



# News from the West

Newsletter of the Australian Health Promotion Association (WA Branch)

September 2016



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AUSTRALIAN HEALTH PROMOTION  
ASSOCIATION (WA BRANCH)  
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## FROM THE EDITORIAL TEAM

Welcome to the first edition of News from the West for 2016. The WA Branch has had a busy start to the year preparing for the 23rd National Australian Health Promotion Association (AHPA®) Conference, which was held on June 19-22nd right here in Perth. It was fantastic to see such a large group of passionate and committed health promotion professionals gathered at the Rendezvous Hotel, Scarborough Beach all in the name of connecting the dots and making it matter. You can read more about the conference in the President's Report on page 01.

This edition sees us continuing the new format for the News from the West, with the aim of providing a more valuable and relevant service for our members. It's anticipated that this new format will provide a medium that bridges the gap between a standard newsletter article and a published journal article. This means that health promotion practitioners will have the opportunity to submit articles that provide more than just a general project update and instead provide greater insight into their projects, including interventions that were unsuccessful and what they learnt from it in a style similar to an abstract. General project information and updates are most welcome as additions to our monthly e-news so please continue to keep us updated with your activity.

Read on to find out about the key learnings taken from the 23rd National AHPA Conference by our WA Branch conference scholarship recipients Tina and Lorena (pages 03 and 04). This edition features a number of articles modified from abstracts presented at the Conference, such as the challenges of health promotion in remote Aboriginal communities (page 15) and the utilisation of a partnership model to meet the supply and demand issues of a nutrition literacy program (page 17).

Happy reading!

Amber and Jo.

# PRESIDENT'S REPORT

Melinda Edmunds

President, AHPA (WA Branch)

I recently read the quote *"Great people do things before they're ready. They do things before they know they can do it"* by Amy Poehler. It really resonated with me and the work the WA Branch is trying to achieve in health promotion. Many get involved in the WA Branch without realising just what they are capable of!

One of the key aims of AHPA is to provide leadership in health promotion. In order for health promotion to continue to be recognised, we need passionate, skilled leaders that can progress and promote the health promotion profession. Leadership is not necessarily about having a title, rather, it is about how you inspire, positively influence and bring people together for a common purpose.

You can all help to show leadership in health promotion in both your professional and personal life. This could be by sharing and discussing the core competencies of health promotion with colleagues, encouraging the correct use of the term health promotion and ensuring all your practice is evidence informed. You could also put your hand up to write an advocacy piece for the Branch or responding to an article in your local newspaper about an issue that you are passionate about. There are many ways for us to show leadership in health promotion, we just need to act on it. You might just find if you do, others will too... John Maxwell said *"Leaders become great, not because of their power, but because of their ability to empower others"*.

The WA Branch has had a really productive start to the year, hosting the 23rd National AHPA Conference whilst still keeping the everyday work of the Branch happening. The conference was a fantastic opportunity to showcase health promotion and highlight why our work matters. I would like to extend my sincere thanks to all those involved in organising the conference, as well as everyone that participated - whether in person or online. It was pleasing to see we had over six million impressions on Twitter!

Nationally, AHPA released a press release and infographic highlighting the importance of investing in health promotion. I would encourage you to share these with your networks. We know that every \$1 invested in health promotion can save over \$5 in health spending, yet health promotion only receives 40c for every \$100 of health spending! Investing in health promotion is something worth standing up for.

We still have a number of key activities happening for the rest of the year including continuing to progress our Reconciliation Action Plan, holding our annual student careers showcase in partnership with PHAA, and doing some work around the upcoming state election... just to name a few. We will be regularly communicating with members about these activities and would encourage you to become involved in some way.

Finally I would like to mention a quote from the conference which really sums up the role we play in health promotion “*I am a health promoter...you can thank me later*” – David Towl. We may not be recognised for our work that we are doing today, but it does matter, and it will show results in the long run.

Melinda Edmunds  
President

## CONFERENCE WELCOME SONG

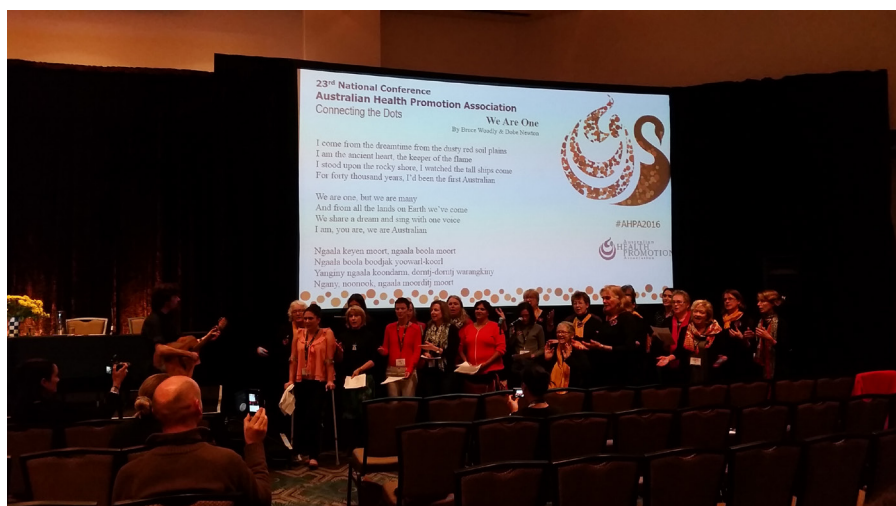
In keeping with the theme of connecting the dots, delegates at the 23rd National AHPA Conference were treated to a rousing welcome song delivered by the Madjitil Moorna choir. Lyrics from welcome song, titled WANJOO (The Welcome Song) are provided below. The choir encourages AHPA members to sing with Madjitil Moorna on Monday nights – more details can be found by visiting <http://www.madjitilmoorna.org.au/>

### WANJOO (The Welcome Song)

Words and Music © Gina Williams 2010. Used with permission.

	<i>Translation:</i>		<i>Translation:</i>
Wanjoo, wanjoo	<i>Welcome, welcome</i>	Djiraly--ak (wanjoo)	<i>From the north (welcome)</i>
Kwobodak koorda	<i>Beautiful friends</i>	Koongal--ak (wanjoo)	<i>From the south (welcome)</i>
Wanjoo, wanjoo	<i>Welcome welcome</i>	Boyal--ak (wanjoo)	<i>From the east (welcome)</i>
Moorditj koorda	<i>Strong friends</i>	Marawar--ak (wanjoo)	<i>From the west (welcome)</i>
Ngalak djerabin	<i>We are happy</i>	Ngalak djerabin	<i>We are happy</i>
Noonook djjinaniny	<i>To see you</i>	Noonook djjinaniny	<i>To see you</i>
Ngalak warangka	<i>We sing</i>	Ngalak warangka	<i>We sing</i>
Wanjoo	<i>Welcome</i>	Wanjoo	<i>Welcome</i>

*The Madjitil Moorna choir are joined by a selection of well-tuned AHPA conference delegates to deliver the closing song at the conference.*



# 23RD NATIONAL AHPA CONFERENCE SCHOLARSHIP RECIPIENT REPORTS

Tina Pendlebury

Health Promotion student

I absolutely must start by expressing my gratitude to the Australian Health Promotion Association (WA Branch) for awarding me the scholarship that enabled me to attend the 23rd National AHPA Conference. As an external student living in a regional area, I would have been unable to attend without the scholarship.

