

# Update

Newsletter of the Australian Health Promotion Association

September 2013

---

Click on the headings below to navigate to that page

|  |                     |
|--|---------------------|
| <a href="#">From the President</a>                           | <a href="#">1</a>   |
| <a href="#">Board Members 2013-2014</a>                      | <a href="#">2</a>   |
| <a href="#">Reports from AHPA's 21st National Conference</a> | <a href="#">3-6</a> |
| <a href="#">Anti-Poverty Week</a>                            | <a href="#">6</a>   |
| <a href="#">For the toolbox</a>                              | <a href="#">7-8</a> |
| <a href="#">Events and conferences</a>                       | <a href="#">8</a>   |
| <a href="#">Welcome New Members</a>                          | <a href="#">9</a>   |
| <a href="#">Advertising Price Guide</a>                      | <a href="#">10</a>  |

---

## FROM THE PAST PRESIDENT Suzanne Gleeson

---

AHPA's 21st National Conference, held on the shores of Sydney's beautiful harbour in June was very well received. AHPA thanks all those involved – the NSW Branch Committee, the Board, the volunteers, the Scientific Committee, the keynote speakers, the concurrent session presenters, the workshop facilitators, sponsors, and last but definitely not least A/Prof Marilyn Wise who gave a very thoughtful Eberhard Wenzel Oration asking why progress has been so slow in reducing health inequities for indigenous Australians. In this edition of Update, you can read the reflections on the conference from the National Scholarship recipients' point of view

Our two international guest experts Professor Mark Dooris and Professor Helen Roberts set the scene beautifully for the rest of the Conference - Mark on Settings and Helen on children. In Mark's opening keynote, he reflected critically on the history and evolution of healthy settings and presented a framework for conceptualising and implementing the settings approach. He drew on research conducted with leading thinkers and actors in the field, and considered lessons learned and perspectives for the future. He argued for an holistic model that supports the creation of healthy, sustainable and connected settings – thereby responding to complex 21st century challenges by promoting the wellbeing of place, people and planet. Professor Helen Roberts drew on her work for the early years chapter of the Marmot Review and recent evaluations. Helen explored the importance of local and global environments in creating and maintaining child health. The focus was on settings and interventions which influence the determinants of health including transport, housing and education. She addressed 'what counts' and 'what matters' questions as well as 'what works?' and discussed the important issue of evidence-informed health advocacy.

For those who could not make the conference, and for those who did and who would like to revisit the keynote addresses, both the PowerPoint presentations and the audio recordings from both international and national keynote speakers are available online at <https://AHPA.boardeffect.com//elibrary> To access, you will need to enter the Username: AHPA2013 and the password: AHPA2013.

At AHPA's AGM held during the conference I had great pleasure in awarding a very well deserved AHPA **Life Membership to Professor Chris Rissel**. Congratulations Chris – and on behalf of the Board and members 'sincere thanks'.

## / FROM THE IMMEDIATE PRESIDENT CONTD.

**As most of you know**, I have been the National President since 2009 and, as those who have been on the Board with me since then know well, this has been four years of challenge, organisational change and tremendous advancement and improvements in all aspects of governance and operational systems. To achieve what we all have achieved has taken a lot of commitment, passion and hard work with many hours of labour to go with the successes that we have achieved. So to all who have been part of this adventurous journey thank you. It is my great pleasure to hand over to Gemma Crawford (WA), AHPA's new President.

## FROM THE NEW PRESIDENT Gemma Crawford

When I was a little girl I would spend my school holidays with my grandparents who were both active volunteers. They used to take me along with them to, among other things, jumble sales and meals on wheels. As Hannah More, 18th century philanthropist and moralist once wrote ““One kernel is felt in a hogshead; one drop of water helps to swell the ocean; a spark of fire helps to give light to the world. None are too small, too feeble, too poor to be of service. Think of this and act.”

On reflection I think that my interest in health and service started then and led to many fabulous opportunities to volunteer in a variety of ways for different organisations. The common thread was to be part of something. Being part of something led me to AHPA, and for the last nine years I have had the privilege to work closely with amazing people particularly at a state and more recently the national level.

I am somewhat daunted but extremely excited and proud to be taking up the mantle from Suzanne and those before her in to the AHPA national presidency. In a parochial way I am pleased that WA is getting another President-the first since Trevor Shilton in the inaugural role. I realise I have big shoes to fill and I would like to take this opportunity to thank Suzanne and James in particular for their leadership over the past few years. I would also like to thank Emily Raso who retired this year for her contribution to the Board.

I am supported by an amazing Board and by the enthusiasm and tenacity of the state committees, without whom we would be unable to realise our important agenda. I am looking forward to implementing our new strategic directions which will see us having a much greater presence on social media, progressing the next phase of our professionalisation agenda, strengthening ties with our partners and developing more streamlined communication processes with the branches. We will also be working hard to ensure we have a clear roadmap for advocacy that is responsive and adaptive. The Board is meeting in Adelaide next month to consolidate many of these plans, so please stay tuned for more information to come.

I welcome your thoughts, advice and suggestions on how we as the Board can collaborate with you to address key issues for the health promotion sector. I have no doubt that there are challenging times ahead but I am also sure that together we can chart a clear and decisive course of action to grow a vibrant, member focused organisation that meets the needs of health promotion in to the future.

