesley Marshall NSW

Katherine Mcinroy NSW

Megan Du-Pont VIC

Irene Sangadi NSW

Inger Elin Turnbull WA

Victoria Boden QLD

Francy Vargas NSW

Blessing Akombi NSW

Eileen Goldberg NSW

Vanessa Lee NSW

Geraldine Dean

Stefi Dianne Nicer VIC

Kim McCreanor WA

Cecilia Li NSW

Rebecca Ivers NSW

Melinda Edmunds

Zeel Patel VIC

Adam Delaine NT

Shazia Huq NSW

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If further information is required please contact PHAA via email: [communications@phaa.net.au](mailto:communications@phaa.net.au)

Email and Webpage adverts  
[email@phaa.net.au](mailto:email@phaa.net.au)

For more information  
[click here](#)

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## How to join PHAA

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email: [phaa@phaa.net.au](mailto:phaa@phaa.net.au)

twitter: [@ PHAA](https://twitter.com/PHAAS)

# Membership Benefits

## Benefits of Individual Membership

- Online access to the Australian and New Zealand Journal of Public Health, Australia's premier public health publication, with reduced rates for author publication charges.
- The PHAA e-newsletter intouch and other electronic mailings and updates
- The right to vote and hold office in PHAA
- Opportunity to join up to 17 national Special Interest Groups (SIGs) (fees apply)
- Access to State/Territory branch events and professional development opportunities
- Reduction in fees to the PHAA annual conference and other various special interest conferences
- Access to PHAA forums and input into developing policies
- Access to emailed list of public health job vacancies
- Networking and mentoring through access to senior public health professionals at branch meetings, as well as through SIGs and at conferences and seminars
- Eligibility to apply for various scholarships and awards
- The ability to participate in, benefit from, or suggest and promote public health advocacy programs

## Additional Benefits of Organisational Membership\*

Up to two staff members may attend PHAA Annual Conference and special interest conferences, workshops and seminars at the reduced member registration rate

Discounted rates for advertising or for placing inserts in our current publications intouch and the Australian & New Zealand Journal of Public Health (does not apply to job vacancies and event promotional e-campaigns)

\* All of the benefits of individual membership also apply to the nominated representative for the organisation.

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