

## Advocacy in Action



### Welcome from Professor Mike Daube, Director of PHAIWA

The world of public health professionals is small, but collegial. While there are inevitably differences of opinion and emphasis, public health professionals of all kinds have a history of working together to protect and promote the public health. Even where there is inevitably competition (whether for project funding or research grants), we recognise the need to collaborate once decisions have been made.

Nowhere is this collegial and collaborative approach more important than in advocacy. Those we seek to influence - often politicians, but also other groups such as public servants or major industries - and those whose activities we sometimes oppose - such as companies that ruthlessly promote unhealthy lifestyles to children and adults alike - are much more likely to respond favourably if they are receiving similar messages from a wide range of organisations and individuals than if they are faced by multiple messages and conflicting recommendations.

It is sometimes hard to distil all our objectives into a limited number of targets or recommendations; it is also important to recognise that even when there is a consensus, there must be room for flexibility and for organisations to pursue their own agendas. Nonetheless, the history of tobacco control

shows us that over the years there has been most progress when there has been a consensus on targets and strategies, and close collaboration on advocacy activities.

In areas as complex as obesity, alcohol, environment and health, Indigenous health, and other public health priorities reaching a consensus on key targets is not easy. This, however, has been a major focus for the PHAIWA. We recognise that the process takes time, but also that once we have the consensus we need we can work together even more effectively. We are excited by the progress that has been made in some of these areas and by the collaborative approach taken by so many of our colleagues.

To assist in promoting both better understanding of advocacy strategies and the benefits of a consensus approach, the PHAIWA has also been involved in organising advocacy training workshops around the state. These have been met with an enthusiastic response, and we hope that they will assist in development of consensus advocacy locally as well as at the state and national levels. I would like to thank all involved in the workshops, while recognising that these are a starting point. If there are areas in which you believe it would be useful for us to develop further advocacy training programs, please do let us know.

### Healthway Visiting Fellows 2010: Jane Landon & Dr Tim Lobstein

The Public Health Advocacy Institute is pleased to be hosting two Healthway Visiting Fellows from the UK: Jane Landon, Deputy Chief Executive, National Heart Forum and Dr Tim Lobstein, Director of Policy and Programmes, International Association for the Study of Obesity. During March and April they will be hosting a number of professional development seminars and workshops on their work and research into overweight and obesity, including a further regional seminar in Geraldton. For more information on events and details of how to register, please visit the PHAIWA website:

<http://www.phaiwa.org.au/index.php/blognews/168-healthway-visiting-fellows-jane-landon-a-dr-tim-lobstein>



## Building advocacy capacity in Regional WA

*"Highlights of the workshop for me were the high level of knowledge of the presenter and facilitators and the high quality of the guest speakers"* - workshop participant.

To build the capacity of regional injury prevention workers in advocacy and media skills, PHAIWA has partnered with the Injury Control Council of WA (ICCWA) to deliver a series of workshops in the first half of 2010. Workshops are based around the *Advocacy in Action* toolkit and participants have the opportunity to practice advocacy and media skills using injury prevention case studies.

Bunbury hosted the first workshop in the series on 11 February, attracting 20 participants from the South West region. Jamie Tatham from the South Western Times and Mick Murray MLA shared their advice on how to work effectively with media and politicians and get messages noticed. Participants practiced writing a media release, doing a radio interview and meeting with a politician. Ongoing advocacy support was offered to workshop participants to encourage the integration of advocacy into work practices.

Between March and June 2010, similar workshops will be held in Albany, Broome, Port Hedland and Kalgoorlie. To register your interest in the workshops, phone Kylie at ICCWA on (08) 9420 7212 or email [kmarchewka@iccwa.org.au](mailto:kmarchewka@iccwa.org.au).



Mick Murray MLA role plays a meeting with Shelley O'Brien, ICCWA and Michelle Gray, DAO



## Getting your message across on Television and Radio

*"A great opportunity to improve practical interview skills. Would recommend this workshop for all health promotion professionals who use media to get their message across"* - Workshop participant.

On February 18, twelve public health professionals working on a wide range of issues were put through their paces in a television and radio workshop facilitated by Liz Chester, Media Relations Manager at the Telethon Institute of Child Health Research, and Producer, Channel 7. Early nerves made way for growing confidence and refined interview skills as the participants learned how the media works and practical interview techniques.

