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PUBLIC HEALTH ASSOCIATION OF AUSTRALIA

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In Australia, the Public Health Association of Australia Inc (PHAA) provide for the exchange of ideas, knowledge and information on public health. The Association is also involved in advocacy for public health policy, development research and training.

Membership is open to any person who is supportive of the objects of the These are:

- to encourage research and promote knowledge relating to the problem and development of public health;
- to promote and provide a forum for the regular exchange of views and
- to promote the development and education of public health workers;
- to promote, maintain and extend the interests of PHAA's Branches, Special Interest Groups and any affiliated organisations;
- to promote excellence in public health practice; and
- to advocate the objects and policies of the Association.

As PHAA has a national and multidisciplinary perspective on public health able to make a major contribution to the public health debate in Australia representation on government boards, committees and other decision-making bodies such as the National Health and Medical Research Council and the Australian Institute of Health and Welfare. PHAA members also sit on many state and territory committees contributing to a broad spectrum of public health issues.

PHAA members also contribute to the development and execution of public health policy in Australia, and in particular bring their experience and expertise to the development of **policies for the Association**. These policies are considered at the annual general meeting of the membership, and if endorsed, become the public health action for the association.

PHAA has **Branches** in every state and territory. Membership of more than 100,000 individuals spans the health spectrum and over 40 public health related occupations are represented. PHAA has fourteen **Special Interest Groups** for membership with those who have similar interests and passions, to exchange information

develop policy positions and papers.

PHAA has links with public health associations world-wide and is an active member of the World Federation of Public Health Associations.

The Association produces a bi-monthly academic refereed journal, the ***Australian and New Zealand Journal of Public Health***, which disseminates public health research and ideas throughout Australia and internationally.

The Association's newsletter, *In Touch*, published bi-monthly, is the focus for health news and events in Australia.

PHAA undertakes project and conference work on issues such as immunisation, public health workforce and training and knowledge development in health promotion and reports on these topics and many other are available from the national secretariat.

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Sydney Sax Public Health Medal Winners

The Public Health Association of Australia, in 2000, initiated the first Public Health Medal. This Medal was designed to be the Association's pre-eminent prize. The Medal is awarded every year. To be eligible a nominee must:

- Have a proven track record in the advancement of public health in Australia;
- Be an Australian citizen or resident; and,
- Have undertaken his/her activities in Australia.

The criteria for the Medal are that nominees will have actively engaged in work in Australia designed to achieve one or more of the following:

- Protect and promote public health in Australia;
- Promote multi-disciplinary approaches to designing public health solutions and addressing public health problems;
- Advance community awareness of public health measures and outcomes and the consequences of inadequate public health responses; and,
- Advance the ideals and practice of equity in provision of health care (equity defined as equal care for equal need).

In 2001 the Public Health Medal was re-named the Sidney Sax Medal in honour of Dr Sidney Sax. For further information about the Sidney Sax Medal click on [XX](#).

Winners of the Medal are:

Dr Neal Blewitt - The inaugural Public Health Medal, later renamed the Sidney Sax Medal, was awarded to Dr Neal Blewitt in 2000 for his record of advancement of public health in Australia.

Professor Mary Sheehan - Was awarded the Sidney Sax Medal 2001, in recognition of her involvement in teaching, education, research and service in promotion of public health over the past twenty years.

Professor Judith Lumley - Was awarded the Sidney Sax Medal in 2002, for her two decades of work dedicated to the promotion of public health and for her efforts in improving maternal care in Australia.

Professor Annette Dobson - Was awarded the Sidney Sax Medal in 2003, for her dedication to public health education and commitment to developing integrative and multi-disciplinary approaches to solving public health problems in Australia and overseas.

Associate Professor David Legge - Was awarded the Sidney Sax Medal in 2004 for his pioneer work in community participation in health services in Victoria and his contribution to a wide range of health policies including regionalisation of community health, and the Health Council's Program.

Dr John Scott
Nominee for the Sidney Sax Public Health Medal
2005

Biography

Dr John Scott graduated from the University of Queensland with a MBBS in 1976, and completed a Bachelor of Economics at the University of New England in 1994. He holds a postgraduate Diploma of Obstetrics (1980) and a Master of Applied Epidemiology from the Australian National University (1994). He is a fellow of several professional colleges, the Royal Australian College of General Practitioners (1989), the Faculty of Public Health Medicine, Royal Australasian College of Physicians (1994) and the Australian College of Tropical Medicine (1995).