With so many informative, inspiring and innovative speakers it has been a challenge to select what to report on. Having spent 12 years living in the Kimberley region of Western Australia I was really moved by the presentation “The Heart of Community Arts” by Kathy Burns from Barkly Regional Arts in Tennant Creek, Northern Territory. Kathy presented on the great program they are leading and I loved the combination of health promotion and the arts working together. The Barkly Region covers 280,000 km<sup>2</sup> so you can appreciate the vast distances between towns and communities and the challenges this brings. Kathy discussed being guided by a bottom-up approach and listening to what is happening at a community level to influence the various projects. These include radio, dance, music, visual arts, digital media and the annual Desert Harmony Festival. What stood out for me was the innovative approach of including local community members in visiting art productions. This collaboration resulted in one young dance student being invited to go back to Sydney to perform there as part of the production. What a great way to foster cultural understanding, create opportunity, employment and work with role models. The Ottawa Charter really featured within this program.

The second session that I have chosen to report on is “The Importance of Role Modelling in AOD Prevention-Understanding Key Influences” by Roslyn Johnson from the Australian Drug Foundation. I felt as though I could translate into practice what was presented through our Local Drug Action Group, of which I am a member. As health promotion practitioners we realise the harms to young people of early consumption of alcohol. Roslyn presented on their extensive literature review, to inform parental interventions in regards to alcohol and drug use by young people. It was found that parents are a key predictor and influencer of their children’s substance use. It was also found that parents do not realise they are such an important factor. To support parents a resource called “The Other Talk” is now available ([www.theothertalk.org.au](http://www.theothertalk.org.au)). This booklet provides parents with information and builds skills to start a conversation with their children. Also included in the booklet is factual information on alcohol and other drugs, safe partying advice and information on the law.



To bring this topic to the attention of parents, direct engagement strategies are recommended such as during parent attendance at school events. An online program also showed promise to engage and support parents. Roslyn concluded that parent focussed interventions hold great promise in the future to prevent or delay the risks of early alcohol and other drug use of young people. I look forward to discussing this topic and the implications for our Local Drug Action Group at our next meeting. I hope I have done justice to two great presenters and want to acknowledge their work and presentations so thank you to Kathy Burns and Roslyn Johnson.

**Lorena Chapman**  
Cancer Council WA

I thoroughly enjoyed the opportunity to attend the 23rd National AHPA Conference. It was my first experience attending an AHPA conference so my expectations were high and I was not disappointed. I would like to extend my many thanks to the AHPA (WA Branch) for awarding me a scholarship to attend the conference.

There were many interesting sessions at the conference but I would have to say that the most valuable ones for me were:

1. **Kathy Burns' (Artistic Director at the Barkly Regional Arts Centre)** presentation entitled 'The Heart of Community Arts' provided the perfect opening to the conference. Kathy presented on the innovative approach that Barkly Regional Arts is taking to build community engagement in Tennant Creek by using the arts to change lives. Kathy's presentation inspired delegates to think outside the box and to move from traditional health promotion strategies to innovative approaches. These may not necessarily focus specifically on health; however, the follow on effect is improving health and wellbeing by addressing the social determinants of health. Kathy said, "At the heart of community arts are the people" and we need to remember that people are at the heart of health promotion as well. #istandwiththearts.
2. **Dr Audrey Aumua's (Deputy Director-General at the Secretariat of the Pacific Community (SPC) in Fiji)** presentation provided important insight into the public health issues affecting the people living in the Pacific Islands. Not only do the Pacific Islands have to deal with the same non-communicable diseases (NCDs) as Australia and the associated risk factors, they also have to deal with the constant threat of climate change. The devastating impact that climate will have on their lives will be quite different to the rest of the world, and, as a result, we will see a lot more climate change refugees. As their closest neighbour Australia has an important role to play to help the Pacific Islands. To tackle these wide varieties of public health issues the Pacific Islands have implemented a broad comprehensive approach by addressing NCDs, gender equality and climate change in every program. There is a lot Australia can learn from the Pacific Islands' approach to NCDs, including the development of a NCD Roadmap Report that incorporates best practice in health promotion.

3. **Dr Rhys Jones' (Senior Lecturer in Māori Health at the University of Auckland)** presentation entitled 'Tradition as Innovation: Decolonizing our Practice' connected well with the conference theme, including connecting the dots between health, sustainability and equity. Dr Jones reminded conference delegates to remember the prerequisites of health that are outlined in the Ottawa Charter: peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice and equity. He asked delegates to think about how we can use Indigenous traditions to solve contemporary problems, including overcoming environment, social and health issues – tradition as innovation. He finished by challenging delegates to make it matter by becoming part of the solution and start doing things differently. This involves us decolonising ourselves and our health promotion practice.

I learned a lot from the conference but a few elements that stood out to me that I can apply to my health promotion practice, which currently focuses on reducing health inequalities by working more closely with the community and social services sector in WA to reach vulnerable groups where smoking rates remain high, are:

- The conference reminded me how important it is that we remember the social determinants of health. Often we get so caught up focusing on the risk factors (i.e. tobacco, alcohol, unhealthy eating, etc.) that we forget to look at the underlining reasons why the most vulnerable groups of our population are more likely to be consuming these unhealthy products.
- I was also inspired by Dr Jones' presentation which reminded us of how much we can learn from the culture of Aboriginal and Torres Strait Islander peoples. To be part of the solution we need to decolonise ourselves and our health promotion practice to harness good intentions to liberate and not oppress.
- Kirstan Corben's presentation on Alfred Health's 'Start the Conversation' program provided key learnings that we can apply in WA. This includes sharing the stories of real patients who have quit smoking and the positive difference it has made in their lives, to encourage health professionals to talk about smoking with their patients.
- The 'Politicians Talk Health' panel provided some great insights into the best way for us to engage with politicians when advocating for health promotion, including going to them with solutions not problems, and making sure they are possible, not ideal. It's also important that you understand who the politician is that you're trying to influence and why they got in to politics.



# CONGRATULATIONS TO OUR WA BRANCH PRESIDENT

Congratulations to our AHPA (WA Branch) President Melinda Edmunds on receiving the inaugural Glen Paley Memorial Award, which was presented at the 2016 AHPA 23rd National Conference in Perth. Melinda, who was also the AHPA Conference Co-Convener, was noted by the judges for her passion and proactivity for health promotion and the Association.

In 2016, the Glen Paley Memorial Award was established to recognise individual achievement within AHPA, contributing to its mission of "Leadership in Health Promotion". The Award provides an opportunity to recognise the valuable contribution and commitment of our Board and Branch Committee members to the operation of the Association and its membership.

"Melinda is passionate about ensuring that local AHPA activities engage, connect and inspire health promotion professionals. She is proactive in seeking opportunities to work in partnership with other organisations to enable AHPA to work collaboratively on health promotion activities, advocacy efforts and capacity building events." – Excerpt from the award nomination.

## Melinda commented:

*I feel incredibly honoured that I am the inaugural winner of the Glen Paley Memorial Award. Although I never knew Glen, she was instrumental in the work of AHPA® and it is an amazing award to be recognised for. The reason I joined the AHPA® (WA Branch) Committee three years ago was to enable health promotion to have a voice. I believe that to have a voice you need to step up and be a leader in the field. This doesn't mean that you necessarily have to take on the President's role like I have, however you need to be committed to the cause. I am fortunate to have a number of people supporting me to do what I do for AHPA® and I know I couldn't do it without them, it is a team effort. I can only hope that I continue to contribute to leadership in health promotion and see our profession recognised by many.*



AHPA National President  
Gemma Crawford  
presenting the award to  
Melinda Edmunds.