## At AHPA's AGM on the 17 June 2013 the following Board Members were elected for 2013-14

<http://www.healthpromotion.org.au/about-us/governance>

**President: Gemma Crawford (WA)**  
Nomination endorsed July 18 Board meeting

**Vice President: Michele Herriot (SA)**  
Nomination endorsed July 18 Board meeting

**Treasurer: David Towl (Vic)**  
Nomination endorsed July 18 Board meeting

**Secretary: Suzanne Gleeson (NSW)**  
Nomination endorsed July 18 Board meeting

**Company Secretary: Jenny Philip-Harbutt (SA)**

**David Duncan (Qld)**

**Andrew Jones-Roberts (Vic)**

**Jenni Judd (Qld)**

**Paul Klarenaar (NSW)**

**Justine Leavy (WA)**

**Letty M'umbuzi (Qld)**

**Janine Phillips (SA)**

**James Smith (NT)**

# Reports from Australian Health Promotion Association 21st National Conference

*Thoughts on AHPA's 21st National Conference from national scholarship recipients. In their own words ...*

**AHPA's 2013 National Conference in Sydney – healthy and vibrant!**

**NSW Scholarship Recipient - Denise Fry**

I had the pleasure of attending AHPA's 21st National Conference in Sydney in July 2013. I thank AHPA for the scholarship which enabled me to attend the conference, hear a wide range of papers, and give a paper I'd been thinking about for some time.

The conference was a lively gathering, with keynote presentations, papers and posters on many health promotion issues. Catching up with colleagues and friends from all over Australia, sharing ideas, and hearing about the issues in their neck of the woods are always important parts of a national conference. There were tweets, apps and discussions about digital media as well - signs of the times.

**Professor Mark Dooris's** keynote address on **Place, People and Planet** (skyped in from Norway) emphasised that the concept of 'settings' involves more than place, and describes and analyses the interaction of people and place, and the importance of context. The socio-ecological model of health, as conceptualised in the Ottawa Charter, focuses on this interaction, and is particularly applicable to contemporary issues of climate change and sustainability. He identified some lessons from application of the settings approach:

- Settings are different and distinct, and therefore require diversity of practice

- Be aware of the risk of reinforcing existing power relations and of perpetuating health inequalities
- As health is closely related to other social and environmental agendas, inter-sectoral collaboration is essential.

Prof Dooris gave an overview of the development and evolution of the settings approach, and concluded it remains highly relevant and particularly suitable for 'big picture' issues and for making connections between issues.

**Tony Lamontagne's** presentation on **mental health at work** was a reminder that workplace health programs need to consider the physical and mental impact of work processes and conditions, and not simply focus on workplaces as venues to run general health programs and/or exclude work-related issues. He called for program development to include the content and processes of the work being done and the degree to which it is health damaging and/or health promoting.

Prof Lamontagne argued to improve mental health at work, three types of strategy are needed: reduction of work-related risks to mental health, development of worker strengths and positive capacities to promote mental health, and addressing workers' mental health problems regardless of cause.

**Professors Helen Roberts** and **Ross Homel** both gave presentations on approaches aimed at improving the health and development of young children and reducing health inequalities in such populations.

Prof Roberts drew on her international and UK experience on interventions that support the health of young children, including housing, transport and education as determinants of health. She discussed the competing narratives on who is to be blamed and what needs to be change, and argued for a focus on the broader context of contributing factors, rather than assuming that 'not good enough mothers' are the problem.

Prof Homel described his long-term involvement in the Brisbane-based Pathways Program to increase positive child development and wellbeing in a socially disadvantaged community. He argued that despite evidence that supportive programs were beneficial for disadvantaged children's development, few large scale programs had been implemented by health, education and other related sectors. The Pathways program includes structured preschool programs, centre- based child care, home visits, family support and parent education. The 10 year program is open to all families in seven primary schools in a community of 27,000 people, and employs researchers, health and education staff and community workers from First Nations, Pacific Islands and Vietnamese communities. The three outcomes being evaluated are wellbeing, educational attainment and reduced offending (a contrast to the KPIs of the Healthy Children's Initiative).

I was impressed by the 'big picture' approach of this program, its focus on physical, social, emotional wellbeing of children and parents, the way all parents and children were included (not just those considered to be 'at risk', and its conceptual framework that links educational attainment, health and wellbeing.

**Marilyn Wise** gave a very thoughtful **Eberhard Wenzel Oration**, asking why progress has been so slow in reducing health inequities for indigenous Australians. She argued that while inequalities in health are inevitable, some inequalities are unfair and stem from social treatment considered to be unjust. She described three determinants of inequalities in health that are unjust and unfair. They were social institutions and actors that:

- do not act to reduce people's exposure to

unhealthy, stressful, living and working conditions;

- deny people equal opportunities to access essential health, education, and other social goods and services;
- leave people to engage in health damaging behaviours because they have not been provided with opportunities and resources to make healthier choices.

Marilyn called for greater recognition of the powerful roles that individuals and the institutions of governance play in delivering and perpetuating unjust social treatment.

At a final keynote session **Janet Quigley** (Department of Health and Ageing) described the National Preventive Health Partnership (NPHP) and the programs it funds, and **Michael Moore** (Public Health Association of Australia) talked about the newly formed Social Determinants of Health Alliance. The Alliance aims to persuade current and future federal and state governments to address the social determinants of health, which requires understandings of health and actions to improve health, which are broader than what is reflected in current policies and programs.

To me there seems to be a big gap between the goals of the NPHP (reduced weight, smoking, more physical activity and exercise) and the goals of SDH (improved daily living conditions, reduced inequitable distribution of power, money and resources, and measurement and understand of the problem). How to start a conversation about reducing the gap, when the ways of thinking and speaking seem so different? This is a challenge for all members of the Alliance, including AHPA. Perhaps a beginning is for all AHPA members to write or speak to their federal Parliamentary representatives about the importance of the social determinants of health.