After completing his Resident Medical Officer training at the Royal Brisbane Hospital (1977-1978), Dr Scott finished his training as a General Practice Registrar at the Toowoomba General Hospital (1979-1980). He then spent over ten years in general practice at the Ingham Medical Centre in North Queensland (1981-1991). During this period, he acted as State Government Medical Officer for Hinchinbrook Shire, and Shire Medical Officer of Health and Designated Medical Officer for the Civil Aviation Authority. He also chaired the Ingham District Welfare Council and was a committee member for the Queensland Ambulance Transport Brigade and the North Queensland Sub-Faculty of the RACGP. In addition, he held various other honorary positions, including Medical Officer for the boxing and swimming clubs. Dr Scott also spent some time as a locum Medical Officer with the Royal Flying Doctor Service in Cairns (1991-1992).

Dr Scott then went on to undertake postgraduate studies in epidemiology and completed his training as an Epidemiology Registrar with Queensland Health (1992-1994). Over the last twelve years he has held a number of senior management positions responsible for various and then all aspects of public health throughout the organisation, namely:

- Acting Director of Communicable Diseases Branch (1994-August 1995)
- Co-ordinator, Public Health Unit (PHU) Network – responsible for establishing Queensland's first network of 5 public health units (February-May 1995)
- Assistant Regional Director, Community and Clinical, at the Brisbane North Regional Health Authority (August 1995-January 1996)
- Acting Director, Public Health in the Division of Public Health Services (January–October 1996)
- State Manager, Public Health Services, (October 1996-November 2003)
- Seconded to the position of Acting General Manager, Health Services (November 2003)
- Senior Executive Director, Health Services Directorate, following an organisational realignment (from July 2004)

Personal Attributes

Dr Scott is highly respected professionally and personally within the field of public health in Queensland and nationally, the Queensland health sector more broadly, and by key partners of Queensland Health.

His leadership skills, including key strategic, analytical, advocacy, problem solving, decision making and communication skills, have been instrumental in shaping public health practice statewide in Queensland over the past 10+ years. This has included raising the profile and importance of public health within the broader health system and with other government departments, securing significant additional investment in key and emerging public health programs, and ensuring that its place within a contemporary health system has become well understood and well respected.

This has been achieved, in large part, through a strong commitment to partnerships with a wide range of health and intersectoral partners throughout his career, and through the trust he has gained through two Directors-General and three Ministers, to be able to clearly define the problem and the solution, and with their agreement, to go away and deliver on that solution. This has been instrumental in the growing confidence in, and investment in the public health function in Queensland.

A great strength of Dr Scott's is his personal values and his management and leadership style, which clearly supports the development of strong, capable public health leaders, fosters managers and staff who are excited by the opportunities offered by strategic thinking and sound business cases for service improvement, and where he communicates his confidence and trust in the abilities of his unit and network Directors and their staff. In return, he has enjoyed the confidence and support of staff in his ability to lead and deliver on the shared vision for public health services within Queensland. In addition, Dr Scott has shown amazing capacity to maintain the energy required to address obstacles, and resilience and good humour in the face of a daunting workload, ever-present political pressure and diverse public health challenges on a regular basis, all in the context of broader health care system challenges and demands.

Key achievements and supporting testimonials

Since Dr Scott commenced his career in public health, his unwavering vision, leadership, ethical approach, professionalism and strong advocacy have inspired and motivated a broad cross section of people, as a true transformational leader in public health. He has been responsible for, or a key player in, a broad range of significant achievements within Queensland and across Australia, spanning a diverse range of public health challenges from communicable disease issues to nutrition, injury, environmental health and social determinants of health.

In his relatively short time in the role of Senior Executive Director, Health Services, a role in which he has been responsible for all aspects of health service delivery provided or funded by Queensland Health, he has also brought a clear public health perspective to the key challenges for clinical service delivery. In doing so, he has provided a strong population based focus on key reform areas, including action on avoidable hospital admissions, a strengthened primary health care capacity, action on Indigenous health, the interface between public health and clinical service delivery, and equity and accessibility in the provision of health care. A summary of the some of the key achievements in relation to the criteria is provided below.

1. Protect and promote public health within Australia

Dr Scott has demonstrated strong and consistent leadership at both state and national levels to enable the following key achievements:

Public health leadership

- Establishment of Public Health Services as a statewide service of public health functions, consisting of statewide units with policy/program coordination functions and regional-based public health unit networks. Dr Scott's leadership brought together a disparate group of

professions and business units into a strategically focused service, encompassing policy development, regulation, surveillance and service delivery - with a shared vision and clear priorities, with an appropriate balance in relation to delivering on major national and state priorities, strengthening consistency and quality practice across the state, while at the same time being responsive to local needs and acknowledging local capacity and opportunities.

This has been achieved through the implementation of a system for strategic planning, monitoring and reporting, based on key outcome areas providing three year, outcome focused plans which are directly linked to resource allocation processes through a Board of Management and implementation of a quality improvement agenda based on the Australian Business Excellence Framework, now part of Standards Australia. The statewide model for delivery of public health services has involved a level of integration not seen to the same extent in other jurisdictions and is now well respected by public health professionals and administrators within Australia.