# CONGRATULATIONS TO CORIE GRAY & ELLA-LOUISE BROOK

The WA Branch would like to congratulate the joint inaugural winners of the **Australian Health Promotion Association Peter Howat Award for Academic Excellence in Health Promotion**, Corie Gray and Ella-Louise Brook. The award recognises the top student in health promotion. The award was aptly named after AHPA life member Peter Howat who has made significant contributions to health promotion in WA.



*Emeritus Professor Howat, Ella-Louise Brook, Corie Gray and Melinda Edmunds.*

# HEALTH PROMOTION JOURNAL OF AUSTRALIA RECOMMENDED READING

In preparing this edition of the News from the West we spoke with Editor in Chief of the HPJA, Dr Jonine Jancey to highlight some of the great articles in the latest issue of the journal. Three of the articles below are open access and we would encourage you to share these with your colleagues.

## **The medicalisation of prevention: health promotion is more than a pill a day**

This editorial was written by Colin Binns, Peter Howat, James Smith and Jonine Jancey.

## **Feed Safe: a multidisciplinary partnership approach results in a successful mobile application for breastfeeding mothers**

This paper describes the multidisciplinary partnership process used to develop a new breastfeeding mobile application, Feed Safe. The process, evaluated with a validated tool, led to an effective, well-received application that achieved media attention and strong public uptake. The findings discussed may guide other health promotion practitioners in developing and disseminating mobile health applications

## **Reorientation of health services: enablers and barriers faced by organisations when increasing health promotion capacity**

In recent years, major cuts to resources and leadership in preventive health approaches have hindered the capacity to improve population health outcomes. This literature review synthesises the enablers and barriers faced by health organisations over the past 25 years in building capacity to deliver health promotion approaches. Given current limited resources, it is timely to be aware of how capacity for health promotion can be strengthened

The editorial and two additional articles can be accessed at: <http://www.publish.csiro.au/nid/292/CurrentIssueFlag/1.htm>

## **Ray James Award**

In 2009 AHPA established the Ray James Award. This award recognises an individual AHPA member for excellence and innovation in health promotion research published during the previous year in the Health Promotion Journal of Australia. It is a great pleasure to announce that Dr Annabel Axford and Drew Carter have been selected as the 2016 Ray James Award recipients for their paper entitled: Building workforce capacity for ethical reflection in health promotion: a practitioner's experience. You can access this paper here <http://www.publish.csiro.au/paper/HE15031.htm>. Visit the AHPA website to hear what Dr Axford had to say about winning the award.

# HEALTH PROMOTION INSIGHTS WITH CAROLINE JACKSON, MENTALLY HEALTHY WA

Scarlett Duncan

WA Branch Student Subcommittee

A new component of the revamped News from the West is an interview with a health promotion practitioner, conducted by an AHPA (WA Branch) Student Subcommittee member. Thank you to our subcommittee member Scarlett Duncan and Caroline Jackson from Mentally Healthy WA for providing the following insights into Caroline's health promotion journey

For the last 10 months, Caroline has been covering maternity leave as the Acting Partnerships Manager for Mentally Healthy WA, which coordinates the Act-Belong-Commit health promotion campaign. Working in partnership with other organisations is an integral part of the campaign that enables Act-Belong-Commit to make a significant difference in the wider community. The main aspect of Caroline's role is to manage the partnership program, supporting existing, and recruiting new site partners, such as local government and health departments, and associate partners, such as state-wide organisations that have a linkage or shared interest with mental health promotion. In addition, Caroline has managed Mentally Healthy WA staff working on Chevron funded projects such as the Capacity Building Project in the Pilbara, and the Schools Health Promotion Project, as well as the Health Promotion Assistant. It has also been Caroline's responsibility to write the campaign summary report, a large task which is made easier by reflecting on the impact that Act-Belong-Commit and its partners are having on the mental health of their local communities.

A typical day includes correspondence with partners, recruiting and delivering training to new site project officers. With over 30 site partners, and 28 associate partners, all needing different levels of support, Caroline's assistance is well sought after! Caroline also provides advice and support to all members of the Act-Belong-Commit team, and values each member's unique skills and the part they play in promoting mental health, with an emphasis on collaboration and team work. Caroline has enjoyed the team's ability to celebrate achievements, whilst also focusing on where and how they can improve.

Caroline laughs when asked about her journey as, with over 20 years of experience, it's impossible to discuss everything that led her to what she does now. Before coming to Australia from the United Kingdom, Caroline completed a degree in Youth and Community work. As she had an interest in the health of young people, particularly young women's health, sexual health and mental health, Caroline completed an early student placement in a health promotion unit, leading her to assist in setting up a sexual health clinic for young people in Blackpool, which is still going strong!



She then went on to work in Manchester, a well-resourced city for health promotion, where she attained her dream job in the 'Schools and Young People' team with a specialisation in emotional health and wellbeing. Whilst working here she also attained a Masters in Applied Public Health, which further enhanced her connection between the theory and practice of health promotion.

**What is the most challenging part of your job?**

Managing all the different aspects of the role, meeting everyone's needs and prioritising appropriately.

**What is the most rewarding part of your job?**

It has been a privilege to work for a well-established and evidence-based organisation, and to have been part of a highly motivated team that is always striving to make a difference.

**How do you personally Act, Belong and Commit?**

Act: Enjoys being physically active with her family, bike and scooter rides, walks and swimming.

Belong: A good support network of family and friends, and she is greatly involved with her children's school community.

Commit: Caroline is a parent representative on the school board, and is involved in supporting the P & C to fundraise and improve community involvement at school.

For more information about the Act-Belong-Commit Campaign, please visit:

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

Facebook: [www.facebook.com/actbelongcommit](https://www.facebook.com/actbelongcommit)

Twitter: [@actbelongcommit](https://twitter.com/actbelongcommit)

Instagram: [@actbelongcommit](https://www.instagram.com/actbelongcommit)

# TACKLING OBESITY AND RELATED CHRONIC DISEASE IN RURAL AREAS: LEARNINGS FROM THE ALBANY PHYSICAL ACTIVITY & NUTRITION (APAN) RCT

Krysten Blackford

Project Officer / PhD Candidate, Curtin University

Poor diet, physical inactivity, sedentary behaviour, and overweight/obesity are some of the major risk factors contributing to Australia's burden of disease. These risk factors are more prevalent in rural/remote communities in the older age groups, with the gap widening particularly for fruit and vegetable intake. The Albany Physical Activity and Nutrition (APAN) study aimed to address this issue.

A home-based intervention was implemented in Albany and surrounding towns in WA to address overweight/obesity, metabolic syndrome and associated chronic disease. Four hundred participants aged 50-69 were recruited into the six-month randomised controlled trial (RCT). They were tested for metabolic syndrome and randomly allocated to intervention (n=201) or control groups (n=200). Metabolic syndrome is a cluster of factors that are common to type 2 diabetes and cardiovascular disease, and it is recommended that weight reduction via dietary and physical activity improvements should be the primary intervention goal.

Program materials and resources were provided to the intervention group at baseline, and the control group was waitlisted to receive the program after post-test. Each participant received a package designed to educate, motivate, and support improvement in dietary and physical activity behaviours via goal setting, based on the principles of Self-Determination Theory complemented by motivational interviewing. Resources included printed and online materials, based on the Australian Dietary Guidelines and Physical Activity and Sedentary Behaviour Guidelines.