Two proffered papers particularly caught my ear. **Janette Young's** inquiry into civic engagement, specifically into why some people are keen 'joiners' of groups and why some remain involved over long periods asks important questions about social capital. I was interested in the innovative approach

taken by **Jordan Kostadinov's** paper on evaluating the South Australian community-based childhood Obesity Prevention and Lifestyle program (OPAL). The OPAL program is complex, diverse and its wide range of interventions were developed by intervention communities, presenting evaluation challenges. Jordan described his PhD research, which is seeking to describe and categorise the type of interventions used by communities, and to look at the relationship between program outcomes and the types of interventions used.

My eyes were caught by several posters: **Men's Sheds**, in South West Sydney, **Dirt Doesn't Hurt** (children that is, as the dirt washes off) from Barwon Health in Victoria, and the **Social Health and Inclusion Port** program from Inner South Community Health Service in Melbourne.

My final impressions were that at present health promotion in Australia is beset by contradictory pressures. While increased funds from the federal government have established the National Preventive Health Partnership and a number of highly visible programs, Queensland and South Australia have made significant cuts to funds and positions. There is some innovation – in the types of health issues being addressed, in the strategies being used, and in partnerships with a range of agencies and community groups, but the innovation is mostly at the local level.

There is growing awareness of the importance of the social determinants of health at international and national levels, but most federal and state health promotion policies and programs are yet to be informed by this perspective. Perhaps the next national AHPA gathering at the 2015 Population Health Congress will indicate evolving approaches.

## Reflections on the 21st Australian Health Promotion Association Conference in Sydney

### Tasmanian Scholarship Recipient - Miriam Herzfeld

The 21st AHPA Conference in Sydney provided a great opportunity to learn, consider and discuss a range of sub-themes related to liveable, vibrant and healthy settings. As usual, many of the keynote presenters and the concurrent sessions I attended provided a range of ideas, insights and opportunities to strengthen our health promotion practice.

In particular, what I took away from this year's conference were a number of useful references shared by speakers. These references ranged from research published by others through to an inspiring poem and insightful programs.

I would like to share some of these with you below:

On day two I made a note about this poem quoted by Professor Helen Roberts, which struck a chord: [Health Poem by the Danish poet Piet Hein](#):

*Health is not bought with a chemist's pills  
Nor saved by the surgeon's knife  
Health is not only the absence of ills  
But the fight for the fullness of life.*

Professor Mark Dooris referred to a paper titled A perspective on the future public health practice, during his presentation on day one. The authors, Hanlon et al, argue that 'future practitioners will need to develop new ways of thinking, being and doing; new perspectives and new forms of understanding the world.' Professor Dooris also directed us to Kawachi et al's A glossary for health inequalities available here: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732240/pdf/v056p00647.pdf>.

Dr Liz Harris from the University of NSW referred to: Addressing spatial concentrations of social disadvantage <http://www.ahuri.edu.au/publications/projects/myrp704/> which focused on the role of housing policies and programs in meeting the challenges presented by spatial concentrations of disadvantage.

And inspirational speaker, Ms Stephanie Harvey, CEO of Indigenous Community Volunteers, spoke about an exciting participatory model that works with Indigenous Australian communities to improve quality of life, wellbeing and social inclusion: <http://www.icv.com.au/>

Programs such as the home-cooked food made by neighbours for neighbours: introduced by James Dellow, <http://www.casseroleclub.com/> also stirred my interest. As did the website named up on day two: Guilt Free Clothing [http://www.avaaz.org/en/crushed\\_to\\_make\\_our\\_clothes\\_loc/](http://www.avaaz.org/en/crushed_to_make_our_clothes_loc/) which urges citizens and consumers to sign an enforceable Bangladesh fire and building safety agreement.

I could go on: The War Against the Poor Occupy Wall Street and the Politics of Financial Morality by Frances Fox Piven (<http://www.tomdispatch.com/blog/175463/>) and Investing in Disadvantaged Young Children is an Economically Efficient Policy by Heckman ([http://jenni.uchicago.edu/Australia/invest-disadv\\_2005-12-22\\_247pm\\_awb.pdf](http://jenni.uchicago.edu/Australia/invest-disadv_2005-12-22_247pm_awb.pdf))

So if you didn't go this year, I urge you to attend the next AHPA Conference, as a source of information, inspiration and a great opportunity to expand your thinking and practice in health promotion.

## Australian Health Promotion Association Conference Review

### Qld Scholarship Recipient - Bridie Kean

During the three days I spent Darling Harbour side at the AHPA 2013 National Conference my mind absorbed the passion and commitment for improved health outcomes by committed academics and health professionals. Fresh from completing the final coursework of my Master of Public Health degree and seeking opportunities to understand more about the profession I wish to work in, the conference demonstrated the resilience, the achievements and the continuous movement of this workforce. In what has been a tough time for the profession of Health Promotion in Queensland, the conference demonstrated the energy and information the health promotion workforce, in an ever-changing environment has toward doing what it takes to improve health outcomes for populations.

Day One provoked thought about the way in which health promotion initiatives are changing the way work can contribute to good health. With work being where many Australian's spend a third of their day, the commitment to improving the way in which work can impact on health at a population level is significant. The conference demonstrated how stand up workstations are being implemented and tested to reduce sedentary behaviour. Since attending the conference, I have been mindful of my own sitting to standing ratio when working. In times ahead, the opportunities to change the way Australian workplaces operate in reducing sedentary behaviour will revolutionise the way a small change such as a standup workstations will make a big difference to health outcomes around Australia.