- Provision of a strong public health focus to the development of Queensland Health's vision for the future, *Smart State: Health 2020*, the development of its implementation process *Integrating Strategy and Performance (ISAP)* and the reworking of the organisation's mission, vision and strategic intents. It was no accident that four of the seven key sections of Health 2020 clearly acknowledge the importance of disease prevention and health promotion, a whole of government approach addressing the underlying determinants of health and illness, and the role of the health system as a 'leader for health' as well as provider of health services.

Increased investment in public health

- Strong leadership in securing significant additional investment in public health services within Queensland has included:
 - growth in core public health capacity (ie. statewide units and public health unit networks) from approximately 400 positions when Public Health Services came together in 1996 to approximately 750 at the time of this nomination in 2005. During that time, the budget has also doubled.
 - Investment enhancements have extended across a broad range of areas including needle and syringe availability, drug courts, Indigenous public health and primary health care workforce, nutrition and physical activity, tobacco control including environmental health workforce enhancement to support tobacco legislation enforcement, food regulation reform, school based youth health nurses and enhanced communicable disease preparedness and response capacity
 - advocacy for the collaborative state/federal funding for the establishment of three new public health units in western Queensland (Mt Isa, Longreach, Roma and Charleville). Prior to this, there had been no offices beyond the eastern seaboard and Toowoomba.
 - most recently, as part of the 2005/06 budget, substantial additional resources in public health and related primary health care capacity in key public health issues have been secured in relation to:
 - chronic disease prevention (nutrition, physical activity, alcohol and other drugs) totalling \$37.7M as part of a \$151M chronic disease package over four years and culminating in an additional recurrent investment of \$13.3M per annum from 2008/09
 - tobacco control (an additional \$4.5M per annum recurrently); and
 - Indigenous health (\$89M over four years) for the priority areas of chronic disease prevention and early intervention, cervical screening, sexual and reproductive health, alcohol and drug misuse, environmental health and children and young people's health, again culminating in an additional recurrent investment of over \$26M per annum from 2008/09.

Public health legislation

- Leading the substantial reform of Queensland's public health legislation in the areas of pool fencing, safer housing (thermostatic mixing valves to reduce the risk of scalds from hot water to children aged 0 to 5 years, Child Safe Housing guidelines for public housing, building standards), public health, food safety and tobacco control.

A national leader

- Leading activity where Queensland has been a national leader in a number of fields, through the development of new areas like programs for nutrition, physical activity and school-based youth health nurses, development of statewide information systems including NOCS (notifiable conditions) and VIVAS (vaccination information and vaccine administration – ahead of the national ACIR), and in achieving significant performance improvements in areas like immunisation and breast cancer screening in a state with the geographic, Indigenous, GP access and other challenges.
- Longest serving member on the National Public Health Partnership – past Chair, Chair of SIGNAL (nutrition), Co-Chair of SIPP (injury) and a key advocate for collaborative national action on a broad range of public health issues, for example, food reform, the role of general practice in population health, public health surveillance, and food supply and access in rural and remote Indigenous communities.

2. Promote multi-disciplinary approaches to designing public health solutions and solving public health problems

From his broad-ranging training and experience in multiple aspects of public health, combined with his high level understanding of public health problems, Dr Scott brings a clear vision about innovative solutions required to solve public health problems and is a strong advocate for multidisciplinary approaches. This operates at multiple levels, both within the public health workforce itself, practitioners across the health continuum and intersectorally. His strong commitment to working in partnership both within the health sector and intersectorally, combined with his strong and sustained advocacy at multiple levels, has enabled significant progress towards achieving a shared vision. This is well demonstrated through:

- creation of the network of multidisciplinary public health units across Queensland in the early 1990s. This brought together small numbers of existing health promotion and environmental health staff and added public health medical officers, public health nurses and data managers, and over time public health nutritionists, immunisation nurses, epidemiologists, entomologists and vector control officers and additional staff in all existing disciplines.
- promoting the importance of drawing on the value of different perspectives in planning and priority setting through the establishment of a statewide mechanism for strategic and operational planning which brings together multidisciplinary teams from across relevant statewide and public health unit networks into outcome areas teams which are responsible for leading annual planning and review for each program area (eg. environmental health, injury).
- refocusing Queensland Health's vision for the future to clearly acknowledge the integral role of disease prevention and health promotion and whole of government role in addressing underlying determinants of health and illness, as outlined in *Smart State: Health 2020*
- establishment of the Queensland Public Health Forum, consisting of 18 member organisations (including commonwealth, state and local government, key professional associations, other state government departments and non government organisations, the

university sector, Queensland Division of General Practice, Inc. and Indigenous health) with a commitment to improve public health outcomes through a partnering approach. The Forum has continued to grow in importance as an effective mechanism for joined up action across the diverse health and related sectors in Queensland.