Data were collected at baseline and post-test and consisted of self-reported physical activity and dietary behaviours, body composition measurements (BMI, waist circumference), blood samples (fasting glucose, cholesterol, triglycerides), and blood pressure. Process evaluation was also conducted using a mixed-methods approach, to determine reasons for success or failure of the program, the suitability of the materials and resources, the appropriateness of strategies, and reasons for non-participation or withdrawal.

Analysis of primary outcome measures revealed promising results. The intervention group marginally increased their metabolic equivalent (MET) minutes of moderate intensity physical

activity per week, and significantly improved fibre intake, fat intake, and vegetable serves per day from baseline to post-test compared to the control group. In addition, there were significant improvements in participants' triglycerides, total cholesterol, non-HDL cholesterol, waist circumference, waist-to-hip ratio, and BMI. Participants also significantly lowered their cardiovascular disease and type 2 diabetes risk scores.

Process evaluation determined the suitability of the intervention for the priority population and whether the intervention was implemented as planned. The majority of participants found the materials useful, attractive, and suitable for people their age, and stated the materials had encouraged them to improve diet and physical activity behaviours. Results also indicated the usefulness and supportiveness of the motivational interviewing approach. These results highlight the acceptability and suitability of the overall approach for future interventions.

It is imperative that future interventions focus on sustainable health outcomes in real-world settings, particularly in vulnerable rural/remote groups. APAN suggests that home-based prevention programs incorporating dietary and physical activity behaviour change are a promising means to prevent the onset of chronic disease in difficult-to-reach rural adults. Health promotion practitioners working with similar target groups may learn from the results of this study when considering intervention design and implementation.

This study demonstrates the effectiveness of targeted behaviour change interventions for high risk population groups that aim to develop personal skills and empower the individual. The sustainability of such interventions relies on partnerships between organisations who aim to achieve similar outcomes. Working together to develop a range of strategies as part of a comprehensive approach is imperative for obesity and chronic disease prevention, which continue to affect a multitude of population groups including rural Australians. If you would like to learn more about these study results, please see the articles below or contact Krysten on 08 9266 2751 or [k.blackford@curtin.edu.au](mailto:k.blackford@curtin.edu.au)

- Blackford, K., Jancey, J., Lee, A., James, A. P., Howat, P., Hills, A. P., & Anderson, A. (2015). A randomised controlled trial of a physical activity and nutrition program targeting middle-aged adults at risk of metabolic syndrome in a disadvantaged rural community. *BMC Public Health*, 15.
- Blackford, K., Jancey, J., Lee, A. H., James, A. P., Howat, P., & Waddell, T. (2016). Effects of a home-based intervention on diet and physical activity behaviours for rural adults with or at risk of metabolic syndrome: a randomised controlled trial. *Int J Behav Nutr Phys Act*, 13(13).
- Blackford, K., Jancey, J., Lee, A. H., James, A. P., Waddell, T., & Howat, P. (2016). Home-based lifestyle intervention for rural adults improves metabolic syndrome parameters and cardiovascular risk factors: A randomised controlled trial. *Prev Med*, 89, 15-22.
- Blackford, K., Jancey, J., Lee, A., James, A. P., Howat, P., Hills, A. P., & Anderson, A. (2016). Process evaluation of the Albany Physical Activity and Nutrition (APAN) program: A home-based intervention for metabolic syndrome and associated chronic disease risk in rural Australian adults. *Health Prom J Aus* (In press).

# EASY MOVERS: A PEER-LED FALLS PREVENTION PROGRAM FOR SENIORS

Rani Param & Amber Giblett

City of Albany and Great Southern Population Health, WA Country Health Service

Falls are a significant health issue for older Australians. Each year, approximately one in three individuals aged 65 years and older falls. There is strong evidence that tailored physical activity interventions are an effective falls prevention strategy for community-based seniors, with activities such as a balance and strength exercise demonstrating particular merit.

The purpose of the Easy Movers pilot was to trial a volunteer peer-led strength and balance program for seniors in a mainstream fitness centre to determine whether the peer-led model is effective at improving seniors' strength and balance to prevent falls. The City of Albany, with support from the WA Country Health Service, implemented a strength and balance program for eight weeks for seniors called Easy Movers. Easy Movers is aimed at seniors aged over 65 years who can perform standing exercises and reside in the community, and classes are held at Albany Leisure and Aquatic Centre (ALAC).

For the trial, eligible seniors received a free strength & balance assessment from an Exercise Physiologist before and after the eight week trial period, with a program review at the halfway point. All individuals provided written consent to participate. The assessments included BERGS Balance Scale, Sit to Stand, Single Leg Balance, and Step Ups. After the first assessment, seniors were prescribed a tailored strength and balance program to complete in the class, which is held three times per week. Classes were supervised by trained volunteer Peer Leaders, themselves seniors with an interest in falls prevention. A transition pathway was established for Easy Movers to move into mainstream classes via a 'come and try' free 4 week membership to attend existing seniors' fitness programs at ALAC at the conclusion of the trial.

During program commencement, 56% of participants were on 'beginner' level programs, and 44% on 'intermediate' level. At the end of the trial, 22% of participants were on 'intermediate' level programs, and 78% had progressed to 'advanced' level. Quantitative strength and balance measurements also improved post program across all participants. In addition, all but three of the participants in the trial were ready to move to mainstream gym and pool-based exercise programs. Qualitative participant feedback indicated a strong motivation to continue with classes as a result of self-determined improvements in their strength and balance. Participants also expressed high levels of satisfaction with the peer-leader model, noting in particular their encouragement, support and creating a sense of camaraderie in class. The Peer Leaders all reported high levels of personal satisfaction volunteering with Easy Movers.



The Easy Movers trial indicated that adopting a volunteer peer leader model can be an effective strategy for community-based falls prevention. In particular:

- The risks associated with utilising volunteer instructors were reduced by integrating the program into a mainstream fitness centre; the presence of Duty Managers and other trained staff improved the overall safety for participants.
- The social atmosphere and rapport between participants and Peer Leaders was central to the success of Easy Movers. The social element to the program was a motivating factor for participants to continue with classes.
- The Peer Leader model can be successful in drawing seniors into a mainstream fitness centre. Our experience shows that once seniors have confidence and familiarity with the centre, they are happy to continue using other programs.

The trial indicated that physical activity interventions led by older volunteers can be a valuable method of engaging seniors in regular strength and balance activity. It also helped to address commonly cited barriers that can preclude exercise participation by seniors, such as cost and lack of confidence. Due to the success of the trial, the Easy Movers program continues to operate at ALAC.



*An Easy Movers peer leader  
instructing a participant*

# THE MISSING GENERATION IN REMOTE INDIGENOUS COMMUNITIES: HOW WE DEAL IN THE REAL WORLD

Stuart Martin, Genevieve Russ, Sonny McKay,  
Scott Mackenzie & Taryn Dyers

Shire of Derby/West Kimberley

The Shire of Derby/West Kimberley Aboriginal Environmental Health Unit uses a less traditional approach to health promotion in Indigenous communities to ensure that our work matters. In many of our communities we are seeing a missing generation. People and families affected by limited education, apathy, substance abuse, and chronic diseases, often resulting in extended family caring for children. This impacts greatly on the type of health promotion programs and resources we need to access and use.

While a lot of resources and time has been spent on Indigenous health promotion, most of this has been focused on and targeted towards children. Through our evaluation of past programs, we now have evidence recognising a widening gap in knowledge and health standards between adults and children. We know that children understand our messages and put them into practice in a school environment, but the challenges begin outside of that environment. For example, we teach the kids how to wash their hands but some go home to an environment with no soap or running water.