Day Two I found myself revisiting some familiar territory, this time with a health promotion hat on. Social Media. Having graduated with a Bachelor of Media Studies in the U.S. I was passionate about learning about the impact the media has on society. Throughout the time I was studying, the way we absorb media changed rapidly and I believed the media could be used to convey health messages.

Health promotion became my focus. I returned to Australia wanting to combine a media degree with the knowledge required to improve health outcomes. I commenced a Masters in Public Health.

For this reason the keynote presentation on Digital Media revealed to me the way health promotion is currently adapting to the changing environment. Throughout the conference it was evident of potential for technology to invoke action in population groups, by using social media to create the link required between information and population groups. By addressing what the links are between successful social media campaigns, James Dellow discussed how creating 'Weak links' and 'Community based' themes could be useful in connecting with audiences to improve health outcomes.

I attended sessions about two campaigns that had used social media in a user-friendly way to convey extremely important health messages. The campaign 'Hello Sunday Morning' used online blogging to promote the founder's journey to give up alcohol. It circulated and used crowd-sourcing, where users joined him on his better health journey and in turn fostered the 'weak links' discussed by James Dellow, to provide support to users on their journey toward better health. Having logged onto 'Hello Sunday Morning' prior to this speech, the breakdown of how this had resulted in behaviour change demonstrated the potential for social media in the future practice. I believe we will be seeing a lot more of these campaigns positively engaging with users in the future.

Health Promotion is ever evolving, just like the environment it operates in. Now it is pulling strengths from an area that has changed the way we live. Technology. Not only was the Twitter use during the conference a sign of how technology has changed the way we can spread information, the outcomes on campaigns such as 'Hello Sunday Morning' demonstrated for me the potential of technology in working towards improved health outcomes in our communities and population groups.

## Strategies & limitations of workplace health promotion –AHPA National conference.

### WA Scholarship Recipient – Emma-Lee Finch

This year's Australian Health Promotion Association National Conference was held in the beautiful surrounds of Sydney's Darling Harbour. Day one kicked off the settings-based theme with a focus on workplaces. Dr Anthony LaMontagne's keynote presentation was insightful and thought provoking. As a workplace health promotion practitioner Dr LaMontagne's acknowledgement of the link between occupational safety and health (OSH) and workplace health promotion was refreshing. Too often the two sectors are isolated in their approach rather than working together to achieve a common goal. I personally believe linking OSH with workplace health promotion is a clever manoeuvre. Workplaces must adhere to current OSH legislation, which states that 'an employer, shall as far as is practicable, provide and maintain a working environment in which the employees of the employer are not exposed to hazards' – a broad statement no doubt, however unhealthy employees can be a hazard not only to themselves, but their colleagues and to the productivity of their workplace. Workplace health promotion aims to reduce health-related hazards in the workplace; a key principle of OSH.

As well as discussing how the OHS process is applicable to health promotion Dr LaMontagne also discussed stress, job strain attributable depression and mental health in the workplace; he proposed that our work environment is a determinant of health. Although it was uplifting to hear from an expert regarding what we can do to help improve the mental health of our colleagues, it was a little disheartening to learn that there is not a solution to this problem.

Most concerning, is that not only does job stress double the risk of depression but that approximately 15% of depression among working people can be contributed to job stress. Dr LaMontagne discussed the two main factors associated with job stress; low control over their job and high demands at work. Dr LaMontagne mentioned the impacts of depression

in the workplace in terms of presenteesim (at work but underperforming), sick leave and that people with depression are more likely to change jobs. As such, there are economic incentives for workplaces to address these issues. It was acknowledged that a comprehensive approach is required where the source of job stress must be addressed. This challenged my current thinking about how we tackle mental health in the workplace and the likelihood of being able to influence the root causes of job stress; working conditions, job security, demands, control and support. The focus tends to be on the individual rather than the organisation and the factors within it.

As the conference flew by and each day addressed a different setting, I realised that not only do individuals interact with the different settings, but there are synergies between these settings that health professionals can learn from. For example, food provision in school canteens was a hot topic for 'children's environments' but is also extremely applicable to those in a workplace setting. We can learn from their experience in altering food provision and apply the principles to catering in the workplace. Similarly, I wonder if participants listening to discussions regarding standing stations would consider trialling such initiatives in their schools or communities.

While the conference was a fantastic learning opportunity, my thoughts and perceptions were challenged in many ways. It was a privilege to hear from accomplished professionals and learn about the great work being undertaken in our industry.

## Australian Health Promotion Conference Reflections

### Vic Scholarship Recipient - Bridget King

Most valuable sessions: Although I really enjoyed many of the key note presentations, I actually found that the most valuable session I attended was one of the pre-conference workshops. I participated in The Aboriginal and Torres Strait Islander workshop "Real Partnerships, Real Action", which was respectful, honest and instructive. Working and living in Gunditjmarra country in far south-west Victoria, I was really keen to attend this workshop to listen to some incredible stories of strong women and men who work throughout Australia to improve health and wellbeing outcomes in their communities.

In particular I found Randal Ross' story engaging and inspiring. Randal is the Co-Founder and Senior Facilitator of Red Dust Healing is a cultural healing program aimed at men, with the philosophy of teaching love and respect. Randal spoke about the key values Aboriginal and Torres Strait Islander men lost due to colonisation and the tools to reverse the cycle of oppression.

