

**December 2014**

# Update

*Newsletter of the Australian Health Promotion Association*

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# From the President

Gemma Crawford

By any estimation, 2014 has been a big year for our Association and health promotion more broadly.

A tough federal budget saw the closure of ANPHA, the abolishment of Health Workforce Australia, cessation of National Partnership Agreement – Preventive Health, reduced contribution to the WHO, proposed replacement of Medicare Locals with Primary Health Networks and the recommendation of a controversial GP co-payment. The Association commended small wins in the budget for health, but asked that they not come at the cost of the health of those most vulnerable. Strategic leadership and action will be required to enhance health equity in Australia over the coming decades. On the topic of health equity AHPA was delighted to co-host the 'Equity @ the Centre: Action on Social Determinants of Health' Conference. The conference provided an opportunity to shine a spotlight on the social determinants of health and reaffirm our commitment to equity which must underpin contemporary health promotion, prevention and comprehensive primary health care.

Our new strategic and operational plan will guide our work in to 2015 across issues including: a new business plan, website redevelopment, social media, the 2015 Population Health Congress, the AHPA 2016 conference, a timeline for professionalisation, and an agenda for advocacy. We will also focus on increasing Aboriginal and Torres Strait Islander members and the development of a Reconciliation Action Plan, better engagement of senior members, continuing to improve the status of the journal and clearer communication with members and branches. Our branches are the arms and legs of our association and they work incredibly hard to provide members with a range of activities to support health promotion practitioners and health promotion practice.

The Association conducted a range of advocacy activities throughout the year including: submissions to the Senate Committee on Health, the ANPHA Abolition Bill 2014, the Competition Policy Review, the National Commission of Audit, review of the Medicare Locals; letter of concern to MPs about 2014 Federal Budget cuts; commentary on Budget 2014; participation in the Senate Community Affairs Committee hearing in relation to the ANPHA Abolition Bill; and participation in activities around the Trans-Pacific Partnership Agreement. We also supported a range of initiatives including: Croakey, CAHA and the SDoHA, and supported conference bids for the World Congress on Public Health and the 22nd International Epidemiological Association (IEA) World Congress of Epidemiology.

At this time of year it is important to highlight that AHPA is staffed almost entirely by volunteers, receives no government funding and exists because of the contribution of members and supporters. A quick back of the envelope calculation based on at least one hour of time given by each Board member, committee member, branch member, ex-officio, student or contributor means around 8,000-10,000 hours of service. This is a low estimate as we know that in fact most people who contribute to the Association give significantly more time to ensure that our mission and vision are achieved. This equates to more than a quarter of a million dollars in economic value. So to all of our volunteers for the many ways and many days you contribute to make health promotion a priority in Australia, in the immortal words of the Bard, "I can no other answer make but thanks, and thanks, and ever thanks".

On behalf of the Board, enjoy the festive season, please stay safe and take some time to reflect on the year that was and look forward to the year that will be.

I leave you with words from Dr Suess, where Christmas just may be a metaphor for the often quiet health promotion in Australia.

*The Grinch HADN'T stopped Christmas from coming! IT CAME!*

*Somehow or other, it came just the same!*

*And the Grinch, with his grinch-feet ice-cold in the snow,*

*Stood puzzling and puzzling: "How could it be so?"*

*"It came without ribbons! It came without tags!"*

*"It came without packages, boxes or bags!"*

*And he puzzled three hours, till his puzzler was sore.*

*Then the Grinch thought of something he hadn't before!*

*"Maybe Christmas," he thought, "doesn't come from a store."*

*"Maybe Christmas...perhaps...means a little bit more!"*

Here's to you all for the work that you do. See you in 2015.

# Reports from recipients of a scholarship to attend AHPA's 22<sup>nd</sup> conference, equity in the centre: action on the social determinants of health held in September 2014 in Alice.

*[Note: the views expressed by the scholarship recipients are theirs and not necessarily those of AHPA]*

## 1. From Asha Singh, WA

Alice Springs, known as Mparntwe by the local Arrernte people, was the perfect setting for the 22nd National Australian Health Promotion Association conference and the 18th National Chronic Disease conference, titled 'Equity @ the Centre'. Over two days health professionals from across the country called for action on the social determinants of health.

Day 1 kicked off with an incredible presentation by Professor Sharon Friel titled Politics, Power and People: A Game Plan for Health Equity in the 21st Century. As part of the 'game plan' to achieve health equity Professor Friel encouraged health professionals to keep hold of the goal by ensuring that equity is at the centre of our work, and called on all health services to consider their work with an equity lens. Professor Friel also discussed comprehensive vs selective determinants of health, a theme which was also echoed by Pat Anderson/Mary Guthrie during the Eberhard Wenzel Oration. Pat Anderson stated that it is unacceptable that some social determinants of health are acknowledged, while others are politely ignored and called for action to address the issues of control and empowerment. Similarly Professor Friel suggested we need to tackle the unequal distribution of power,

resources and money as part of our crusade to address the social determinates of health.

Other highlights from day one included a keynote presentation by Shelley Bowen, showcasing Healthy Together Victoria, a Systems Approach to health promotion. She encouraged health promotion professionals and agencies to build systems rather than projects, move from expert lead to community lead, called for implementation and improvement and thus a move from 'best practice' to 'next practice'.