Accomplished journalist Debra Bishop and cameraman Barry Dux set up a realistic, filmed interview setting and recorded long and short television interviews based on participants own topic of choice. Participants took home a DVD of their interviews.



Riana Young, Hepatitis WA, is interviewed by Debra Bishop.

Long and short-style radio interviews were role played with Liz Chester as the journalist. Participants received immediate feedback about how well they put across their key messages and where they could improve for next time.

If you are interested in participating in a similar workshop in the future, please express your interest via email to Julia Stafford at [j.stafford@curtin.edu.au](mailto:j.stafford@curtin.edu.au)



## Road Safety and Public Health Advocacy Project

Road safety continues to be one of Western Australia's most serious public health issues. It affects everyone, whether driving, walking or cycling. PHAIWA was granted funding through the Road Trauma Trust Fund to develop an advocacy framework that will complement the Office of Road Safety's work in reducing fatalities and serious injury on our roads. The three focus areas for this project are:

1. developing an understanding of the need for road safety advocacy among public health leaders, organisations and individuals, complemented by advocacy activity;
2. fostering capacity building and knowledge sharing related to road safety advocacy among public health leaders, organisations and individuals, as well as across all levels of government and the community; and
3. establishing partnerships across a range of public health organisations to develop and deliver advocacy in support of road safety.

By November 2009, the project had its full complement of staff and work is progressing on preparing for the official project launch; developing the road safety advocacy website; preparing a number of papers and fact sheets; and developing a set of protocols for monitoring of the media.

The Road Safety Project team consists of Terri Pikora (Research Fellow) and Andrea Boss (Research Assistant). Please contact either Terri (phone 9266 1775, email [t.pikora@curtin.edu.au](mailto:t.pikora@curtin.edu.au)) or Andrea (phone 9266 2092, email [a.boss@curtin.edu.au](mailto:a.boss@curtin.edu.au)) if you would like to learn more about the project.



## Environment and Health Advocacy Committee

The Public Health Advocacy Institute of WA (PHAIWA) hosted an Environment and Health Forum in early 2009. Over 130 professionals attended and produced a series of 57 advocacy targets to progress environment and health within Western Australia. As a result of this Forum, expressions of interests were called from individuals who felt they could contribute to the development of an environment and health advocacy framework. PHAIWA was pleased to accept twenty-two expressions of interest. Initial consultation with this committee involved completing an online survey to gain some level of consensus of the advocacy targets we should initially focus on.

The following were identified to be the key advocacy priorities:

<p><b>Indigenous environment and health</b></p> <ul style="list-style-type: none"> <li>• Indigenous health workforce</li> <li>• Link housing and health</li> <li>• Build on successful local models and disseminate information</li> </ul> <p><b>Environment and health research</b></p> <ul style="list-style-type: none"> <li>• Promote intervention studies related to environment and health outcomes</li> <li>• Identify strengths and gaps in environment and health research</li> </ul> <p><b>Children's environment and health</b></p> <ul style="list-style-type: none"> <li>• Healthway to buy out alcohol sponsorship</li> <li>• Education on dangers of household chemicals</li> <li>• Assist local government to develop systems to reduce quantity of fast food outlets</li> </ul>	<p><b>Sustainable development and human health</b></p> <ul style="list-style-type: none"> <li>• Develop sustainability and health indicators</li> <li>• Transparent integrated approvals processes</li> </ul> <p><b>Interface between regulation and action</b></p> <ul style="list-style-type: none"> <li>• Organise to have effective and proactive environment and health advocacy</li> <li>• Empower local government to make sustainable changes in environment and health at the community level</li> </ul> <p><b>Quantifying environment and health</b></p> <ul style="list-style-type: none"> <li>• Work with local governments to reorient public health at local level</li> <li>• Increase engagement between Department of Health and PHUs</li> <li>• Department of Health to become a proactive resource for EH</li> </ul>
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To access the entire report and view the committee members, please visit the PHAIWA website. For more information please contact Dr Melissa Stoneham at [m.stoneham@curtin.edu.au](mailto:m.stoneham@curtin.edu.au)



In 2009, the WA Tobacco Document Searching Program (WATDSP) presented research findings at a number of conferences across Australia, through published work and through the media.