- establishment of formal partnership agreements and work programs with local government and Education Queensland
- supporting, advocating and securing resources to develop a stronger role for health impact assessment in policy, major infrastructure projects, land-use planning and program development, which involves harnessing the skills of diverse disciplines including such as scientists, urban, town and social planners, social workers, etc.
- establishment of a statewide health surveillance network to more effectively work with and support multidisciplinary public health practitioners with a broad-based focus across the communicable disease, chronic disease and underlying risk and broader social determinants.

3. Advance community awareness of public health measures and outcomes and the real cost of inadequate public health responses

Dr Scott has made a significant contribution to increasing community awareness of public health issues, measures and outcomes by initiating the development and accessibility of improved information on health status and health determinants at zonal and district, local government, general practice and community organisation levels. *Health Indicators for Queensland (2001)* clearly brought together and identified for the first time the significant contribution to ill health by common risk factors, and the burden of ill-health experienced predominantly by the socially and economically disadvantaged. *Health Determinants Queensland (2004)* clearly pulled together for the first time the impact of these factors and the ways we could intervene to address the inequity. Dr Scott's commitment to progressing a system wide understanding of the social determinants of health and the role that the health system has to play in relation to these issues has been critical in moving this agenda forward. These reports have been instrumental in progressing a shared understanding of the social determinants of health as a platform for intersectoral action and have been widely used in planning, priority setting, and partnership development by these stakeholders.

He has been a strong and consistent advocate within Queensland Health, with General Practice through his long term active participation in GPAC, the General Practice Advisory Council, and across government more broadly in increasing broader awareness of the risks of failing to invest adequately in public health responses. This has been demonstrated by significant increases in investment across a broader range of program areas as mentioned above, as well as additional investments in other portfolios such as education, transport (active transport), local government and planning (Indigenous environmental health) and emergency services (safe communities).

4. Advance the ideals and practice of equity in the provision of health care (equity defined as equal care for equal need)

Over an extended time period, Dr Scott was responsible for raising awareness of the social determinants of health across the health sector and the need for ameliorating the effects of social disadvantage and exclusion in reducing health inequalities. His success in this area is demonstrated by ensuring that the strategic agenda for Queensland Health, as articulated in *Smart State Health 2020: Directions Statement*, clearly reflects the social determinants of health.

Dr Scott has also championed the need to improve Indigenous health. In the late 1990s, he established a core of dedicated Indigenous positions within public health unit networks to address environmental health, nutrition and communicable disease prevention and control. More recently, his ongoing advocacy in this area has been instrumental in achieving the significant new investment referred to above in both public health unit and primary health care settings. He has also strongly advocated for sharper focus on Indigenous health challenges via the National Public Health Partnership.

In planning and resource allocation processes, he has consistently challenged and asked the hard questions of PHS managers and staff and the broader department in terms of the focus and investment going beyond 'neat solutions for neat people' and fundamentally addressing the needs of those most in need. In taking a statewide and epidemiological perspective, he has driven a focus on better use of data to understand equity, service and access gaps, to develop different solutions to address these gaps and to evaluate their impact.

Supporting Testimonials

Dr Scott's contribution to the field of public health programs and intervention and his impact across the four inter-related criteria addressed above is best evidenced by the testimonials of colleagues and staff. While too many to include in this nomination, Appendix 1 includes a snapshot of Dr Scott's impact from a small selection of colleagues on his contribution to the field of public health nationally and within Queensland.

Appendix 1: Supporting Testimonials

Reform of Queensland tobacco legislation

In 2001, smoking bans were introduced in many public places and workplaces, and point-of-sale tobacco advertising prohibited. During 2004, Dr Scott successfully led and supported further legislative reforms which built on those introduced in 2001.

The new tobacco legislation represents the toughest and most comprehensive smoking bans in Australia which will make a significant contribution to reducing the public's exposure to environmental tobacco smoke. This has included banning smoking at outdoor areas (including patrolled beaches, children's playgrounds entrances to non-residential buildings and at major sporting stadiums) from 1 January 2005. In addition, the smoking ban for indoor areas of liquor licensed premises is being implemented progressively in three phases so that by 1 July 2006, smoking will be banned in all indoor areas of liquor licensed premises. From 1 July 2006, outdoor areas where food or drink is provided as part of a business will also be no smoking. The new legislation also contributes to a culture that supports smokers trying to quit and discourages young people from taking up the habit.

Research shows that since the commencement of the tobacco legislative amendments in January 2005, 58% of smokers report smoking less in public areas, 26% of smokers report an overall decrease in the number of cigarettes they smoke, and 19% of smokers have made a quit smoking attempt.