A presentation by Paul Pholeros of HealthHabitat further emphasised the value of addressing the social determinants of health and the value of empowering local people, by showcasing the work of HealthHabitat in remote Aboriginal communities, South Africa, New York and also in Papua New Guinea, Nepal and Bangladesh. If you would like to learn more about the work of this organisation a TED talk is available at [www.ted.com/talks/paul\\_pholeros\\_how\\_to\\_reduce\\_poverty\\_fix\\_homes#t-74073](http://www.ted.com/talks/paul_pholeros_how_to_reduce_poverty_fix_homes#t-74073)

The much anticipated conference dinner was the final event of day one, where delegates were entertained by renowned Aboriginal comedian Sean Choolburra.

Day 2 of the conference included numerous informative and inspiring keynote presentations. A presentation by Martin Laverty, immediate past Chair of the Social Determinants of Health Alliance, emphasised that "equity is not just about fairness, it's an asset" and discussed the economic benefits of social justice. Mr Laverty also highlighted the fact that the Canadian Medical Association have acknowledged poverty as one of the biggest challenges to health improvements and as a result GPs now screen all patients for poverty.

Presentations by Associate Professor Kerry Taylor and Dr Anne Lowell in conjunction with Dr Lawurrpa Maypilama and Rosemary Gundjarranbuy discussed language as a social determinant of health. These presentations highlighted that the lack of health information available in local languages has significant implications on health and thus emphasised the need for language

training, as a minimum, for non-Aboriginal health professionals working in Aboriginal and Torres Strait Islander communities.

This year's conference also increased the focus on engaging delegates through the use of social media. The #Equity14 hashtag was widely used by delegates, which positively impacted engagement with the presentations and provided a great avenue to hear other delegate's thoughts and key take home messages. In particular the ability to use the hashtag to ask questions of the panel was a great new addition.

Stretching breaks were also a feature of the conference and were positively received! Similarly, in future conferences, it would also be great to see the provision of standing desks at the back of the room which delegates can utilise without compromising their ability to take notes!

It was a pleasure and a privilege to be able to attend this event and I would sincerely like to thank the Australian Health Promotion Association for the opportunity to attend. The learnings from this conference will continue to positively influence my work as a health promotion professional into the future.

## 2. From Jacquie Maginnes, Tasmania

Equity @ the Centre conference was a powerful event, one of the best health promotion conferences I have attended. Equity, partnerships, and social determinants of health were the focus and many times I was reminded of the reality.

Beginning with the Welcome to Country so beautifully delivered by a member of the Arrernte people the message was strongly linked to the SDOH. It was explained how the life of indigenous people thrived around their water holes Our songs brought water and water makes us healthy but now our water has been turned off and we need to learn the songs again.

During the introduction to the conference from the presidents and chair of AHPA and the Chronic Disease Network our attention was drawn to the tremendous value of partnerships. We were told how the organisations would have found it

almost impossible to run such an event alone but together they had the capacity to run this conference and they also learned a great deal about each other and running events. That we are in very challenging times was also a strong flavour of the conference.

A fair go for health? Not at the moment the title of the keynote by Sharon Friel, Professor of Health Equity at the Australian National University, made a strong case for the inequities in everyday living, and emphasised a need to keep hold of the goal – ie being a well-resourced and effective primary health system. A primary health system requires change in the socioeconomic status of communities, distribution of resources, and an emphasis on basic health services. This is not the current disease focused selective model that is currently popular with governments. She spoke about having a game plan to challenge this system of inequity.

The points that stayed with me included:

- keep hold of the goal – equity at the centre of everything so use an equity lens to evaluate services
- we have all the power we need, it just needs to be released, and
- disrupt the system, ask questions, collaborate for collective impact, and create a culture of transformation and experimentation to make it safe to fail.

Sharon also encouraged us to question government's emphasis on cutting social programs at a time when citizens need them the most. She recommended we all read *The Body Economic – why austerity kills* by David Stuckler and Sanjay Basu.

Paul Pholeros, Director of Healthhabitat – showed how good housing has a huge impact on the health of the people. The principles are well known; involve the community for immediate results – this is really effective. Also arts integrates with the program as a health education tool, sharing information about how the project works so that other communities can understand what would be involved to join the program. <http://www.healthhabitat.com/>

The overall conference was practical and inspiring, with on the ground examples of health promotion in action full of partnerships engaging communities. It was also clear that inequity is a powerful influence in Australia and particularly in respect to indigenous communities. I learned about the complexity of supporting Aboriginal people to take control of their own health and wellbeing when Australia is such an isolated and large continent. Small examples of the difficulties in communication and language, trust and respect also showed me that a non-indigenous health system needs to change. There is an urgent need to train more indigenous health workers, support them to work in their communities but most importantly, support the community to build adequate housing suited to the environmental conditions. We need provision of practical support to create services that are needed, access to food, and water, develop small business, and importantly to build the cultural strengths of communities. These are things that white Australia takes for granted and are basic human rights.

Finally the challenge issued by Martin Laverty in his presentation as immediate past Chair of the Social Determinants of Health Alliance, was to maintain a focus on improving equity, building a sustainable primary health system and addressing the social determinants of health through collaboration for a collective impact. We can no longer afford to be working independently – our collective strong voice is needed.

I 'dipped my toes' into the social media sea and got cold feet, I think I need to learn to swim properly first and then I may appreciate the value of the medium and maybe learn to 'surf'.