When working with remote Indigenous communities, we have encountered a number of difficulties which has resulted in a need to utilise more innovative methods of consumer engagement and strategy implementation.

Our team has recently developed a new campaign called LIVE DEADLY to engage and address Indigenous adults between the ages of 16-35. This age bracket was chosen as they are the group of adults most likely to be starting a family or have children attending school.

The LIVE DEADLY campaign will be promoted through the communication methods of T.V and radio adverts, posters, brochures and education packages for schools as well as social media.

All promotional material will have an important environmental health message involving:

- Personal hygiene
- Reporting of housing issues
- Two dogs per house
- Community clean-up

- Tidying house and yard
- Mosquito prevention
- Getting your kids to the clinic
- Trachoma and skin sores prevention

The Department of Health have supported the LIVE DEADLY campaign through a grant to purchase promotional materials for the campaign. We plan to purchase car wraps and banners as further branding of the LIVE DEADLY message so that the message becomes well known within our communities.

The health and environmental issues in Indigenous communities continue to challenge public health practitioners, researchers, and policy makers. Our team have identified a gap in knowledge between children and adults and have been proactive and innovative at working towards a solution to bridge this gap. It is important that the programs we continue to develop assist with empowering people to exercise more control over their health and environments, enabling them to make choices conducive to good health and wellbeing.

For more information, contact Taryn Dyer (Environmental Health Officer Aboriginal Communities-Shire of Derby/West Kimberley) on 08 9191 0999 or [taryn.dyer@sdwk.wa.gov.au](mailto:taryn.dyer@sdwk.wa.gov.au)

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# BUILDING A BROADER HEALTH PROMOTION TEAM IN THE REGIONS: FOODBANK WA'S PARTNERSHIP MODEL

Christal Houghton & Rex Milligan

Foodbank WA

Foodbank WA faces the challenge of providing an effective, efficient nutrition education service that spans all regions across WA. A high demand for Food Sensations®, the nutrition education and cooking initiative, in regional and remote areas, meant that supply of service delivery could not keep up with demand. Local health organisations faced challenges of their own with limited funding, time and capacity issues inhibiting the development and delivery of research-based, relevant nutrition education resources from local community nutrition services in regional areas.

Foodbank WA instituted a partnership model to address the high demand for community nutrition education services and limited capacity issues experienced by schools, community agencies, local and state-wide health services. These partnerships were leveraged to ensure an effective, efficient delivery model that had local relevance. The model was developed both to build capacity and help reduce the gap in food literacy knowledge and cooking skills seen in WA communities.

Foodbank WA developed a successful model working in partnership with local health services through formal Memorandum of Understanding (MoU) agreements with government and non-government organisations (e.g. WA Country Health Service). Foodbank WA's capacity building model included;

- Food Sensations® training to selected regional health professionals including dietitians and health promotion officers via face-to-face or videoconferencing.
- Regionally-tailored resources to deliver food literacy and cooking sessions to children and adult groups, including lesson plans, activity resources, recipes/cookbooks, cooking equipment kits and funding food for cooking sessions.
- Ongoing phone, email and face-to-face communication and support.
- Basic reporting.

Between 2012 and 2015, eight MoU agreements were developed with government and non-government organisations. Local health professionals delivered 220 Food Sensations sessions® to 3296 children and adult participants who would have missed out without this partnership strategy. These sessions were delivered in 66 towns and communities across the Pilbara, Midwest, Gascoyne, Goldfields, Wheatbelt, Southwest and Great Southern regions.



The partnership model resulted in more communities having access to Food Sensations®, a highly demanded nutrition education and cooking initiative. The foundational themes were the integral contributors to the model's success:

**Sustainable:** Food Sensations® was made available to local health organisations so it was not solely reliant on Foodbank WA's capacity. The partnership agreement was established at an organisation level to avoid the impact of high staff turnover in regional areas.

**Complementary:** The partnership model was developed to support existing services and not add burden to Foodbank WA or local health services.

**Cost effective:** Without dedicated funding for the strategy, the model had to add value to existing services without adding a significant financial burden.

**Quality control:** The use of Food Sensations® was monitored to ensure fidelity and consistency in session delivery was maintained throughout the State.

This model can help to alleviate the challenges faced by local and state-wide organisations when there is high demand for services and limited capacity. These partnerships create a more powerful and sustainable model of comprehensive health promotion service delivery that is generalisable to other public health issues.



*Building capacity of local professionals to deliver Food Sensations® in regional WA.*

# ENHANCING THE WAY WE EVALUATE

Megan Neeson & Claire Thomson

Western Australian School Canteen Association Inc.

Traditionally, at the centre of best practice health promotion projects is a comprehensive evaluation framework to measure reach and impact outcomes. Whilst the theory may have gone unchanged, technological innovations enable intuitive and streamlined evaluation collection methods, entwining tradition and innovation.

The Western Australian School Canteen Association Inc. (WASCA) has successfully built upon traditional evaluation methods creating an innovative web-based data collection platform – the ‘portal’.

Constructed around project outcomes, the portal allows for user-friendly data input and analysis at the touch of a button. Such capabilities inform progress at all stages of the project, allowing for insightful reflection and revision.

The portal provides WASCA with insight into these measures during the course of a project and how this could be utilised for immediate effect. For example, the portal tracks the types of support and services delivered to WA schools.

The data is based on a set of pre-defined parameters to ensure consistency, regardless of different staff inputting the information. Setting parameters also means communication with engaged schools is consistent as the same information is captured.

In addition, each time WASCA has communication with the same school it is stored under a main profile for that school. This means that a story line is created for the school and may include menu assessments (with comparison over time); general enquiries ranging from profitability, policy and volunteers; demographics; and contact details for key individuals.

The portal also summarises data within these parameters which allows for analysis at the touch of a button. This means WASCA staff can instantly identify any common themes in the data and tailor services to suit. The data can also be sorted by date range (e.g. financial year) and exported to Excel for further analysis.

This enables WASCA staff to develop charts and graphs to visually represent the support/services provided. Figure 1 represents products that have been sent to WASCA from schools for assessment according to the Department of Education’s Healthy Food and Drink (HFD) policy. Prior to having data collated in the portal we could easily report on the number of product assessments, however it would take considerable time to manually collate the traffic light colour coding for each assessment.

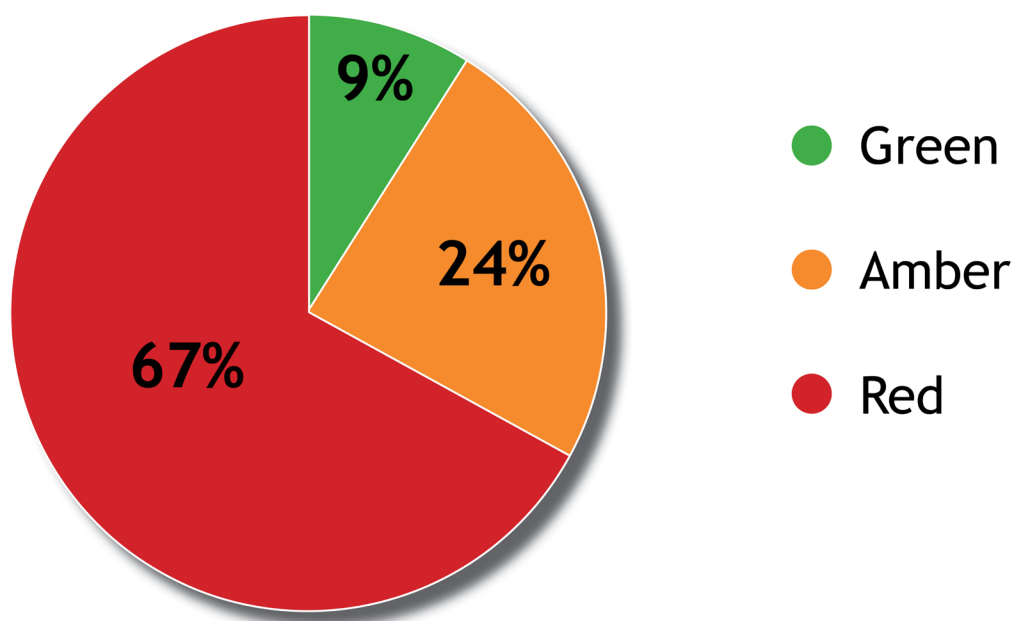
Developing the portal was a substantial investment in terms of dollars and man hours however the rich data it has the capabilities to generate is priceless.