The research team discovered that alcohol company documents were available through the tobacco document archives. The documents show how both the tobacco and alcohol industry use similar strategies to promote their products and overcome or delay regulation. This research generated significant media interested in Australia and internationally. The WATDSP have been invited to present these findings at the Alcohol Forum in Nova Scotia in May 2010.

In August, the WATDSP launched the monograph: "*We are still not yet out of the woods in W.A.": Western Australia and the international tobacco industry.*" The monograph presents findings from tobacco industry documents and demonstrates the extent to which the global tobacco industry was concerned about tobacco control developments in Western Australia. The findings provide evidence of the way in which the international tobacco industry monitored and lobbied against tobacco control initiatives in Western Australia for over 50 years. A limited number of free copies are available by emailing [HS-WATDSP@curtin.edu.au](mailto:HS-WATDSP@curtin.edu.au)

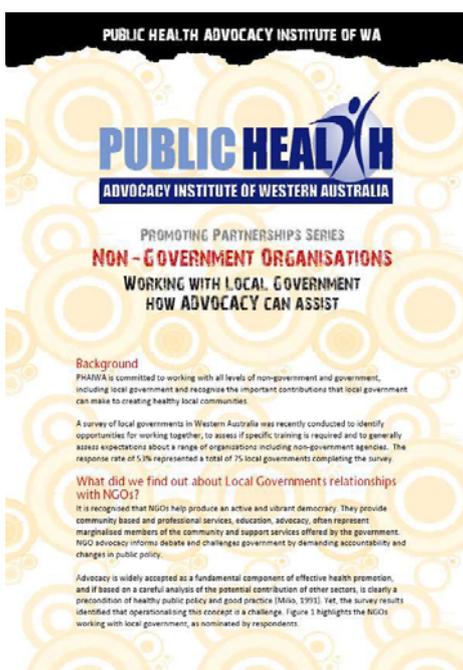
The WATDSP provided evidence to support the Tobacco Products Control Amendment Bill 2008 that was introduced into Parliament in November 2008. A submission to Parliament was made in partnership with the PHAIWA and included evidence from the tobacco industry documents. The WATDSP also worked with ACOSH to present evidence of the harms of second-hand smoke in alfresco areas of cafes and in cars. The WATDSP will work with ACOSH again this year to collect air quality samples from alfresco areas of cafes, restaurants and pubs before and after the implementation of the smoking ban. We anticipate there will be a reduction in exposure to second-hand smoke in outdoor areas after the ban. These findings will provide support to other jurisdictions advocating for alfresco smoking bans. The research team is currently working on submissions to support the National Drug Strategy and the Plain Tobacco Packaging Bill 2009.

The WATDSP have a number of papers in preparation for publication and will be holding a number of document searching workshops in April this year. The workshops are free of charge and open to anyone who would like to learn more about the documents and how to search for them. To register your interest or for further information please contact Victoria Van at [v.van@curtin.edu.au](mailto:v.van@curtin.edu.au).

Further information about the WATDSP including a list of publications and presentations can be viewed at <http://healthsciences.curtin.edu.au/watdsp/>



## Local government project report and fact sheets launched



PHAIWA released a "promoting partnerships" series of resources focusing on better engagement with local governments. PHAIWA surveyed all local governments in WA to investigate their expectations with regard to public health from both government and non-government agencies. As a result of the information received the following resources have been developed:

- A full project report
- Fact sheets including:
  - Opportunities for non-government agencies to work with local governments
  - Local government and Indigenous health
  - Local government and alcohol
  - Local government and obesity
  - Local government and injury

To view all resources visit the PHAIWA website [www.phaiwa.org.au](http://www.phaiwa.org.au) or to discuss the project please contact Dr Melissa Stoneham on [m.stoneham@curtin.edu.au](mailto:m.stoneham@curtin.edu.au)



ICCWA works across all areas of intentional and unintentional injury to reduce the incidence and severity of injuries, and promote safety in the community.