I found the small group discussion sessions were also highly engaging and productive. In groups of five or six we discussed the steps to creating 'real' partnerships. Groups collectively agreed real partnerships need: drive, passion, long-term commitment, transparency, and trust. Tools for conflict management and partnership analysis were identified as being crucial to successful partnerships and also having clear roles and responsibilities and processes of negotiation.

I greatly enjoyed some of the key note presentations, most notably from Professor Helen Roberts who spoke of her experiences in addressing inequalities in children's environments. Presentations by Stephanie Harvey, CEO of Indigenous Community Volunteers and Michael Moore, CEO Public Health Association of Australia were really engaging and provided some interesting insight into what's happening in various communities throughout Australia. Stephanie in particular spoke about using an asset and rights

based approach and of the impact that using positive language can have.

Elements applicable to my health promotion practice: The conversations around partnership building were probably the most relevant to my work practices, particularly working in a rural setting, building strong partnerships is greatly important. Working in a very small community generally means having to work with limited resources and as such, developing strong partnerships is essential in order to influence and improve health and wellbeing outcomes for the community.

Being new to the health promotion field, this was my first AHPA conference, which gave me a great opportunity to engage with people from various backgrounds and organisations. It also opened my eyes to the vast possibilities and scope for imagination in the health promotion field. I also found this conference to be a great networking opportunity and I was fortunate enough to meet some great people and even catch up with some old friends and peers.

It also gave me a bit of inspiration to think beyond the here and now and how I can better my work practices. Some of the key messages I will apply to my health promotion practice include: improve partnerships and increase collaborative practice and continue to reflect on and assess my work practices. I have also started to think a lot more positively about how to utilise the assets my community already has and how to build on those assets instead of focusing on the negative problems that need to be 'fixed'.

## Australian Health Promotion Conference Reflections

### NT Scholarship Recipient – Catherine Street

The AHPA 21st annual conference for 2013 was themed around healthy settings. The opening day was geared towards the importance of ensuring health is promoted in workplaces, a setting where many adults spend one third of their working day. The Healthy at Work initiative was a central point of discussion, and prolonged sitting in the workplace and its detrimental effects was reported by many to be 'the new smoking'. Several speakers commented on the absolute need to get workplace managers committed to the health of their workers for effective workplace health strategies. The use of social media in the field of health promotion for delivering health promotion messages and networking was pointed out to be a modern, engaging way to capture an audience amongst a society that is increasingly reliant on technology.

The focal point for the second day was children's settings. It was highlighted by many that childhood is a crucial stage of life, and that early intervention measures have proven to be cost effective when measured in the long term. Lisa Gold, an economist, provided a new perspective to an audience who predominantly work in health promotion. She stressed that the few robust studies that have looked at long term outcomes of early intervention activities have shown favourable outcomes in education and employment, and thus ultimately health.

The third and final day of the conference was centred around communities and local government. Stephanie Harvey, the CEO of Indigenous Community Volunteers was a standout keynote speaker for many. She presented a case example of a strengths-based, locally managed program that encompassed the whole of the community. Local indigenous horticulture trainees produced fresh fruit and vegetables that were used in the community school to improve the nutritional value of the free school breakfasts, which were then used as an avenue to engage mothers to become classroom assistants and

see the importance of education. Community elders were consulted to develop simple recipes that were provided at community events.

Michael Moore had an exciting message to deliver. He introduced the 'Social Determinants of Health Alliance', a group made up of 'powerful voices working together in parallel'. The idea behind this group seemed to tie in many of the lessons of the conference. The balance between the social determinants of health and personal responsibility for health choices was recognised, however Michael stressed that that cost of inaction amongst other sectors influencing health is far too great to not develop an avenue to link all these fields together to enable change.

Personally, the presentations that I found the most interesting were from those speakers outside the health sector. It was mentioned by several people that improvement of health will only come about by cross-sector, cross-discipline action. As I am new to the health promotion sector, this conference provided me with some solid theory about the absolute importance of cost-effectiveness of programs, collaboration and engagement. I will strive to promote a new workplace culture in which we healthy eating, smoke-free settings and regular activity assist in maintaining our health and improving our productivity and act as a role model for others. Being privileged enough to be involved in the planning of health promotion programs in the Northern Territory, I will ensure that programs we deliver are assets based and locally led. Community engagement and commitment in our programs will hopefully be achieved through investing sufficient time to develop trust.

I wish to thank AHPA for providing me the opportunity to attend this conference.

## Anti-Poverty Week 13 – 19 October 2013 *Be part of the solution*

<http://www.antipovertyweek.org.au/calendar-of-activities-2013>

Poverty and severe hardship affect more than a million Australians.

Around the world more than a billion people are desperately poor.

In Anti-Poverty Week YOU can help fight poverty and hardship!

The main aims of Anti-Poverty Week are to

- Strengthen public understanding of the causes and consequences of poverty and hardship around the world and in Australia
- Encourage research, discussion and action to address these problems, including action by individuals, communities, organisations and governments.

Everyone is encouraged to help reduce poverty and hardship by [organising an activity](#) or [taking part in an activity organised by others](#).

## For the toolbox...

Compiled by Suzanne Gleeson

### Aboriginal and Torres Strait Islander Health Performance Framework 2012 reports

#### Australian Institute of Health and Welfare

In March 2013, the Australian Institute of Health and Welfare released five new reports. The reports highlight the main areas of improvement and continuing concern for each state. Among the main concerns, mothers smoking during pregnancy and unemployment continue to be higher among Indigenous populations than in non-Indigenous populations.

Reports can be downloaded online or are available from CanPrint for \$20 each.