Thankyou very much to AHPA for the opportunity to go to the first conference in some time, it was a treat. I came home inspired, met some great health promoters and made contacts with people working with the arts and health through a small meeting organised at the conference. There are exciting times ahead. Our Tassie branch is looking forward to showcasing the amazing arts and health activities in 2015 at the Congress if given the opportunity.

### 3. From King Odor, Victoria

I was privileged to be part of this great event - the joint 22nd National Australia Health Promotion Association Conference and 18th Chronic Diseases Network Conference in Alice Springs. The theme: Equity @ the Centre: Action Determinant of health is crucial to social determinant of health. It was really a great opportunity to network with health promotion professional colleagues from within Australia and share experiences as well as learn from one another.

Although the conference has come and gone, the legacies still linger in my thought, imagination and professional profile. Of particular interest for me was learning about the the health needs and challenges facing the Aboriginal and Torres Strait Islanders.

The important experiences I have thought to remember from the conference include:

1. The missing social determinant delivered by Mary Guthrie, the general manager, policy and project of the Lowitja Institute, caught my interest because it emphasised that Aboriginal health requires a holistic integration. For instance, she criticised the idea of health policy planners and implementers of the adoption of housing today, education tomorrow and health the next, according to her they should be holistically integrated. Another area of interest for me was that social exclusion and racism which she maintained is very common in Australia especially within the Aboriginal communities, due to the fact that it is associated with poor health such as distress, psychological defect, alcoholism, drug misuse and most importantly isolation. She drew attention to the need to close the gap between Aboriginal and non-aboriginal Australians.

2. The power of language as a determinant of health by Associate Professor Kerry Taylor. Kerry quoted 'Our people are dying because we cannot understand what doctors are saying to them.' This is further corroborated by the Aboriginal presentation on: Communication and collaboration in Indigenous health education by Dr Anne Lowell, Dr Lawurpa Maypilama and Rosemary Gundjarranbuy. They highlighted:

- Strengthening communication and education strategies for indigenous health development. The aboriginal people for instance need true story about their health condition from health care workers particularly doctors and nurses, instead according to them, poor communication has been the major problem devastating aboriginal health condition
- Health workers and experts are not using the local content in treatment and management of indigenous health, therefore communication fails because the health staff are not effectively communicating well with the people. For example some words used have other meanings e.g. cheeky, deadly, shame, sorry, worry, etc. whereas, Aboriginalised English e.g. Kapiti, meditjina, mutikayi



King Odor (left) with the Conference dinner entertainer, Sean Cholburra. My gratitude goes to the current leadership of APHA and CDN for providing such an opportunity. This has broadened the scope of my health promotion knowledge especially the gap in indigenous health promotion. As a HDR candidature I would integrate the learning outcomes in my PhD research which is currently ongoing.

#### 4. From Sarah Dossetor NSW

As a student studying health promotion, I have a general theoretical knowledge but this conference extended and broadened my health promotion knowledge as well as giving me the opportunity to talk to a lot of different people from around the country who work in the area of health promotion and health. I gained insight to what they do, and also enquired in to how each person came to be in that position. This has given me ideas in how I can become employed in the health promotion industry.

It was extremely fitting to have Alice Springs as the conference location with the conference theme of Equity at the Centre. I thoroughly enjoyed Sharon Friel's presentation about Politics, power and people. It reinforced what I had learnt at university on the important role governments have in addressing the social determinants of health in an equitable way. One example she gave was that the government is trying to force young people in to being employed in any job at any cost. However this is not good enough as these people can be worse off if they are employed in jobs with poor conditions which can lead to health problems such as sickness and depression.

Shelley Bowen's presentation also described the importance of governments in addressing equity. This could be achieved by using a systems approach as they used in Healthy Together Victoria. Paul

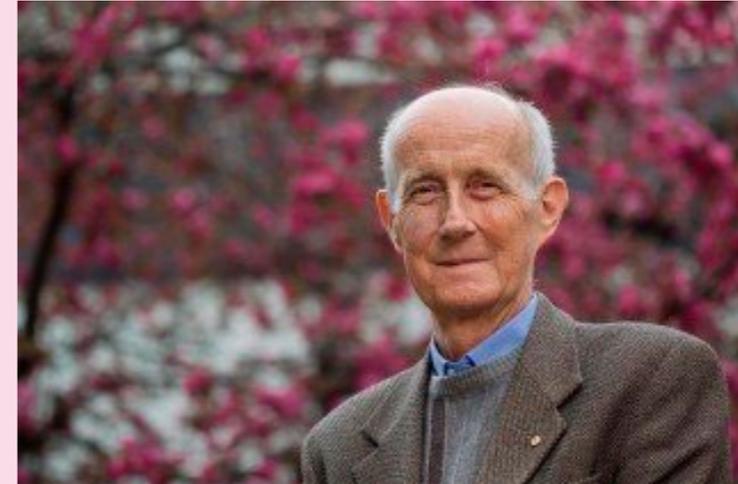
Martin Laverty gave a very interesting and engaging presentation about placing a cost on 'equity' and the urgent need to change the structures of power in our country in order to address inequity. He referred to the Canadian practice where the GPs screen for poverty in doctors surgeries and that this would be a good practice to adopt in Australia.