(Mark West, Program Manager, Alcohol, Tobacco and Other Drugs Unit, Public Health Services Branch (PHSB)).

National and state nutrition agenda and enhanced public health nutrition capacity in Queensland

Dr Scott has been a particularly active and effective champion for public health nutrition over the last 5 years. Nationally, he has been Chair of SIGNAL, the nutrition arm of the NPHP from 2002 to present. In this role he steered implementation of Eat Well Australia and the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP). With practical flair, he led effective action in three priority areas: Indigenous nutrition (particularly workforce and food supply initiatives); capacity building (especially around national nutrition monitoring and surveillance essential for acquiring reliable and timely data to inform national chronic disease and food standard policy setting); and fruit and vegetable promotion. To support the latter work, he took on the role of Chair of the Australian Fruit and Vegetable Coalition which was pivotal in instigating the recent national social marketing campaign based on the successful Go for 2 fruit and 5 veg developed in WA.

In Queensland Health, Dr Scott together with Director-General Dr Steve Buckland, presided over a huge corporate change agenda to reform public health care in Queensland, including reorientating and building service capacity towards primary prevention and health promotion. As a specific example, the significantly increased funding in nutrition and physical activity since 2002 would not have been possible without Dr Scott as a key driver of this agenda within Queensland. New initiatives announced in the 2005-06 state budget will result in an additional recurrent Queensland Government investment in nutrition and physical activity from 2002 to 2010 to over \$16M per annum. These initiatives include enhanced nutrition promotion programs, many with a focus on equity issues particularly amongst Indigenous groups, and increased support for environmental change to help make healthy choices easier choices. All of these initiatives are guided by the evidence-based approaches outlined in *Eat Well Queensland*, the Queensland food and nutrition strategy developed by the inter-sectoral Queensland Public Health Forum, another of Dr Scott's legacies.

Dr Scott's vision, ethical approach, professionalism, knowledge and skills have inspired and motivated a broad cross section of people, as a true transformational leader in public health. In public health nutrition, an often under-appreciated field, Dr Scott has left an inspiring legacy that illustrates clearly the significant health gains which may be achieved by tackling this complex issue.

Dr Scott's track record is notable against all four of the criteria for the Sidney Sax Public Health Medal, and on behalf of the broader public health nutrition community in Queensland and Australia, we urge the selection committee to recognise his achievements by bestowing this honour on Dr Scott.

(Dr Amanda Lee, Principal Public Health Nutritionist, Health Promotion Unit and on behalf of the public health nutrition staff across the state, PHSB).

Increased focus and capacity of health promotion workforce

Dr Scott has shown an ongoing commitment to health promotion action through overseeing the building of a strong health promotion workforce and bringing about significant achievements in the areas of smoking, nutrition, physical activity, alcohol, injury, skin cancer and mental health promotion. His commitment to quality and his willingness to 'ask the hard questions' that build that quality, have been directly responsible for a strengthening of the health promotion capacity of Queensland Health. Under Dr Scott's leadership, increased resources have been committed to health promotion and led to improved outcomes in this area.

This commitment has also extended to increasing the health promotion capacity of the broader Queensland Health workforce. Dr Scott championed the expansion of the range of duties performed by dental therapists in Queensland Health to include prevention and health promotion duties.

(Michael Tilse, Director, Health Promotion Unit, PHSB).

Immunisation

The immunisation program in Queensland has made considerable gains under Dr Scott's leadership and continued strong advocacy for immunisation as a fundamental component of public health.

Dr Scott was responsible for the establishment and development of Queensland Health's vaccine register and state of the art vaccine distribution system, Vaccine Information and Vaccination Administration System (VIVAS). This system was established well ahead of the national system. He also advocated for the establishment of Public Health Nurse (Immunisation) positions in Public Health Units across Queensland. These positions are integral to delivery of the immunisation program across the state and provide critical support to vaccine service providers and the community.

In 1996, an Australian Bureau of Statistics (ABS) survey estimated national immunisation coverage at 53%, and a similar level of coverage in Queensland. Currently, vaccination coverage for children in Queensland at 12 months and 2 years of age is comparable to, or better than, the national average and is over 90%. This is a significant achievement given Queensland's dispersed population distribution, the significantly lower rates of bulk billing by GPs and GP access in rural areas. In recent years, Queensland has led the way in managing quality issues in immunisation, including vaccine management (or cold chain).

Dr Scott also advocated strongly for provision of the Japanese Encephalitis vaccine to the TPHUN in 1995, which enabled an effective response to the outbreak.

(Ms Karen Peterson, Immunisation Coordinator, Communicable Diseases Unit and Dr Ross Spark, Director, Tropical Public Health Unit Network, PHSB).