Since the portal was developed, WASCA's capacity to collect data has increased by 58%, without an increase in workload, human resources or demand on the target audience.

We believe it is important to share information and resources between organisations and projects to examine the ways in which we work and how technological advancements can add value to health promotion practices.

For more information, contact Megan Neeson on 9264 4999.

## Product assessments



*WASCA product assessment according to the HFD policy*

# REORIENTING CERVICAL CANCER PREVENTION STRATEGIES IN WESTERN AUSTRALIA

Lanny Hoskin

## WA Cervical Cancer Prevention Program

In 2013 the WA Cervical Cancer Prevention Program (WACCPP) made a strategic decision to reorient its primary health promotion strategy to better meet the evolving needs of women and health care providers in the realm of cervical screening. This saw the program move away from its traditional approach of facilitating regional-based campaigns to piloting a state-wide approach focused on strengthening community action and creating a strong stakeholder network. The objectives of this approach were to increase women's knowledge of cervical cancer prevention and provide additional opportunities for women to participate in cervical screening.

The WACCPP now embraces the following state-wide strategies:

- An annual campaign held in November each year to align with National Cervical Cancer Awareness Week. A key component of the campaign is the Stakeholder Engagement Strategy, encouraging stakeholders to register an activity in support of the campaign, such as a clinic, information stall or women's health event. In return, stakeholders have access to a range of support resources from the WACCPP, such as print and downloadable resources, campaign items and equipment loans. Stakeholders are also supported to generate publicity for their activity and promote campaign messages on their social media platforms, utilising a media release template and social media toolkit. In 2015, 66 organisations registered 86 activities that saw a 70% increase on the previous year.
- A Small Grants Program providing funding for project activities that encourage cervical screening among priority populations, such as Aboriginal, and culturally and linguistically diverse women. In 2015/16, 14 projects were funded across WA. Project activities included the provision of additional Pap smear services, community education events and health professional education and training.
- The Community Cervix Announcement newsletter, as a way of sharing information about what's happening in cervical cancer prevention across WA. The newsletter presents an update on WACCPP activity, shares stories about the activity of stakeholders and provides links to new resources, funding opportunities and scholarships. At present there are 950 subscribers to the Newsletter.
- A dedicated WACCPP webpage for stakeholders; a one-stop-shop for access to a range of support to aid in implementing a local activity: [http://ww2.health.wa.gov.au/Articles/A\\_E/Cervical-cancer-prevention-in-the-commmunity](http://ww2.health.wa.gov.au/Articles/A_E/Cervical-cancer-prevention-in-the-commmunity)



These changes have resulted in positive outcomes, such as an increase in the number of cervical cancer prevention activities across the State, the strengthening of relationships between the WACCPP and stakeholders, and the development of a communication network. Through the development of collaborative partnerships the WACCPP was able to encourage community buy-in that provided localised, community-appropriate delivery of cervical screening promotion at a state-wide level.

This new approach is also timely given the upcoming, significant changes to the National Cervical Screening Program (NCSP), due to commence from May 2017. These changes are the outcome of the Renewal – a rigorous assessment of the evidence and economics of potential screening pathways, tests and intervals that began in November 2011.

The NCSP currently recommends women aged 18 to 69 years who have ever been sexually active to have a Pap smear every two years; while the renewed NCSP will invite women aged 25 to 69 years to undertake a human papillomavirus (HPV) test every five years, with an exit test between 70 and 74 years of age. With its new state-wide approach, the WACCPP is well placed to communicate and support implementation of these changes to women and health professionals across the State.

The renewed NCSP will ensure Australian women will continue to have access to a cervical screening program that is safe, effective, efficient and based on current evidence. For more information about the Renewal visit the NCSP website:

<http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/future-changes-cervical>

For more information, contact Lanny Hoskin on 08 9323 6776 or [lanny.hoskin@health.wa.gov.au](mailto:lanny.hoskin@health.wa.gov.au).

# MAKING MILK MAN: THE THEORY-BASED DEVELOPMENT OF A SOCIALLY CONNECTED, GAMIFIED BREASTFEEDING MOBILE APP FOR FATHERS

Becky White<sup>1</sup>, Sharyn Burns<sup>1</sup>, Roslyn Giglia<sup>2</sup> & Jane Scott<sup>1</sup>

<sup>1</sup> Curtin University, WA, Australia, <sup>2</sup> Telethon Kids Institute, WA, Australia

Less than 15% of Australian babies are exclusively breastfed to 6 months. Partner support is integral to a woman's decision to initiate and continue breastfeeding, yet many men can feel unprepared for their paternal role in breastfeeding. Mobile technology offers significant opportunities for health promotion professionals to reach people, and engage them in information and conversations about health.

This research aimed to develop an engaging, theory-based mobile app about breastfeeding targeted to fathers of infants. Research shows if fathers are more supportive of breastfeeding, their partners are likely to breastfeed for longer. An increase in breastfeeding duration and/or exclusively will result in greater health benefits for the child and mother.

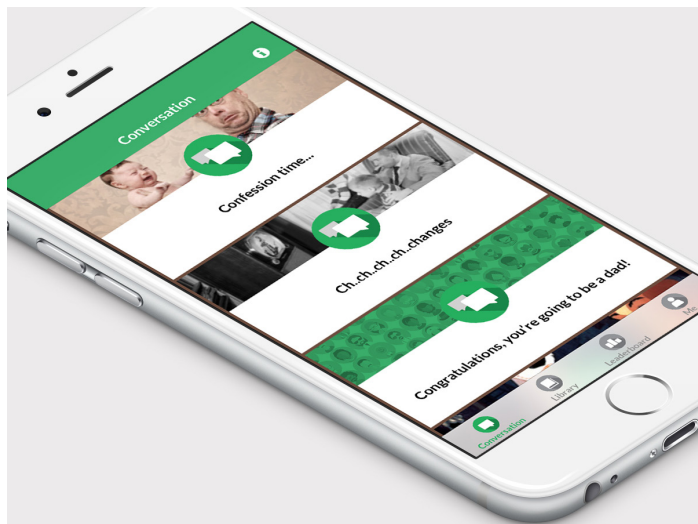
The development of Milk Man followed a best practice approach. It is based on the Social Cognitive Theory and was developed by a multidisciplinary team. In the formative evaluation stage, fathers (n=18) who were either expecting a baby, or who had a baby under the age of 6 months were invited to take part in a series of three focus groups seeking information about their mobile usage and the acceptability of the proposed engagement strategies. Two separate sessions were also held with health professionals (n=16) seeking their views on the intervention approach and the app content.