Call 1300 889 873.

#### Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Queensland

[Click to view the report](#)

#### Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Victoria

[Click to view the report](#)

#### Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: South Australia

[Click to view the report](#)

#### Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: New South Wales

[Click to view the report](#)

#### Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: Western Australia

[Click to view the report](#)

### Heart Foundation Information Sheets for Aboriginal and Torres Strait Islander Peoples

The Heart Foundation has produced a new set of information sheets on cardiovascular disease and its risk factors for Aboriginal and Torres Strait Islander peoples. Designed for patients and families, these information sheets cover a range of topics including: Blood pressure, cholesterol, coronary heart disease, heart attack, nutrition, obesity, physical activity and smoking.

Copies are available from the Health Information Service on 1300 36 27 87 or downloadable versions are available at <http://www.heartfoundation.org.au/information-for-professionals/aboriginal-health/Pages/resources.aspx>

### It's official! - Australian adults spend too much time sitting and too little time moving

The first issue from the ABS's Australian Health Survey (AHS) was released on the 19 July 2013. <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.004main+features12011-12>

Results presented in this publication, by selected population and health risk characteristics, include: physical activity, sedentary behaviour (including screen-based activity), screen-based equipment and household rules and pedometer steps.

A couple of 'key findings' are that only 43% of adults actually met the "sufficiently active" threshold, and sedentary activity occupied an average 39 hours per week for adults, with close to 10 hours of this sitting at work.' Bottom line is, Australian adults spend too much time sitting and too little time moving.

Further details can be found in [Australian Health Survey: Physical Activity](#) (cat. no. 4364.0.55.004), available for free download from the ABS website ([www.abs.gov.au](http://www.abs.gov.au)).

**Note for future reference:** results from the latest AHS will be released progressively through 2013-14 and will cover topics such as: detailed information on dietary intake, information on biomedical health measures, and representative results for the Aboriginal and Torres Strait Islander population.

### Critical Public Health Volume 23 Issue 3 2013 - Special Issue: Obesity discourse and fat politics: research, critique and interventions. Editorial Lee F. Monaghan Rachel Colls & Bethan Evans

The articles in this edition provide much food for thought. They cover a wide range of topics and views from a range of disciplines. Articles include Fatuous measures: the artifactual construction of the obesity epidemic; plus 'Diabesity' down under: overweight and obesity as cultural signifiers for type 2 diabetes mellitus; and Obesity in the media: social science weighs plus a lot more ...

To access this edition go to <http://www.tandfonline.com/toc/ccph20/current>

### From Canada

#### What Makes us Sick? Canadians tell CMA Consultation Poverty is the Greatest Barrier to Good Health. CNW media report <http://www.newswire.ca/en/story/1204503/poverty-the-greatest-barrier-to-good-health-canadians-tell-cma-consultation>

'OTTAWA, July 30, 2013 /CNW/ - Poverty kills. That's the key message in What Makes us Sick, a report released late July by the Canadian Medical Association (CMA) based on what Canadians said during a series of town hall meetings and an online consultation held earlier this year. The national dialogue with Canadians asked them about their experiences with the social determinants of health - the factors that cause people to suffer poor health in the first place.'

"Many factors outside the health care system affect a person's health, from inadequate housing to a lack of healthy food to sub-optimal early childhood experiences," said Dr. Anna Reid, CMA president. "What Canadians told us is that poverty is the recurring theme that underpins most of these social determinants of health."

A copy of What makes us sick? Can be accessed at [http://www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Advocacy/HCT/What-makes-us-sick\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/HCT/What-makes-us-sick_en.pdf)

### Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada: a qualitative inquiry.

Authored by Julia Brassolotto, Denis Raphael, Navindra Baledo.

**From the abstract:** Ontario public health units (PHUs) have generally neglected the social determinants of health (SDH) concept in favor of risk aversion and behaviorally oriented health promotion approaches. ... The authors examine the ways in which the participating units discuss and apply the SDH concepts...and argue that a substantial barrier to further action on the SDH is the internalization of discourses and traditions that treat health as individualized and depoliticized.

Access study at <http://www.tandfonline.com/doi/abs/10.1080/09581596.2013.820256>

### From UNICEF Innocenti Research Centre - Child Poverty Indicators

UNICEF's report card 10, Measuring Child Poverty, considers two views of child poverty in the world's advanced economies: a measure of absolute deprivation, and a measure of relative poverty. This report sets out the latest internationally comparable data on child deprivation and relative child poverty... Taken together, these two different measures offer the best currently available picture of child poverty across the world's wealthiest nations. Previous reports in this series have shown that failure to protect children from poverty is one of the most costly mistakes a society can make.

<http://www.unicef-irc.org/publications/660>

### Australian Political Party Poverty Audit looking at the poverty implications of the policies of the three major Australian political parties in key policy areas including education, Indigenous policy, housing, foreign aid, migration and others

[http://sydney.edu.au/images/content/news/2013/08/ASAP\\_Australian\\_Political\\_Party\\_Poverty\\_Audit.pdf](http://sydney.edu.au/images/content/news/2013/08/ASAP_Australian_Political_Party_Poverty_Audit.pdf)

## ACOSS calls for reform of family payments to tackle child poverty: New campaign is launched 23 August 2013

[http://www.acoss.org.au/media/release/acoss\\_calls\\_for\\_reform\\_of\\_family\\_payments\\_to\\_tackle\\_child\\_poverty\\_new\\_campa](http://www.acoss.org.au/media/release/acoss_calls_for_reform_of_family_payments_to_tackle_child_poverty_new_campa)

## Global Handbook on Noncommunicable Diseases and Health Promotion

DV McQueen Emory University Atlanta USA (Ed)

This is truly a comprehensive book that should be available to all working in health promotion. This book represents the breadth of present day work in the area of chronic disease prevention. It has 29 Chapters in four sections: Theoretical and Methodological Issues (4 chs), Lenses for Understanding NCDs (8 chs), Approaches to NCDs (11chs), and Institutional and Organisations (6 chs).