Indigenous environmental health

Over an extended time period, Dr Scott has advocated in a range of intersectoral forums for increased investment in Indigenous environmental health. This laid the foundations for the recent success in securing significant new recurrent state government investment in this area for the employment of Indigenous Environmental Health Workers by local councils in all Deed of Grant in Trust (DOGIT) communities and Cape York (34 councils in all), and the establishment of Animal Management Workers to focus on issues of domestic and feral animal management. This infrastructure represents a major development in effectively and sustainably addressing what continue to be significant public health issues in these communities. This investment will enable delivery on relatively short term, measurable improvements in the living conditions and selected health conditions of people in these communities.

(Sophie Dwyer, Director, Environmental Health Unit, PHSB)

Communicable Diseases

Through the development of the public health unit networks in the early/mid 1990s, Dr Scott oversaw a tremendous increase in the capacity to respond to communicable diseases of public health importance across the state. There are now eight public health medical officer positions and a significant public health nurse workforce across Queensland who are involved in communicable disease surveillance and control. Their inclusion within the public health unit networks reporting, through the Network Director, to the Executive Director, Public Health Services Branch, as does the Director, Communicable Diseases Unit, greatly enhances the ability to coordinate and standardise their activities throughout the state.

Queensland is now in the enviable position of being well-resourced and efficiently organised from a communicable disease control perspective. This has enabled us to undertake enhanced surveillance for a range of conditions, to be able to respond well to urgent matters such as outbreaks, and to work together, support each other and quickly marshal the necessary resources in urgent situations.

When he was State Manager, Public Health Services, Dr Scott supported the development of the Notifiable Conditions Information System (NOCS), which pioneered electronic disease notification in Australia. This system has greatly enhanced the timeliness and ability to respond to notifiable diseases across the state.

He was also instrumental in driving significant policy reform in relation to the role of nurses and other health practitioners in the areas of immunisation and sexual health service delivery and isolated practice more generally.

(Dr Linda Selvey, Director, Communicable Diseases Unit, PHSB)

Dr Scott secured critical resources to establish the Dengue Action and Response Team (DART) in the Tropical Public Health Unit Network, following an outbreak of dengue fever in 1998 with further enhancements in 2004. The DART has been highly successful, the key to the success being the early recognition and notification of a dengue case, followed up by thorough, effective mosquito control. This level of infrastructure has proved critical in managing the 2005 outbreak in the Torres Strait.

(Dr Ross Spark, Director, Tropical Public Health Unit Network, PHSB).

Dr Scott supported a whole of government approach to HIV/AIDS, Hepatitis C and Sexually Transmissible Infections through the development and Cabinet endorsement of the

Queensland *HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005 – 2011*. This whole of government endorsed strategy is a first for any state or territory government.

Dr Scott has also provided sponsorship of the Queensland Health and Papua New Guinea (PNG) HIV/AIDS and Sexual Health Collaboration Project to develop a joint work plan with PNG colleagues to address the unique public health challenges within the Torres Strait Treaty Zone.

He was also responsible for securing recurrent state funding for the zonal sexual health medical officer in the Tropical Public Health Unit network, which has had a direct and positive impact on the unique challenges related to sexual health service delivery to the large Indigenous population of North Queensland.

(Mr Mark Counter, A/Manager, HIV/AIDS, Hepatitis C and Sexual Health, Communicable Diseases Unit, and Dr Ross Spark, Director, Tropical Public Health Unit Network, PHSB).

Cancer Screening

Dr Scott recognised the importance of the population based cancer screening programs of BreastScreen Queensland and the Queensland Cervical Screening Program in the early stages of forming Public Health Services. He became a strong advocate and corporate supporter of these public health interventions and assisted greatly in their ongoing establishment and growth in Queensland. He also provided key advocacy at the national level by raising key issues, particularly about the level of resourcing to continue to grow these programs in line with population growth and aging and through his negotiations for the Public Health Outcomes Funding Agreements over the last eight years.

A key part of his leadership is evidenced by his support and advocacy for the development and implementation of the software application for the Registry databases that underpin these programs, in the face of many challenges in information management and technology.

The achievements of these programs in Queensland have been facilitated by Dr Scott's supportive and visionary leadership.

(Ms Jennifer Muller, Director, Cancer Screening Services Unit, PHSB).

Establishment of a health surveillance network with a broader focus on social determinants

When Public Health Services was formed in 1996, the health surveillance workforce was very limited and professionally aligned with communicable diseases only. Dr Scott recognised that in order to make significant gains in improving the health of Queenslanders, health surveillance across the range of health outcomes and broader social determinants was required, in order to provide information for decision making through monitoring and evaluation within public health as well as advocacy for public health across the health sector.