Following development a prototype was beta tested by the research team and application development professionals. A subsequent user testing phase involved fathers (n=4) testing the app via a think-aloud walkthrough study, and the completion of the Mobile App Rating Scale (MARS).

Qualitative data from the focus groups provided insight about mobile usage of the target group and the acceptability of the engagement strategies that guided the development. In the user testing phase the think-aloud walkthroughs identified 6 areas of functionality and usability to be addressed. The average MARS Score was 4.3 out of 5.

The Milk Man app was based on previous research and developed in a best practice model that included incorporating theory, end user and stakeholder consultation, and working with

a multidisciplinary team. The app was designed to provide fathers with social support and information aiming to increase the support they can offer their breastfeeding partners. It utilises engagement strategies such as gamification and social connectivity.



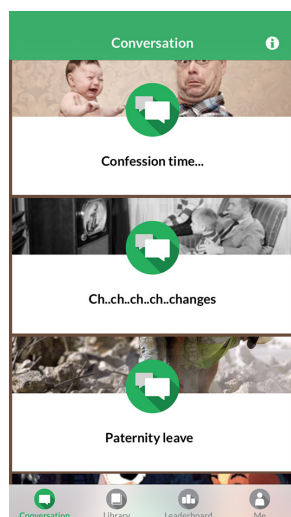
*Milk Man app*

To our knowledge Milk Man is the first breastfeeding app targeted at fathers of infants. The Milk Man app is currently being trialed as part of the Healthway funded Parent Infant Feeding Initiative study. The study is due to be completed mid-2017.

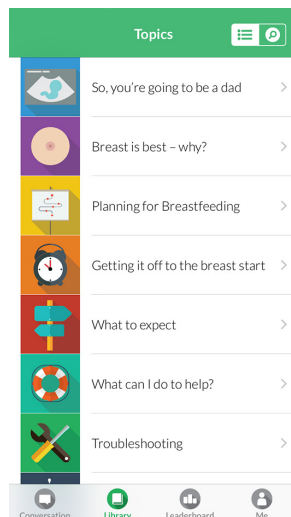
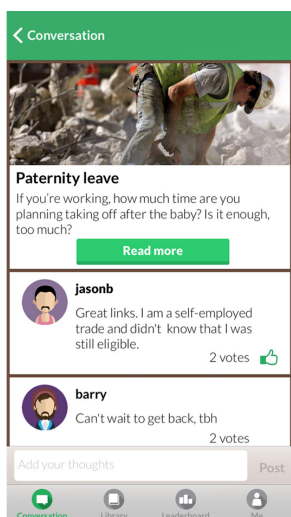
Involving fathers in breastfeeding initiatives and increasing self-efficacy in their paternal role has potential for increasing breastfeeding and other health outcomes. As mobile solutions are increasingly being used in health promotion, more evidence is needed about the efficacy of the approach, particularly from adequately powered RCTs. The comprehensive evaluation plan developed for Milk Man will ensure the findings are relevant to a broad health promotion audience.

For more information, contact Becky White via [becky.white@curtin.edu.au](mailto:becky.white@curtin.edu.au)

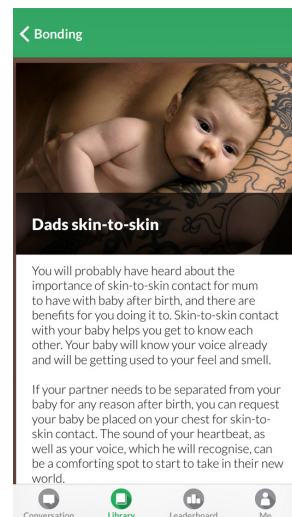
References available upon request.



*Milk Man conversation*



*Milk Man library*



# CREATING AN INNOVATIVE HEALTH PROMOTION NETWORK: CONNECT.ed

**Roisin Sweeney & Rachel Meade**

Injury Control Council of WA

With a diverse range of professionals working in health promotion, broad and solid connections within and outside the sector are fundamental to professional development and the success of any health promotion activity. Networking can provide a fresh perspective on challenges, options to problem solve and an outlet to pool together complementary skills, knowledge, experiences and resources. Despite the proven benefits to networking, challenges including geographical location, restrictive budgets, heavy workloads and confidence in networking can hinder an individual's capacity to network.

Recognising that there can be challenges associated with networking and believing that every practitioner is a valuable resource to their peers the Injury Control Council of WA's Know Injury team conducted in-depth interviews with stakeholders in WA to better understand what challenges injury prevention practitioners experienced when it came to networking.

This formative research indicated that WA health promotion practitioners working in injury prevention found it challenging to access low resource and low cost opportunities to connect with other practitioners conducting injury prevention activities. With practitioners working right across the state, challenges associated with geographical location were commonly mentioned. The interviews also identified support for an online networking methodology complemented by scheduled networking events.

Based on these interviews and a review of other successful networking programs Know Injury sought to develop an innovative networking program that does not take up a lot of time, is accessible to people in regional and remote areas and is less awkward to enable injury prevention practitioners the opportunity to connect the dots and kick start their health promotion programs.

Through some exploratory research Know Injury became aware that the International Federation of Red Cross and Red Crescent Societies were using a software platform called Spark Collaboration to network their volunteers around the globe.

Ultimately this led to the development of CONNECT.ed, Know Injury's networking program that aims to support Western Australian injury prevention practitioners, particularly those based in regional locations, to enhance their partnership building skills by increasing their access to networking opportunities.

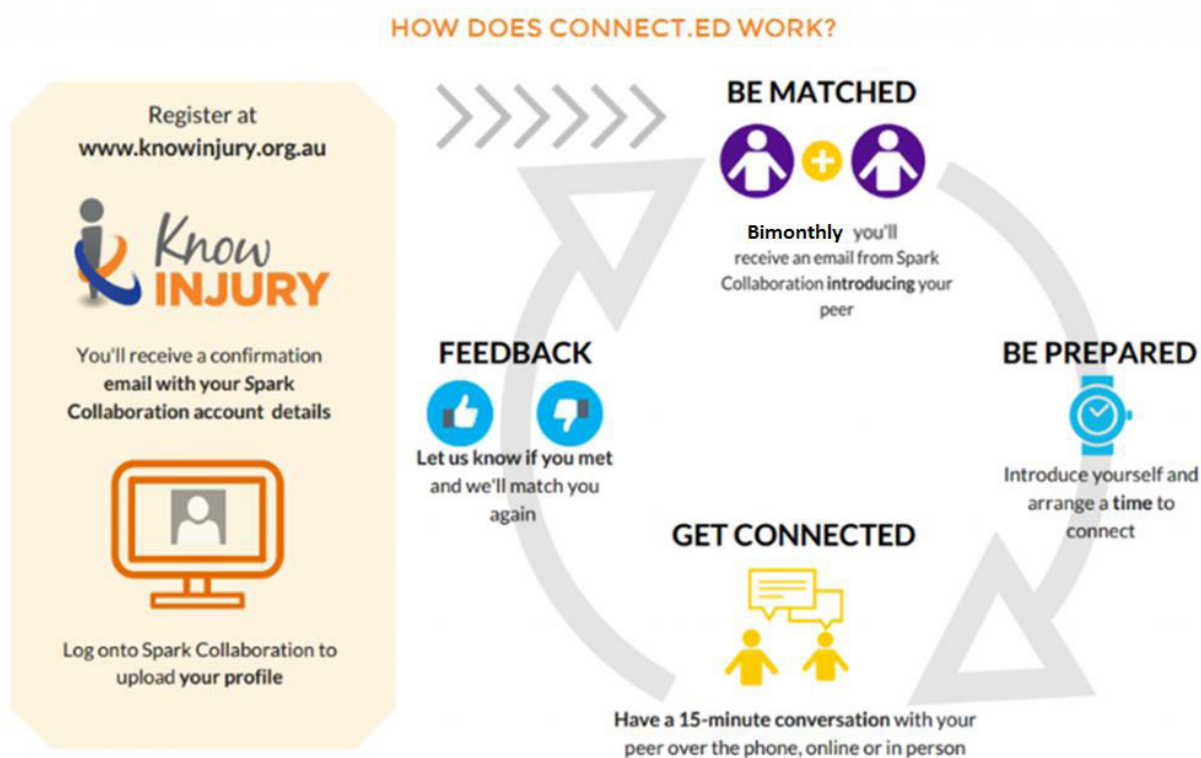
Bi-monthly, using Spark Collaboration, participants are randomly matched to another practitioner to arrange a 15 minute conversation. This conversation can be about health promotion, injury prevention and community safety, however ultimately the direction that the conversation takes is up to the participants.