Before the conference I made an effort to read the Facebook page for Equity at the Centre and comment and share posts from the page. I do not have Twitter and thought about creating an account for the conference but decided against it as did not want to add another social media application to my already busy cyber world.

However in hindsight I think I probably should have created an account as a lot of conversation was happening on Twitter compared to a few posts on Facebook. Oral as well as poster presentations gave me insight in to the value of using technology to disseminate health information and access health promotion programs. Younger generations in particular show more enthusiasm in accessing health information when it is done in a new age way. It also provides greater privacy for people who would otherwise not seek information on sensitive health issues.

My five day visit was enough to make me fall in love with the Northern Territory, and create a goal to move up there one day. I am hoping to complete the Transition from RN to Remote Area Nursing program through Flinders University which I was advised will be open to enrol in next year. From the conference I learnt about the great importance of having Indigenous health practitioners in the health workforce. It is also paramount that non-Indigenous health workers like myself have a knowledge of cultural and language differences in and between Indigenous groups in different areas. I found the presentation by Dr Anne Lowell, Dr Laurrpa Maypilama and Ms Rosemary Gundjarranbuy to be extremely interesting and engaging. Before starting my masters I worked as a Registered Nurse and working at a clinic we would often label patients as 'uncompliant'. However from my course and through listening to their presentation it has completely changed my ideas as to the notion of being 'uncompliant'. It was fascinating that through their study they found that the majority of Aboriginal people were not accessing health care as there was a lack of understanding and information giving between health care workers and Indigenous people.

I am very thankful to have had the opportunity to receive the scholarship from the Australian Health Promotion Association. It was an experience I will always remember and hopefully creates opportunities for me to become a part of the health promotion workforce.



#### Tribute to Professor Tony McMichael – a world's public health champion dies

Professor Emeritus of Population Health at the ANU, Prof McMichael died early on Friday 26 September at Canberra Hospital, following complications related to influenza and pneumonia. He was 71.

Colleagues have described him as a giant of public health, an eminent scientist, a generous mentor and a visionary leader. A sad loss to public health in general and an even greater loss to the field of climate change and health.

Prof Mc Michael shared his knowledge and expertise at many of our conferences. He leaves a huge gap ...

Croakey pays tribute to Professor Tony McMichael at <http://blogs.crikey.com.au/croakey/2014/09/27/paying-tribute-to-professor-tony-mcmichael-one-of-the-worlds-public-health-champions/>

# For the toolbox

Compiled by **Suzanne Gleeson**

## Monitoring health inequality: An essential step for achieving health equity

**New Chapter:** [Environmental sustainability and climate change](#)  
**March 2014**

This booklet communicates fundamental concepts about the importance of health inequality monitoring, using text, figures, maps and videos. Following a brief summary of main messages, four general principles pertaining to health inequalities are highlighted:

1. health inequalities are widespread
2. health inequality is multidimensional
3. benchmarking puts changes in inequality in context and
4. health inequalities inform policy

Download the booklet [here!](#)

[http://apps.who.int/iris/bitstream/10665/133849/1/WHO\\_FWC\\_GER\\_2014.1\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/133849/1/WHO_FWC_GER_2014.1_eng.pdf?ua=1)

The accompanying video clips illustrate fundamental concepts of monitoring health inequality.

Available from: [http://www.who.int/gho/health\\_equity/videos/en/](http://www.who.int/gho/health_equity/videos/en/)

For other products on the topic of health inequality monitoring, please visit [www.who.int/gho/health\\_equity/en/](http://www.who.int/gho/health_equity/en/)

## Income and wealth inequality in Australia

*David Richardson and Richard Denniss AIS*

<http://www.tai.org.au/content/income-and-wealth-inequality-australia>

Inequality between those with the most and those with the least is rising in Australia.

Australia is one of the wealthiest countries in the world, but there are many people in our society who are falling behind... The top 20 per cent of people have five times more income than the bottom 20 per cent, and hold 71 times more wealth. Perhaps the gap between those with the most and those with the least is most starkly highlighted by the fact that the richest seven individuals in Australia hold more wealth than 1.73 million households in the bottom 20 per cent.

## You can't walk or bike yourself out of the health effects of poverty: Active school transport, child obesity, and blind spots in the public health literature.

*Claudia Chaufan, Jarmin Yeh, Leslie Ross and Patrick Fox Critical Public Health: 2014*

<http://www.tandfonline.com/doi/abs/10.1080/09581596.2014.920078#preview>

The researchers propose that while environmental changes may improve the health of the poor, the only effective way to improve child health and reduce child obesity is to eliminate or dramatically reduce child poverty, a sociopolitical issue. This study is part of a larger project evaluating socio-political determinants of child health.

## Happiness at Work ... 5 Simple Office Policies in Danish workplaces that make it happen.

<http://www.fastcoexist.com/3029110/5-simple-office-policies-that-make-danish-workers-way-more-happy-than-americans>

Danes often top the happiness at work lists. This article compares Danes and Americans but there are lots of lesson for Australian workplaces to learn from the Danish workplace policies. Visit this site and check out what makes a difference..