Since 1992, ICCWA has worked in partnership at local, state, national and international levels to promote an evidence based approach. ICCWA aims to facilitate liaison between community-based agencies, to work closely with government departments, and to improve communication and engagement between these sectors. Actively seeking collaboration amongst the WA injury prevention community to make best use of all available resources is a key priority.

As a leader in injury prevention in WA, ICCWA represents local, state and national bodies; undertakes community education and capacity building; community engagement; capacity building of health professionals; community development; research; advocacy at the local, state and national levels; policy analysis and advice; coordination of conferences, workshops and forums; and media liaison.

ICCWA's *WA Community Alcohol Network (WACAN)* is an informal, state-wide and inter-sectoral network of community, non-government and government organisations and individuals with an interest in reducing the problems associated with alcohol use. WACAN actively advocates for changes in alcohol advertising. For example, a complaint was made to the Alcohol Beverages Advertising Code against an internet advertisement of Skinny Blonde Beer. The advertisement allowed the user to choose a photo of a woman from a cartoon six-pack. The woman came with sexually suggestive information. Another complaint was also made in relation to a Budweiser Beer advertisement. The main breach of the Code was the advertisement was depicting a scenario where alcohol was being used in an endeavour to change the mood and facilitate the achievement of social success. Both advertisements were subsequently removed. Furthermore, in 2008, WACAN submitted a complaint to Kmart regarding a t-shirt which showed six ghosts portrayed as being drunk and read 'Let's Get Sheetfaced'. Kmart pulled the t-shirt from the Girl Xpress clothing line.

ICCWA also aims to take action by responding to issues raised by the community. For example, since late 2008, ICCWA has been working with the Health Promotion Unit at the University of Western Australia (UWA) to advocate for the installation of a taxi rank to encourage safe behaviour choices and offer safe transport options after student events involving alcohol. The initiative resulted from reported incidents of drink driving and a lack of safe and reliable access to taxi services following student events, especially after hours. There is currently no taxi rank at UWA. A proposal to install taxi ranks near the Guild Village on the Crawley Campus and at the UWA Sports Park in Mount Claremont has been submitted to the Department of Transport. In addition to a petition signed by students, the proposal involves support from university offices, government and non-government agencies and local governments.

Addressing advocacy issues requires persistence and our voice is stronger when we take a coordinated approach with supporting partners also championing these important messages. In recent months, PHAIWA and ICCWA have formed a partnership based on key priority areas of injury and alcohol-related harm. A series of media and advocacy training workshops will be delivered to the injury prevention sector in regional WA. The interactive workshops are based on the *Advocacy in Action Toolkit* developed by PHAIWA with injury prevention case studies. The workshops aim to provide on the ground support for participants and offers regionally-based professionals the opportunity of an advocacy mentoring partnership. The workshops are scheduled to visit Albany, Broome, Port Hedland and Kalgoorlie in coming months.

The partnership with PHAIWA also aims to build the capacity of ICCWA by training staff in facilitation and workshop delivery, as well as support the development of a collaborative relationship around advocacy of injury prevention issues. This partnership will also be presented on at the Australian Health Promotion 19th National Conference in Melbourne in May 2010.



The Public Health Advocacy Institute of WA is funded by Healthway. PHAIWA also has six major partner organisations: The AMA WA, the Heart Foundation, the Cancer Council WA, Diabetes WA, the Telethon Institute for Child Health Research, & Curtin University of Technology. We will feature articles from other partner organisations in future newsletters.





## Indigenous Smoking Project

PHAIWA's Indigenous Smoking Project is now complete. This project was commissioned by the Department of Health and Ageing to develop innovative approaches and provide future policy options to reduce the prevalence of Indigenous tobacco use in Western Australia. The project aimed to:



1. Contribute to capacity building in skills-based tobacco advocacy strategies for the Aboriginal Health Council of WA (AHCWA) and Aboriginal Medical Services (AMS) staff members; and
2. Link tobacco control and public policy expertise with stakeholder engagement and community involvement, with a view to developing policy and strategy thinking that will help to inform new activities and funding approaches.

The project involved consultations, skills based workshops and site visits. The following outlines the key findings. A significant problem identified in the literature around Indigenous tobacco control, and also highlighted during the consultations, was the absence of effective evaluation that measures the impact of programs. Throughout the project, a range of strategies were identified to have the most impact on Indigenous smoking rates. These are identified below.