Public Health Services Branch now has a coordinated workforce of epidemiologists and other health surveillance staff who work collaboratively with public health managers, practitioners, policy officers to provide, collect, analyse and communicate information across the breadth of diseases and determinants amenable to public health intervention within PHSB, but more importantly beyond PHSB. The lighthouse was always clear, and Dr Scott was responsible for keeping it shining.

(Ms Catherine Harper, Coordinating Epidemiologist, Planning and Research Unit, Public Health Services Branch).

Reflections from a colleague and fellow advisory board member

Dr John Scott was one of the original members of the Advisory Board for the Centre for Public Health Law. His contribution was always thoughtful, practical and grounded in a sophisticated understanding of how the law might support solutions to public health problems. One example I recall was a conversation about the obesity issue and a problem where local councils were charging fees for use of playing grounds, affecting the ability of small, local sporting clubs to use the grounds. Comments were being made about the short sighted approach of the Council. Dr Scott said that he thought it was appropriate for councils to charge for use of the playing grounds. He said that, in deciding what to charge sporting clubs, consideration should be given to the contribution made to the community in fostering activity, community involvement, etc. The value of the community contribution made by sporting clubs would reduce the amount they should pay to a nominal amount. This was an elegant solution which saw council by laws pursuing cost recovery, but not at the expense of a public health approach.

In addition to his contribution to conceptual thinking, he was supportive on a personal level and agreed to be a mentor of one of the Centre's Legal Interns.

(Genevieve Howse, Director (Programs), Centre for Public Health Law)

Social determinants of health

Dr Scott has been instrumental in raising awareness of the social determinants of health across the health sector and in embedding action to address these determinants of health within the work practices of Public Health Services in Queensland. Work in this area was in its infancy in Australia when Public Health Services, under the leadership of Dr Scott, undertook the challenge to determine Public Health Services' role in addressing social determinants. Dr Scott has demonstrated the importance of ameliorating the effects of social disadvantage and exclusion in reducing health inequalities. As a consequence the organisation now has a clear charter to address equity issues.

Dr Scott's leadership in addressing the social determinants of health has significantly influenced the policy and practices of Queensland Health. Examples include:

- Increased organisational capacity to redress health inequalities, through promoting integration of public health practices, further research to increase our understanding of the causal pathways and intervention points and investing in community engagement functions.
- Strengthening community action, including sponsoring multiyear projects such as the Community Public Health Planning in Rural and Remote Areas Project, a community development project undertaken in remote disadvantaged communities. This approach has now been embedded as a core aspect of the practice of the Western public health units.
- Building supportive physical and social environments and healthy public policy through greater investment in public health planning and health impact assessment functions
- And ensuring the social determinants of health are embedded in the policies of the broader department including the *Smart State Health 2020: Directions Statement*

Whilst Dr Scott's leadership in addressing the social determinants of health has significantly influenced Queensland Health's policy and practices, he has also personally undertaken the role of champion for these issues across the health sector and with other government departments. Whether he was among colleagues, addressing public forums or conferences or meeting with the CEOs of other government departments, Dr Scott was able to raise awareness of the social determinants of health and mobilise action accordingly.

(Paul Harris, Natalie Baig & Garth Henniker, Senior Project Officers, Health Promotion Unit, Public Health Services Branch)

Contribution to the National Public Health Partnership

Dr Scott has been the Queensland member of the NPHP since February 1999. From October 2001 to September 2002, he served as Chair of the NPHP. As Chair, Dr Scott presented the future priority agenda of the NPHP which was endorsed by CEOs of Health (Australian Health Ministers Advisory Council - AHMAC) and oversaw work across a range of key public health issues including environmental health, health information development, public health genetics, communicable disease control, child and youth health, legislative reform, General Practice and population health, and mental health prevention and promotion.

Dr Scott was instrumental in the establishment of the Aboriginal and Torres Strait Islander Working Group of the NPHP and was a key player in the development of the Smoking, Nutrition and Physical Activity (SNAP) framework which has been developed as a resource for general practice.

Since 2002, Dr Scott has chaired the Strategic Inter-governmental Nutrition Alliance (SIGNAL), with responsibility for oversight of *Eat Well Australia*. He led work to progress implementation of the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010*; to facilitate nationally consistent health promotion messages on the consumption of fruit and vegetables; and engagement of the food industry through the establishment of the Australian Fruit and Vegetable Coalition. He also represented SIGNAL on the National Obesity Task Force (NOTF) addressing healthy weight issues for children, adults and older Australians.

Since 2002, Dr Scott has co-chaired the Strategic Injury Prevention Partnership (SIPP). During this time he assisted in oversight of implementation of the *National Injury Prevention Plan* and development of a suite of new national strategies for injury prevention and safety promotion, consisting of the *National Injury Prevention and Safety Promotion Plan 2004-2014* and the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy*.