## Ideological and organizational components of differing public health strategies for addressing the social determinants of health

*Dennis Raphael; Julia Brassolotto; Navindra Baldeo Health Promotion International 2014*

<http://heapro.oxfordjournals.org/content/early/2014/04/15/heapro.dau022.abstract?keytype=ref&ijkey=IAjzeNrCzL7meYa>

The purpose of this study was to gain insight into the key features responsible for differences in SDH-related activities among local PHUs. We interviewed Medical Officers of Health (MOH) and key staff members from nine local PHUs in Ontario varying in SDH activity as to their understandings of the SDH, public health's role in addressing the SDH, and their units' SDH-related activities. We also reviewed their unit's documents and their organizational structures in relation to acting on the SDH. ... The two key factors that differentiate PHUs are specific ideological commitments held by MOHs and staff and the organizational structures established to carry out SDH-related activities.

## Public health in times of austerity.

*Bettina Borisch*

*Journal of Public Health Policy (2014) 35, 249–257. doi:10.1057/jphp.2014.7*

'This article reviews the effect that economic crises, specifically the recent global financial crisis, has on individual and population health. While health system reforms may be beneficial for inefficient healthcare systems, they also usually affect public health.'

<http://www.palgrave-journals.com/jphp/journal/v35/n2/full/jphp20147a.html>

## GLOBAL HEALTH WATCH 4

Alternative World Health Report, released. It underlines the need to reorient global governance, build public health systems

<http://www.ghwatch.org/ghw4>

## HIV and Mobility in Australia: Road Map for Action

<http://siren.org.au/hivandmobility/>

HIV and Mobility: Road Map for Action presents five key action areas for HIV and mobility issues in Australia. The report shines a spotlight on the context and types of mobility, differences in HIV diagnoses across Australia relating to migrant and mobile populations and the need for more targeted and nuanced responses.

# Events and conferences

2015

## Many Voices – One Vision 3rd Population Health Congress

6–9 September 2015  
Hotel Grand Chancellor Hobart Tasmania

Joint Conference of the Australian Health Promotion Association, Public Health Association Australia, Australasian Epidemiological Association and the Australasian Faculty Public Health Medicine.

[Abstract are now open](#)

## Liveable Cities for the Futures 8th Making Cities Livable Conference

6–7 July 2015  
Hilton on the Park Melbourne

<http://healthycities.com.au/index.html>

## 50 Years of Dental Therapy Practice in Australia

The Australian dental and Oral Health Therapists Association's 4th ADOHTA International Conference

10–12 September 2015  
Hilton on the Park Melbourne

<https://custom.cvent.com/B2C7DD228FFE418EB8D5CEDoDEB4D1A1/files/event/89B2C20B744543EB8DD550A0177ACFC3/a71cof09b8d449ae99a46d39c78be774.pdf>

## The Australian Long-Term Unemployment Conference

The Conference is an initiative of the Australia and New Zealand Mental Health Association, a 'not-for-profit' organisation

9–10 November 2015  
Hilton on the Park Melbourne

<http://longtermunemployment.org.au/>



## Population Health Congress 2015

Hotel Grand Chancellor, Hobart, Australia  
6 – 9 September 2015

One Vision, Many Voices

SOCIAL EPIDEMIOLOGY  
ENVIRONMENTAL HEALTH  
RESEARCH—QUANTITATIVE  
COMMUNICABLE DISEASES  
POLICY ANALYSIS  
ALCOHOL AND OTHER DRUGS  
ORAL HEALTH  
PRIMARY HEALTH CARE  
RESEARCH—CLINICAL RESEARCH—QUALITATIVE  
CHRONIC DISEASE PREVENTION AND MANAGEMENT  
SUSTAINABILITY  
CANCER  
MENTAL HEALTH  
HEALTH PROMOTION  
DATA LINKAGE

[www.populationhealthcongress.org.au](http://www.populationhealthcongress.org.au)

## CALL FOR ABSTRACTS & WORKSHOPS

We are delighted to announce that the Population Health Congress 2015 will be held in Hobart, Tasmania, Australia from 6-9 September 2015 at the Hotel Grand Chancellor, situated in the heart of Hobart on its beautiful waterfront location.

The pre-eminent population health event in Australasia, the Population Health Congress is expected to attract over 1000 delegates from Australia, New Zealand and the Asia-Pacific regions, from a range of population health backgrounds, including health promotion, epidemiology, public and environment health, public health medicine and primary health care.

### TOPICS OF INTEREST

The theme for the 2015 congress is "One Vision, Many Voices". This theme will be explored and discussed through the following six sub themes:



### SPONSORSHIP OPPORTUNITIES

Enhance your brand identity and build relationships with leading government, industry and research organisations, from across Australasia. For further details, contact [thomas.howden@mci-group.com](mailto:thomas.howden@mci-group.com)

Four of Australasia's leading health professional organisations working together to strengthen the focus on population health in the region.



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[program@populationhealthcongress.org.au](mailto:program@populationhealthcongress.org.au) | [www.populationhealthcongress.org.au](http://www.populationhealthcongress.org.au)



### SUBMISSION OF ABSTRACTS

Authors are invited to submit their abstracts online at: [www.populationhealthcongress.org.au](http://www.populationhealthcongress.org.au)

Abstracts may be submitted for one of several presentation formats

- **Long Presentation:** 12 minute oral presentation + 3 minutes Q&A
- **Snapshot Presentation:** 5 minute oral presentation, focused on a single finding or message
- **Oral Poster:** A0 in size, portrait page orientation, presented with 3 minutes to discuss
- **Poster (traditional):** A0 in size, portrait page orientation (no oral component)
- **Workshops:** Up to 120 minutes for a self-contained session (*NOTE: workshops have an earlier closing date and are submitted through a separate submission site*).