Topics covered include:

- The nature of causality: beyond traditional evidence
- Learning from the social sciences in chronic disease health promotion
- Contextual factors in health and illness
- Understanding and applying a social determinants of health framework for addressing NCDs
- Public health, NCDs, health promotion and business partnering
- NCDs and civil society: a history and a roadmap

‘Opportunities are numerous ... and researchers and graduate students in global public health, health promotion, and chronic disease epidemiology will find these chapters positive and realistic.’

To find out more about this book and how to buy go to [Global Handbook on Noncommunicable Diseases and Health Promotion](#) DV McQueen. ISBN: 978-1-4614-7593-4 (Print) 978-1-4614-7594-1 (Online)

# Events and conferences

## 2013

### OCTOBER 2013

#### *Strategic Alliances: Facing The Challenges Together In Rural and Remote Mental Health Australian Rural and Remote Mental Health Conference 2013*

Mercure Hotel Geelong

14-15 October

The 5th Australian Rural and Remote Mental Health Symposium exploring the challenges and effectiveness of alliances between government, NGO's , and communities through presentations and evaluations of partnership initiatives . It will also examine “diagnosable mild to moderate mental illness” in regional, rural and remote Australia. <http://anzmh.asn.au/rrmh/registration.html>

#### *Obesity - A United Approach Australian and New Zealand Obesity Society (ANZOS) Annual Scientific Meeting*

Pullman and Mercure Melbourne Albert Park

17-19 October 2013

Melbourne VIC

[http://www.anzos2013.org/?utm\\_source=MailingList&utm\\_medium=email&utm\\_campaign=ANZOS+OPENING+BULLETIN](http://www.anzos2013.org/?utm_source=MailingList&utm_medium=email&utm_campaign=ANZOS+OPENING+BULLETIN)

#### *The 2013 Australasian HIV & AIDS Conference*

Darwin 21 – 23 October 2013

The Australasian HIV&AIDS Conference is the flagship conference of ASHM, the Australasian Society for HIV Medicine. The conference

is a major component of ASHM's contribution to education and information dissemination for health professionals working in the HIV, viral hepatitis and related diseases sector. <http://www.hivaidconference.com.au/About-the-Conference>

#### *From the Top End to the Bottom End 2013 Australasian Sexual Health Conference Darwin 23 - 25 October 2013*

This Conference, now auspiced by ASHA (Australasian Sexual Health Alliance) is held back-to-back with the Australasian HIV&AIDS Conference above. Delegates to the conference come from a range of professional backgrounds and the Conference focuses on key public health issues which have dominated media coverage. <http://www.sexualhealthconference.com.au/>

### NOVEMBER 2013

#### *Adjust life years: be part of the solution*

AIPN's 11th National Conference on Injury Prevention and Safety Promotion Australian Injury Prevention Network Conference

Esplanade Hotel Fremantle WA 11-13 November 2013

The 11th Australasian Injury Prevention & Safety Promotion Conference will be held over three days. It will be a multi-disciplinary event featuring representatives from all facets of injury prevention. <http://www.injuryprevention2013.com.au/>

#### *Building Bridges in Indigenous Health*

2013 National Indigenous Health Conference

Cairns, QLD

25-27 November 2013

The 2013 National Indigenous Health Conference is designed to bring together both government and non-government agencies who are working in the field of Indigenous health with the belief that working together can close the gap between the state of Indigenous Health as compared to the health of mainstream Australians.

<http://www.indigenoushealth.net/>

### DECEMBER 2013

#### *World Diabetes Congress International Diabetes Foundation*

Melbourne

2-6 December

The International Diabetes Federation is the global voice for people with diabetes and those at risk. <http://www.idf.org/worlddiabetescongress/general-info>

## 2014

### FEBRUARY 2013

#### *1st National Physical Activity Conference*

Doha, Qatar

3 - 4 Feb 2014

[www.aspetar.com/paconference2014](http://www.aspetar.com/paconference2014)

### SEPTEMBER 2014

#### *Equity @the Centre: actions on the social determinants of health.*

AHPA's 22nd National Health Promotion Conference in partnership with the NT Medicare Local and the Chronic Disease Network.

Diary date: Alice Springs NT

4-5 September 2014

Details on AHPA's website soon.

### OCTOBER 2014

#### *Where to from here? Australian Regional Development Conference*

Commercial Club, Albury NSW.