The following information was provided throughout the project and covers the primary reasons why Indigenous (and non-Indigenous) stakeholders believed services were not providing a full range of smoke free projects:

- Lack of coordination within and between services;
- Multiple pressures faced by organisations (time, resources, human capacity);
- Unsure of motivation for Indigenous people to quit;
- Tobacco is not core business - "project -vs- core business";
- Lack of local data;
- Lack of quit support services;
- Inadequate evaluations;
- Many AHWs smoke;
- Indigenous timeframes do not fit with funding criteria, and
- Lack of advocacy work.

The report includes recommendations derived from the literature, workshop and consultation findings while also reflecting the priorities and action areas of the Preventative Health Taskforce report and the outcomes of the Oceania Tobacco Control Conference 2009. These include:

- Funding at Federal and State Levels to be long-term and sustainable (5-10 years);
- Investment in locally designed and relevant programs, campaigns and resources;
- Investment in prevention and training programs for Aboriginal Health Workers;
- Creation of specific Indigenous tobacco control positions within both Aboriginal Medical Services and State Health Services;
- Increased interagency collaboration and coordinated programs and services;
- Funding for qualitative evaluation of programs, and
- Investment in further advocacy training for Indigenous health professionals.

The full report is available on the PHAIWA website. For more information please contact Dr Melissa Stoneham at [m.stoneham@curtin.edu.au](mailto:m.stoneham@curtin.edu.au)



## Setting Advocacy Targets for Overweight and Obesity

In 2008 the PHAIWA organised an Obesity Forum attended by approximately 140 professionals from public health and related areas to discuss the development of agreed priority areas for advocacy on obesity in WA. To progress the outcomes, a workshop was convened in November 2009 with a smaller group of experts from organisations with which we work to distil these down further. The result of the workshop was agreement on 12 Advocacy Targets for Overweight and Obesity.

The intention of the Overweight and Obesity targets recognises that reducing obesity in the community requires a comprehensive approach. Some targets are likely to be more achievable than others and some relate primarily to public policy change not necessarily professional or personal activities of health professionals. Inevitably, some are more amenable to action at the national than the local level. (cont over page)



## 12 Overweight and Obesity Advocacy targets (targets are not listed in priority order):

- Programs and policies across all levels of government to ensure that all people have access to an adequate and sustainable supply of affordable, healthy, nutritious food.
- Phase out advertising and promotion of unhealthy\* foods and beverages, underpinned by legislated controls.
- Clear, accessible information on the nutritional content of all food products; front of pack “traffic lights” labelling.
- Regulations and planning codes that require provision of a built environment that supports accessible daily recreational physical activity, sport and active transport (e.g. walking and cycling).
- Reorientation of transport and planning priorities to enable expansion of an affordable and accessible public transport network.
- Rules, policies programs and infrastructure in schools and workplaces that support regular physical activity and healthy eating.
- Sustained adequately funded public education programs on physical activity and healthy eating.
- Programs, policies and infrastructure to inform and support parents and carers to maximise health, physical activity and good nutrition in the early years.
- Policies and structures in all relevant agencies at all levels of government that prioritise the reduction of overweight and obesity.
- Tax incentives and subsidies that encourage physical activity and healthy eating and policy and financial disincentives that discourage inactivity and unhealthy eating.
- Specific and culturally appropriate programs to meet the needs of disadvantaged and at risk communities.
- Adequately funded and sustained population monitoring, research and evaluation.

\*Unhealthy foods are those high in kilojoules but lacking in vitamins, minerals, fibre and other nutrients required for a healthy diet. These can also be described as High in Fat, Sugar and Salt (HFSS) or Energy Dense Nutrient Poor (EDNP).

For more information on the Overweight and Obesity Advocacy targets, please contact Helen Mitchell on [h.mitchell@curtin.edu.au](mailto:h.mitchell@curtin.edu.au)



## UWA Practicum Student: Annie Gan

In second semester of 2009 I undertook a practicum to complete my five-year Bachelor of Health Science/ Commerce degree from UWA. The experience involved 450 hours dedicated to working for a host agency, in my case it was the Public Health Advocacy Institute. The chance to apply theoretical knowledge and gain professional experience in an understanding and welcoming environment was very worthwhile for me. The host agency also benefits by having the opportunity to undertake projects, broaden their reach and aid in the development of the upcoming generation of health professionals.