### KEY DATES

Workshop submission deadline: Friday 13 February 2015  
Abstract submission deadline: Friday 13 March 2015  
Author notification of outcome: Mid-May 2015  
Author registration deadline: Monday 15 June 2015

# Branch Round Up

## WESTERN AUSTRALIA // Melinda Edmunds

It's hard to believe another year is coming to an end. 2014 saw a number of changes to members of the committee, but this didn't stop another amazing year of events, advocacy, scholarships, and mentoring. The Branch held its annual planning day which has given clear direction for activities in 2015 and provided time to reflect on 2014. Some of our key highlights are outlined below.

**Finance and Risk Management:** This year saw a focus on expanding the scope of FARM to include risk management, monitoring of operational plan progress and managing the WA Branch AHPA inventory.

**Member Services:** Implementation of a six-weekly e-News to communicate more effectively with members, and to reduce the length of the News from the West. Purchased a new e-mail template which will be implemented in 2015.

**Advocacy:** Five position statements were completed and endorsed, including health promotion settings, research and evaluation, mental health promotion, priority populations and LEAP themes. A health promotion workforce advocacy campaign was developed along with a Community Advocacy and Media workshop

in partnership with PHAIWA. A number of reactive advocacy strategies were completed including submissions commenting on a draft report on the effectiveness of current alcohol advertising regulatory codes.

### **Capacity Building and Excellence:**

Held nine events throughout the year including a WA Population Health Forum, the annual student career showcase, and 2014 Healthway Visiting Fellow, Dr Melanie Barwick. Many events were held in partnership.

The mentoring program successfully matched 15 mentees to mentors.

**Scholarships:** Two graduate scholarships and four Aboriginal scholarships were awarded. Two graduate scholarships have recently been selected from a competitive field and will commence in February 2015.

**Leadership:** Provided scholarships for two members to attend the National conference, and implemented a new regional PD scholarship to enable members to attend the advocacy workshop.

We would like to thank all our committee members, students, ex-officio and strategic advisory group members for their work and support during 2014.

## SOUTH AUSTRALIA // Janette Young

**Professional development:** In the last edition of Update, SA advertised their Mindfulness Symposium. It was held on the 19 September for AHPA members, government and non-government staff. The aim of the day was to explore the science, philosophy and practice of mindfulness across a wide range of settings including mental and physical health, ageing, emotional development and education. Three guest speakers from interstate and locally presented on mindfulness practices across education, health and management. The symposium contributed to building relationships between universities, hospitals, educators, clinicians and other professionals. One hundred and thirty participants had the opportunity to develop skills through a variety of hands-on practical sessions across the three key themes.

Fifty females and 9 males completed an evaluation form: 59% were practitioners; 12% students and the remaining 29% identified as 'other'. The symposium program was rated a 4.54 out of 5 for usefulness to the participant and 86% rated the keynote speaker a 5 (excellent) for engagement. The majority of those who completed the evaluation form (93%) said they would be able to use the information at their workplace and 100% said that they would be able to use the information in their life.

**Advocacy in partnership:** The SA Branch in partnership with SACOSS, SA PHAA, and the Southgate Institute responded to the SA Government's latest blueprint for health system transformation, 'Transforming Health'. Below is the consortium's concluding paragraph:

In order to genuinely 'transform' our current health system we believe a whole-of-system review is needed – not a hospitals review. This review needs to incorporate a clear and detailed plan with strategies to integrate services and redesign patient pathways to incorporate preventive health, and identify gaps in community support services. It needs to recognise that our hospitals themselves and the talented clinicians that we want working in them need to have a focus that looks way beyond the confines of the hospitals to the places where health issues and disease primarily develop – in our communities.

A focus on community health outcomes should include ensuring continuity of care across the primary, secondary and tertiary levels of the health care system as well as attention to population primary prevention initiatives. We do not believe 'Transforming Health' acknowledges let alone is likely to achieve this.

We are very grateful for the ongoing support and comrade-ship that continues across core agencies in the interests of health promotion in SA.

## Branch Round Up

### QUEENSLAND // Elisha McGuinness

**Branch Business Plan:** AHPA Queensland Branch is pleased to have endorsed their new Operational Plan for 2015-2017 and is looking forward to a busy year ahead focussing on its implementation. We are very excited to bring some new strategies to the Branch including more regular member communications such as E-Bulletins, social media interaction via Twitter, new ways of offering professional development and the establishment of awards that recognise the great work of members here in Queensland.

**Advocacy prior to State Election 2015:** With a Queensland election planned for March or April next year, the Branch has taken inspiration from Victoria and is working on pulling information together for members to ensure that their vote is a health promoting one! Thanks to Victoria for their great example. The advocacy sub-committee have been very busy with a number of requests coming in for comment or letters of support in recent months. We are pleased to also lend our voice to support our WA Branch colleagues in responding to proposed closures of remote Aboriginal communities in WA.

**2015 Branch Annual Meeting:** Queensland Branch's Annual General Meeting will be held on the 18 February. All office bearer positions will be open to individual members for nominations with a maximum of nine general committee member positions also available. Recruitment for non executive committee volunteers is soon to be underway and I encourage all members of the Queensland Branch to look at how they can contribute a small amount of their time to supporting the health promotion profession in Queensland.