15-16 October 2014

The conference theme will cover the broad areas of regional development; economic, planning, environment and community. Details at

<http://regionaldevelopment.org.au/blog/australian-regional-development-conference-15-16-october-2014-the-commercial-club-albury/>



## Welcome to new members December 2012 to June 2013

### ACT

Helen Eastburn  
Heather Muir  
ACT Medicare Local

### NSW

Belinda Haydon  
Cara Green  
Christian Skiladellis  
Emad Abdallah  
Evan Gee  
Jacqueline Myers  
Jade Nolan  
Jeni Bindon  
Jette Bollerup  
Kylie Mitchell  
Lily Neumegen  
Louise Johnson  
Nicole Lewis  
Phoebe Harpham  
Rachael Rubic  
Rajeev Chavan  
Rebecca Thomson  
Scott Packer  
Tamara Stanley  
Tania McCurley  
Tracy Tsang  
Vivien Le  
Port Macquarie-Hastings  
Council (Maya Spannari)  
Southern NSW Medicare  
Local (Nina Holland)

### NT

Camilla Moss  
Debra Moloney  
Hannah Stanley  
Jade Coghlan  
Joanne Leonard  
Katharine Taylor

### QLD

Alana Haymes  
Alison Kenny  
Angela Henderson  
Belinda Coldebella  
Casey Sutherland  
Cassandra Whatley  
Chelsea Bond  
Dorelle Thompson  
Emily Monteagle  
Erin Stevens  
Gaery Barberly  
Gary Williams  
Genevieve Tremblay  
Irene Kulasegaram  
Kate Dawson  
Kerry McIntyre  
Kim Gussy  
Kristine Merrick  
Kristy Strout  
Kristyn Middleton  
Lisa Dunbar  
Marina Paine  
Megan Manser  
Nathan Appo  
Ngaire Melhop  
Rosetta Smith  
Stuart Leske  
Taryn Broadstock  
Vidya Gopinath

### FSWQ Library

Institute of Urban  
Indigenous Health (Ian  
Lacey)  
Kirwan State High School  
(Damon Rehbein)  
Queensland Alliance for  
Mental Health (Danielle  
Flanagan)

### SA

Alli Pollard  
Caroline Adams  
Christina Tap  
Diane Cox  
Helen Barnard  
Jessica Bain  
Jessica Smith  
Leonie Weiss  
Marcelle Lopriore  
Maria Amelia Noronha  
Barreto  
Nadia Bevan  
Possible Diessa  
Simone Lee  
Tarandeep Oberai  
Trudy Gore  
Zakaria Osman  
CFMEU (Esther van Arend)  
SchoolHealth Sciences Uni  
SA(Tim Brooke-Smith)

### TAS

Ellie Wheeler  
Jenny McKibben  
Michelle Kilpatrick  
Narelle Rutz

### VIC

Alicia Holmquest  
Amy Hagger  
Anita Ryan  
Aranya Changkaoprom  
Ashley Chapman  
Belinda Hamilton  
Bianca Miller  
Bree Morison  
Carly Meaden  
Carmel Hobbs  
Claire Bower  
Courtney Sanders  
Desiree Terrill  
Diann Woods  
Dorit Marom  
Ella Ridgway  
Emily Grant  
Erik Martin  
Fiona Lange  
Gemma Smoker  
Gemma Treweek  
Genevieve Dobson  
Heather McKee  
India Dechrai  
Irene Maina  
Jade Booth  
Jane Jacoby Damgaard  
Joan Whitehead  
Julie Satur  
Ju-Lin Lee  
Kate Davis  
Kate McCluskey  
Katrina Ginnivan  
Kim Sutton  
Lan Li  
Louise Francis  
Michelle Chatelier

### Michelle Webster

Mingshu Yan  
Molly Colussa  
Monique Barnes  
Natalie Willis  
Neil Gunn  
Nirmala Perera  
Rhiannon McGrath  
Roxanne Portolesi  
Samuel Coleman  
Sarah Bowman  
Sarah Mall  
Sarah Zerbib  
Stephanie Lumb  
Tan Nguyen  
Tarli O'Connell  
Tegan Nash  
Tiiu Sildva  
Waduge Nishamanie  
Beaufort & Skipton  
Health Service  
Beyondblue  
Healthy Together City of  
Greater Geelong  
City of Whittlesea  
Deakin University School  
of Health & Social  
Development Faculty of  
Health  
SuperFriend Industry  
Funds Forum Mental  
Health Foundation  
Lower Hume Primary Care  
Partnership  
Victoria Walks Inc.

### WA

Ailsa Dinnes  
Amber Giblett  
Amy Cutler  
Angie Roche  
Bianca Fish  
Brianna Higgins  
Carl Heslop  
Cecily Strange  
Charlene Shoneye  
Chelsea Huntley  
Darci Miller  
Elaine Jacobs  
Emma Hills  
Emma Scally  
Eveline Lensvelt  
Fiona McDougall  
Fiona Phillips  
Hannah Bleakley  
Heather O'Malley  
Helen Mitchell  
Jaynie McCagh  
Karen Harris  
Kerri Colegate  
Laura McWhae  
Lorna Ali  
Lynda Fielder  
Mary du Heaume  
Melissa Denehy  
Melissa Panuccio  
Naomi Lloyd  
Natalie Paull  
Nicole Toia  
Nicolette Madry  
Rebecca Ward  
Rhiannon West  
Romy Marx  
Rosita D'Adamo

Samantha Menezes  
Sarah Graham  
Suzanne Taylor  
Tarik Sandhu  
Taylor Drew  
Toyah McCarthy  
Tracey Wills  
Yolexis Hernandez  
Mentally Healthy WA

### International

#### Indonesia

PT. Prima Yudha Semesta  
(Joseph Hungan)

#### Qatar

Abdulla Al Mohannadi  
Ivana Matic

# Update

Newsletter of the Australian Health Promotion Association

## Advertising Price Guide

September 2013 – 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 **30 November 2013.**

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.

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

Contributions are very welcome. for the December 2013 edition please send to [admin@healthpromotion.org.au](mailto:admin@healthpromotion.org.au) by **Tuesday 3 December 2013.**

## Are your colleagues members of AHPA?

Online membership is just a click away—click here <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.