Organisations nominate to be host agencies at the start of the year through the School of Population Health at UWA. The process of matching projects with the most appropriate students occurs during the first half of the year and then students complete an orientation and start with their placements in the second half of the year.

My 3 months at PHAIWA was spent delving into public health advocacy, an area that was only briefly touched upon in my studies. Being involved in workshops and working on the daily Mediawatch service developed my knowledge and skills. The growth of my confidence and abilities in project and time management can be attributed to the responsibility of developing a geography research

project as well as doing an evaluation of the Mediawatch service.

My time at PHAIWA was priceless and I did not want to leave... so I didn't! I applied for and was granted an Australian Health Promotion Association (AHPA) graduate scholarship to undertake a project with PHAIWA for 6 months. My current role as project officer entails planning, implementing and evaluating a launch for an advocacy website focusing on the important overweight and obesity issue. I see this fantastic opportunity as a culmination of my hard work and skills developed during my time at university and at PHAIWA. I am very grateful for the chance to give back to the organisation and people whom have helped me immensely.

My successful experience is only one of many amongst my fellow graduands so I encourage health professional organisations to nominate positions for health science students. I can assure you will be enriching the development of future health professionals as well as bringing great benefit to your organisation.—Annie Gan

If you are interested in hosting a UWA Health Science student in the future, please email Ania Stasinska at the UWA School of Population Health on [ania.stasinska@uwa.edu.au](mailto:ania.stasinska@uwa.edu.au)



### Advocacy in Action Toolkit Second Edition Now Available

PHAIWA is pleased to announce the release of the second edition of the *Advocacy in Action* toolkit. The toolkit is a practical resource that supports and encourages health professionals and interested organisations to engage in advocacy. The *Advocacy in Action* toolkit:

- Demystifies advocacy,
- Includes examples and case studies demonstrating how advocacy strategies can be applied across different issues,
- Features a comprehensive guide to evaluation,
- Offers tips to effectively work with the media, and
- Provides practical tools to help you and your organisation advocate on your issue.

Download the second edition of the *Advocacy in Action* toolkit free of charge from [www.phaiwa.org.au](http://www.phaiwa.org.au)

For further information on the toolkit please email [j.stafford@curtin.edu.au](mailto:j.stafford@curtin.edu.au) or phone Julia Stafford on 9266 9079.



## Conferences

### PHAA State Conference: "Global Issues, Local solutions - Thinking outside the box" Tradewinds Hotel, East Fremantle 18 -19 November 2010

Based on the successful 2008 state conference, the PHAA is hosting another in 2010. The theme for the 2010 conference will seek to explore local solutions to global issues that are seriously impacting on the ability to live a healthy and long life. Equity, sustainable development and climate change, the lack of improvement in Indigenous health, chronic diseases and food security will be but a few of the topics discussed. Innovative solutions achieved or identified through local projects, ideas and research programs will be encouraged.

A call for abstracts has been released and is available at this website: <http://phaa.net.au/stateConferences.php> Papers, posters and workshops will be accepted - so it is great time to start thinking about potential ideas now.

For information about the conference administration please contact Erin Phipps (Secretariat) on [ephipps@bigpond.com](mailto:ephipps@bigpond.com). For all other enquiries contact Melissa Stoneham (Conference Convenor) at [melissagiv@bigpond.com](mailto:melissagiv@bigpond.com).



#### Also coming up:

#### 10th Behavioural Research in Cancer Control (BRCC)

14 to 16 April 2010, Fremantle, visit <http://www.cancerwa.asn.au/research/conferences/brcc2010>

#### Australian Health Promotion Association 19th Annual Conference

30 May to 02 June 2010, Melbourne visit [www.healthpromotion.org.au](http://www.healthpromotion.org.au) for more information

#### Public Health Association of Australia 40th Annual Conference

27 to 29 September 2010, Adelaide, visit [www.phaa.net.au](http://www.phaa.net.au) for more information