### NEW SOUTH WALES // Karen Bedford

AHPA NSW Branch is pleased to have endorsed our Operational Plan and budget for 2015 and is looking forward to a busy year ahead focussing on its implementation. We are very excited to continue strategies including our regular member communications such as E-Bulletins and new ways of offering professional development such as webinars. A webinar on the effective use of Twitter in health promotion is planned for early next year.

The Branch sponsored the successful Right to Food Coalition's inaugural food security conference Putting Food on the Table: Food Security is Everyone's Business in October 2014 Sydney. The keynote speaker and advocate Joel Berg, Director New York City Coalition Against Hunger, provided the inspiration for conference delegates to develop strategies to overcome food insecurity. An overview of that conference is included inside this Update edition.

The article is called Hunger in Australia: Why it exists and how we can end it and there is also a website link that takes you to the Right to Food Coalition's website where you can access the presentations from that inaugural food security conference.

With an election planned for March here in NSW, the Branch has met with PHAA NSW Branch and the Menzies Centre to work on hosting a pre-election health debate with the major political parties to ensure that health promotion and population health are firmly on the political agenda. The event planned for 25 February 2015 has the NSW Health Minister and the NSW Greens leader confirmed to participate. So watch this space, as they say, for details on the pre-election health debate early next year.

The NSW Branch Committee wishes all our members a Merry Christmas and a safe, happy, peaceful and relaxing holiday season.

### TASMANIA // Jacquie Maginnis

Tasmania is looking forward to having the Population Health Congress in Hobart 6-9 September 2015. If you haven't got this in your diary – do save the dates. There will be volunteering opportunities re social committee, reviewing papers and so on. So watch for information in your emails and visit the Population Health Congress website for update about the Congress: One Vision Many Voices <http://www.populationhealthcongress.org.au/>

In the last edition of Update, we talked of the most significant evidence of need for the Tasmanian Branch involvement in 'Arts Health Tasmania' that was contained within the National Arts and Health Framework available from the Meeting of Cultural Ministers website at <http://mcm.arts.gov.au/national-arts-and-health-framework>

Following from that information, the Tasmanian branch will be promoting membership of AHPA through a presentation and display of arts and health promotion at the Sustainable Healthcare Transformation International Conference on health system innovation in Hobart 18-20 March 2015, and also at the Hospice association state conference, **Community Forum 2015: Empowering the Community**, which will be held in Tasmania as part of National Palliative Care Week, 28-29 May 2015, where there will be an arts health stream.

# Hunger in Australia: Why it exists and how we can end it

*Report from the Putting Food on the Table conference that was sponsored by the NSW Branch of AHPA and held during Anti - Poverty Week in October 2014*

**Author and Conference co-ordinator  
Liz Millen**

In Anti- Poverty Week over 200 people from across Australia attended a conference held in Sydney by the newly formed 'Right to Food' Coalition. Putting Food on the Table: Food Security is everyone's business was the title of the conference and was the first Australian conference to focus specifically on food access and food insecurity. It attracted diverse participants from government and non-government organisations; health, welfare and community groups; refugee and Aboriginal groups; academics and dieticians; rights and faith-based groups; private businesses and many of the major charitable organisations.

Conference participants heard that food insecurity -lack of reliable access to healthy and nutritious food- is a growing problem in Australia. Foodbank reported an 8% increase in demand over the last year, estimating that 60,000 people seeking food are turned away every month – 40% of whom are children.

In addition, low-income or 'working poor' families now rely on emergency food as well as homeless and unemployed people. This is a result of the lack of affordable housing, low minimum wage, and needing to travel long distances to work.

The conference discussed the need to reorient efforts to address poor nutrition away from the traditional focus on cooking and budgeting skills, to its root causes in poverty and locational disadvantage. We know that eating more fruit and vegetables will protect people against diabetes, heart disease and cancer – but how do we respond to the Anglicare report that 43% of people using Anglicare food services choose cheap carbohydrates rather than fruit and vegetables to bulk up their diet?

To make matters worse, the Federal government is currently proposing to apply GST to fresh fruit and vegetables. The Medical Journal of Australia estimates that this would cause the consumption of fruit to drop by 4.9% and the consumption of vegetables by 4.8%, leading to increases in heart disease, stroke and many cancers, while adding \$1billion to health care costs and costing up to 100,000 healthy life-years.

This is an unrecognised national emergency. Australia does not collect accurate and regular information about food insecurity, despite the fact that poor diet is now estimated to contribute more to disease and illness than smoking. For many Australians, a healthy diet is simply out of reach. Keynote speaker Joel Berg, from the New York City Coalition Against Hunger, warned Australia not to follow the US example by weakening the welfare safety net, pointing out that cholera was once believed 'too big' a problem to be overcome. Reporting on currently high levels of hunger among young people in supported accommodation, advocates argued passionately against the Government's proposed 6-month delay in welfare benefits for those under 30.

As well as updates on research, many innovative programs were showcased, and policy ideas discussed. Catering was provided by Cafe Kulcha from Campbelltown, and the World Cafe from Fairfield, two new social enterprise catering businesses formed by low-income and refugee groups, which have been assisted through the food security project workers in south west Sydney.

A 'Call to Action' for governments was endorsed by participants at the end of the conference, highlighting key actions needed in the short term to make some real changes.