On behalf of the NPHP, Dr Scott led the work on development of a Public Health Action Plan for an Ageing Australia to contribute to the *National Strategy on Healthy Ageing*. The Plan was endorsed by Health and Community Services Ministers. Implementation commenced under the auspice of the NPHP in 2005 and with the support of the Positive Ageing Taskforce of the Community Services Ministers Advisory Council.

On behalf of NPHP, Dr Scott has raised issues for AHMAC related to refugee health, and has championed state and territory and Australian Government contribution to a project for improving access to healthy foods in remote Indigenous communities in Australia.

(Ms Karen Roger, Secretariat, NPHP).

Reflections on local and national public health capacity-building from a former Public Health Unit Network and NPHP colleague

John Scott followed on from the vision of Diana Lange and Gerry Murphy to become the driving force in implementation and coordination of a newly established public health unit network across Queensland - a network that grew remarkably rapidly to provide a consistent and coherent public health protection and promotion service that remained responsive to local needs.

The National Public Health Partnership has benefited not only from Dr Scott's chairing, but also from his drive and leadership in a number of its output areas – particularly in areas such as SIGNAL and SIPP. Systems changes in such areas require time, and the benefits of this work will continue to be realised for some time to come.

There have been several keys to Dr Scott's success in public health. One is his commitment to multi-disciplinary approaches to solve public health problems, as exemplified by the management and professional leadership structures put in place in Queensland's Public Health Services. Many of the excellent achievements described above obviously were not the result of a single person's effort: what is important to note is that Dr Scott provided an enabling and supportive environment for work colleagues to collectively and effectively progress mutual goals. Another success factor has been an ability to extrapolate from the local to the national, to bring about systemic responses to address public health issues such as Indigenous nutrition. He had the ability to provide, in appropriate circumstances when support was required from key decision-makers, a brief narrative based on local knowledge and experience to illustrate the need for and benefits of a public health intervention. This helped bring about a sense of the practical importance of public health and build strategic alliances. These attributes, combined with a pointed sense of humour and irony, have made John Scott a highly effective public health practitioner well-deserving and worthy of the honour of the Sidney Sax award.

(Dr Roscoe Taylor, public health physician in Central Queensland Public Health Unit 1994 – 2002; Director of Public Health and Director of Population Health, Tasmania and NPHP member since 2002).

Reflections from a NPHP colleague

I would like to contribute to the nomination of Dr John Scott for the Sidney Sax Public Health Medal 2005. I am sure there are many public health professionals who would welcome the opportunity to advocate for Dr Scott as an outstanding public health professional for this nomination and I am but one of those.

I have known Dr Scott for approximately ten years. My association with John has been through national committees concerned with public health in Australia, particularly the National Public Health Partnership (NPHP), SIGNAL and SIGPAH.

Dr Scott is an eminent public health professional in Australia, particularly in view of his experience, his good character, his broad knowledge and ability to translate that knowledge articulately, his sound counsel in balancing the political dimension, industrial and community issues we deal with and his ability to take a leadership role.

Dr Scott has employed all of these attributes within his role in the NPHP and other national committees and has promoted public health at the highest level within the national context.

His aims have always been the protection of public health and safety of the community and he has always acted impeccably.

Of particular significance has been his leadership in the nutrition area in chairing the SIGNAL group and in so doing bringing nutritional issues to the highest level of government. This has been demonstrated through the NPHP and the Australia New Zealand Food Standards Ministerial Council.

Dr Scott has recently promoted the 2 Fruit & 5 Veg Campaign in the national arena by enlisting the support of the food industry, particularly the horticultural industry, supermarket chains and marketing companies in the promotion of fruit and vegetables. This together with his work in the promotion of other lifestyle issues such as physical activity are key determinants in many of the chronic diseases affecting the Australia and New Zealand public which have a profound impact on the health costs of the Australian health system.

I believe that Dr Scott more than satisfies the criteria for this medal in that he has protected and promoted public health within Australia in particular, but has throughout his career addressed all of the criteria for this medal.

It is without hesitation that I highly recommend Dr Scott as an eminent public health professional and one who is eminently appropriate for the award of the Sidney Sax Public Health Medal 2005

(Michael P Jackson, Executive Director, Population Health, Western Australia Department of Health)

A former peer's and academic perspective

Over a period of more than 10 years, Dr Scott has brought a practical reality to the public health agenda in Australia, bringing his disciplinary backgrounds in economics and general practice to a commitment to population health. Perhaps more than any of the other government based leaders of public health in Australia, he has been able to articulate a vision of population health as the public health-clinical interface in a way that resonated to Director-Generals of Health. Through his leadership, Queensland government has adopted this as can be clearly seen in the *Health 2020 Strategic Directions Statement*.

(Professor Andrew Wilson, University of Queensland)