Utilising Spark Collaboration as the technological platform to facilitate conversations between practitioners CONNECT.ed encourages practitioners across the professional spectrum to share and learn from each other. Since its inception in 2015, CONNECT.ed has expanded beyond WA to other Australian states and territories and international locations.

Thus far participants have met with a number of their peers and have reflected positively on the program, commenting that CONNECT.ed; “provides an opportunity to talk to people they would not normally meet”; “is a good way of revealing links within a sector and encouraging collaborating without forcing connections” and “gives permission to take 15 minutes to talk without any particular agenda”.

Based on our experiences with CONNECT.ed, we have learnt that by using a small amount of technology we can reduce some barriers to networking and open an array of opportunities to build lasting relationships and ultimately partnerships. By providing a unique way to connect with practitioners across the state CONNECT.ed is supporting WA injury prevention practitioners to enhance their network and partnership building skills.

For more information, contact the Know Injury team on 08 9420 7212 or [info@knowinjury.org.au](mailto:info@knowinjury.org.au)





# STANDING STRONG TOGETHER: ACT-BELONG-COMMIT LAUNCHES IN ROEBOURNE

Lesley Murray

Mentally Healthy WA

The logo that ten year-old Jasminnda Stevens created as part of a competition has been launched as the official logo of the Act-Belong-Commit campaign to build social and emotional wellbeing in Aboriginal communities in Roebourne. Jasminnda's drawing depicts the Roebourne communities standing together proud and strong.

Act-Belong-Commit is a world-first positive mental health promotion program that has been running state-wide in Western Australia since 2008. "Although Indigenous people have been involved in various campaign activities over the years, we have had many requests for a culturally relevant adaptation in Aboriginal communities", said UWA Professor Rob Donovan, the campaign's founder.

The opportunity came in 2014 when Chevron Australia and Mentally Healthy WA announced a partnership to take Act-Belong-Commit into the Aboriginal community in Roebourne, and communities throughout the West Pilbara. The partnership between Chevron and Mentally Healthy WA aims to increase the proportion of Western Australians who engage in mentally healthy activities by expanding the reach of the Act-Belong-Commit campaign to select target communities.

Since 2014, a comprehensive consultation process has been conducted to guide the development of the program, culminating in the logo competition for the campaign. "Aboriginal people in Roebourne told us that good social and emotional wellbeing depends very much on interacting with family, involvement in community activities and connecting to country and culture" said Aboriginal Project Manager Lesley Murray. "That is why, when framed in a cultural context, the Act-Belong-Commit message resonates well with Aboriginal people in Roebourne" she said.

Ms Murray says the focus of the program over the next year or so will be helping existing groups organise activities and events which bring the community together, especially activities which celebrate culture and country. "By involving individuals, families and the whole community in activities that increase social and emotional wellbeing, we hope to build resilience and provide people with a greater sense of control over their lives", said Ms Murray. "Jasminnda's drawing, which depicts the Roebourne communities standing together proud and strong, reflects the underlying strengths and capacities of Aboriginal communities in Roebourne which we hope to harness and strengthen", she said.

“We hope that the lessons learned here in Roebourne can help Aboriginal communities in the West Pilbara and around Australia develop positive social and emotional wellbeing campaigns that build on their communities’ strengths. Communities, both Indigenous and non-Indigenous, where people stand together proud and strong, can better deal with their problems and improve their quality of life” said Ms Laws, Act-Belong-Commit state program manager

Act-Belong-Commit is an initiative led by a team based at Curtin University. The campaign is supported by over 150 community partners in Western Australia, and has expanded to other parts of Australia and internationally. It’s a world-first comprehensive approach to building population mental health. Results show the program encourages individuals to proactively do things for their mental health, such as keeping active, maintaining friendships, participating in community activities, setting goals, learning new skills, contributing to causes, volunteering and helping others, all of which are known to increase resilience and prevent the onset or severity of mental health problems. People also see the program as reducing stigma associated with mental illness and making people more open to mental health issues.

For more information, contact Lesley on 0427 013 153 or [lesley.murray@curtin.edu.au](mailto:lesley.murray@curtin.edu.au)



*Jasmina Stevens with the final design.*



# MEMBERSHIP BENEFITS

## Are you a member? What does membership entitle you to?

Individual membership to the WA Branch of the Association can serve you and your profession in a number of ways including access to:

- Professional development workshops and seminars at a reduced fee including reduced registration to the annual National Conference
- National conference scholarship opportunities
- *News from the West*, our WA Branch newsletter, produced twice a year
- Monthly WA Branch e-news
- An exclusive mentoring program
- A listserv for members which provides postings of current employment opportunities, news of events and developments in the field, and networking news
- Health promotion scholarships (for health promotion graduates and Aboriginal and Torres Strait Islander people)
- Social and networking events with other practitioners in the field.

At a national level you also receive member access to the website, copies of the *Health Promotion Journal of Australia* published three times per year (a peer reviewed journal that aims to facilitate communication between researchers, practitioners and policymakers involved in health promotion activities) and regular email updates.

Your continuing support as a member is very valuable to us. Please help the WA Branch to grow by introducing a new member today! Individual memberships support the state branch to provide ongoing high quality services for members. It provides you with an opportunity to participate in health promotion direction in WA.

**Find out more about individual memberships or corporate subscriptions by visiting**

<http://www.healthpromotion.org.au/membership>

## Are your details correct?

- Do you receive emails via the listserv?
- Are you receiving your official copy of the *Health Promotion Journal of Australia*?
- If not, log in to the member section of the AHPA website.

## Article submission alert!

*News from the West* is sent out to more than 200 members twice a year. Short updates can also be emailed through for potential inclusion in the WA Branch e-news, which is disseminated on a monthly basis. The AHPA (WA Branch) is seeking articles from its members which share achievements, successes, new programs, research and new resources in the field of health promotion. If you have something you want to write about, article submission templates can be obtained by contacting us at [adminwa@healthpromotion.org.au](mailto:adminwa@healthpromotion.org.au)

Please ensure that your article adheres to the AHPA (WA Branch) Article Submission Guidelines for greater chance of getting published. The editors reserve the right to omit, edit or condense any submitted article.

Note: Articles appearing in *News from the West* do not necessarily reflect the views of the Australian Health Promotion Association (WA Branch or National).



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# Australian Health Promotion Association

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