1. There should be no extension of GST to all food, and current exemptions including
2. fresh fruit and vegetables should remain GST free
3. Proposed changes to welfare for young people under 30 years of age requiring a 6 month wait for benefits should be dropped
4. Systematic and ongoing research into the prevalence and effects of food insecurity is needed
5. A strategic national approach to food insecurity must be developed
6. Australia must progress its commitment to implement the recommendations from the World Health Organisation (WHO) Commission on the Social Determinants of Health.

The 'Right to Food' Coalition thanks their sponsors including the NSW Branch of AHPA for their generous sponsorship of this conference.

For more information and to see conference presentations, check the 'Right to Food' Coalition website: [www.righttofood.org.au](http://www.righttofood.org.au)

## Very Warm Welcome to New Members

1 August 2014 to 30 November 2014

### ACT

Felicity Sims  
Giulia Fabris  
Siobahn Graham

### NSW

Alice Thorne  
Amanda Dawe  
Amanda Geary  
Amy Ashman  
Andy Mark  
Fungisai Siggins  
Gavin Hazel  
Juliet Menakaya  
Lanni Lin  
Rihanat Olapeju Popoola  
Yusuf Kameshki  
David Marchant Consulting  
Sydney Local Health District -  
Health Promotion

### NT

Jaya Thomas  
Priscilla Boucher

### QLD

Alisha Jordan  
Amanda Watson  
Ashlee Teakle  
Carlie Watson  
Craig Fossey  
Donna Layden  
Judd'ee Jones  
Leah Argo  
Lydia Butler  
Rhiannon McAuley  
Sarah Sullivan  
Tahni Roberts  
Tanya Trost

### SA

Gael Sutherland  
Jemima Gore  
Julia Jenkins  
Kyle Schofield  
Linda Moyes  
Natalia Bondarenko  
Natalie Hoskyns  
Vanessa GastonGardner  
Violette Myongere

### TAS

Innocent Tawanda Mudzingwa

### VIC

Alice McKinnon  
Alysha Pottenger  
Arun Jentrick  
Darren John Capalb  
Caitlin Murphy  
Caitlin Hallett  
Carolyn Millard  
Chloe Godau  
Emma Ross  
Jacqueline Cooper  
Jessica Sweeney  
Jessica Renzella  
Joanna Ridgeway  
Katherine McKee  
Katie Harper  
Kristina Basile  
Laima Ziedars  
Laura Vandersluys  
Lauren Dinale  
Lisa connell  
Louise Zylan  
Lucy Spanswick  
Madeleine Dowling  
Megan Barnes

Nellie Baker

Nerida Joss

Olivia Clark

Prashikha Chhetri

Rebecca Sugirthakumar

Rebecca Peart

Sivan Kohn

Plenty Valley Community Health Service

### WA

Alison Evans  
Caitlin Graham  
Corie Gray  
Elissa Strumpher  
Ellen Hart  
Fiona Lucey  
Hannah Castledine  
Hannah Matanda  
Hayley Thompson  
Holli Chiera  
Jacquie Phegan  
Jeff Turner  
Jennifer Ferguson  
Julieanne Berg  
Kaitlyn Berry  
Kate McConkey  
Katelyn Overste

Katherine Maryjewski

Katherine McKenzie

Katie Scarterfield

Larissa Perry

Laura Richards

Lauren Hunter

Lydia Cook

Maiyshla Chunwan

Marisha O'Connell

Megan Elias

Oluwatoyin Adeyemo

Penelope McCall

Pippa Broughton

Raelene Hayward

Rebecca Collier

Rita Maria Francis

Roisin Sweeney

Sarah Brickwood

Shona Halleen

Srna Kapac

Tegan Reilly

Tonia Ledwith

Vanessa Vidler

Vivienne McMahan

### International

Kwabena Kyei ZA-GT

Myra Oruga PH-LAG

# Update

Newsletter of the Australian Health Promotion Association

## Advertising Price Guide

December 2014 – All prices inclusive of GST

### Eighth page advertisement (landscape)

Members \$25.00

Non members \$35.00

### Quarter page advertisement (portrait)

Members \$35.00

Non members \$45.00

### One third of a page advertisement (portrait)

Members \$45.00

Non members \$55.00

### Half page advertisement (landscape/portrait)

Members \$55.00

Non members \$65.00

### Full page advertisement (portrait)

Members \$65.00

Non members \$95.00

Bookings for advertising in *Update* must be received two weeks prior to the deadline for submission of articles.

The deadline for the next *Update* is **1 March 2015**.

Please provide all text in Word and pictures and photos as picture files eg JPG.

Additional costs will apply if typesetting or layout is required.

Send your copy to [admin@healthpromotion.org.au](mailto:admin@healthpromotion.org.au)

Articles appearing in the *Update* do not necessarily reflect the views of the Australian Health Promotion Association.

Contributions are very welcome. For the first 2015 edition please send to [admin@healthpromotion.org.au](mailto:admin@healthpromotion.org.au) by **1 March 2015**.

## Are your colleagues members of AHPA?

Let them know that joining online is just a click away – click <http://www.healthpromotion.org.au/membership> and join – it is so easy.

To renew your membership – do so online – just click on the ‘Renew Now’ button at <http://www.healthpromotion.org.au/membership>

To edit or update your membership details – go to <http://www.healthpromotion.org.au/members/member.php>

Enter your user name and password. Once you have made the changes to your details do remember to save the changes.