



PUBLIC HEALTH ASSOCIATION
of Australia Inc

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA
ANNUAL REPORT 2005-2006

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1. PRESIDENT'S REPORT

There's never a dull moment for those passionate about public health. A quick look at the activities of PHAA over the last year is testament to this.

Every year we have an energetic group developing and updating our policies. With such a wide variety of policy areas we are continually striving to keep our policies up to date and focused on the key issues. Similarly our advocacy program is broad and over the past year we have taken every opportunity to make our view known through submissions. Nationally this year we have addressed a variety of issues, some of the most important being work undertaken by the Women's Health SIG on the Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005 and a submission to the Inquiry Into Therapeutics Good Amendment (Repeal of Ministerial Responsibility for Approval of RU486) Bill 2005, a submission developed by the Food and Nutrition SIG on the Draft Assessment Report for Proposal P293 – Nutrition, Health and Related Claims, comments developed by the Secretariat on the Productivity Commission Workforce Study and comments developed by the Secretariat and the Food and Nutrition SIG on The Discussion Paper: Food and Nutrition Monitoring Surveillance System.

Behind all this the Board and the secretariat are focusing on some key issues about how we work as an organisation. The Board has established a Finance Committee, and a tender will be announced soon to begin the process of upgrading the office's business systems. The Board decided to reduce membership fee for student members in recognition of the high cost of membership and study and importance of working with younger members. Similarly, the Board recognised the importance of making access to public health information and networks easier for Aboriginal and Torres Strait Islander health workers by introducing a lower fee.

We have also set up a Journal Taskforce. The journal is our flagship and it performs strongly in the ratings game. We have already enhanced electronic access to the journal and the task force will continue to look to the future, in particular positioning the journal well with current technology. Through ANZJPH, PHAA members provide one of the major pieces of Public Health infrastructure; the vehicle for public health researchers and practitioners to publish their work. There is a lot of debate, particularly in Europe, about publishing models and open access to the outcomes of publicly funded research. We need to be part of this discussion in Australia.

At state and national level we continue to work in partnership with others, including through joint submission and endorsing common position. At state level work with others has included joining with the Australian Health Promotion Association (AHPA) in

their mentoring programs in some states. I would particularly like to acknowledge AHPA work in developing the mentoring programs. I worked with the Victorian group and I am very impressed with the program and would encourage all states to consider mentoring for younger members.

Nationally we continue to participate in very fruitful discussions with other major public health organisations, especially the Australasian Faculty of Public Health Medicine, APHA, and the Australasian Epidemiology Association (AEA). We are planning to hold a joint national population health congress in 2008, so look out for further news on this. It will be a “not to be missed” major public health event.

No president’s report would be complete without some comment on the key public health issues of the year and for the future.

As a nation we continue to fail to effectively meet the health needs of Aboriginal and Torres Strait Islander people. I would like to thank members of our Aboriginal and Torres Strait Islander Health SIG for their work in this important area.

While obesity continues to be the headline grabber, with debates about effective diets, simplistic solutions and reality TV, developing effective public health response to nutrition and physical activity will be a challenge.

Developing effective public health approaches to mental health is also a significant challenge. Another area that particularly concerns me is violence and the breakdown in community and individual health that it engenders. This is a significant determinant of health that isn’t usually approached from a public health perspective.

And finally, health of refugees and asylum seekers, particularly those subject to very restrictive visa conditions, should be a focus of particular attention.

I would like to thank my fellow Board members for their enthusiastic commitment to PHAA and the secretariat for their hard work throughout the year. In particular, I would like to thank Peter Trebilco, who has been a longstanding member of the Board, having served as the Vice President (Finances) for six years, and Fran McFadzen, who has been Vice President (Development) for two years and was one of the SIG Representatives on the Board before that. Peter is retiring from this position at the AGM this year and I wish him well and thank him for the way he has maintained control over the PHAA finances during some very difficult periods. Similarly, I wish Fran all the best and thank her for her work in developing the SIG manual and for all the support she has provided to SIGs over the years.

Cathy Mead
President

2. EXECUTIVE DIRECTOR'S REPORT

The past year has proved to be as interesting and challenging as any since I had the good fortune to start to work within PHAA.

PHAA and its members continue to be highly regarded and as a consequence continue to be invited to sit on government committees and working groups, provide submissions to inquiries at national and State/Territory levels and to present evidence to such groups. Of course members actions don't stop there, with many providing guidance, information and policy options to individual bureaucrats, politicians and political parties, across the board.

Members have worked in a variety of coalitions and partnership, and networked extensively to bring public health issues to the attention of communities, professional groups, and political and bureaucratic entities. This says much about the public health fraternity – not just that there is a passion to achieve outcomes, but that so many involved in public health see their efforts as part of a vocation rather than just a job. This sort of dedication cannot be bought and is deeply treasured in the PHAA.

Nowhere are we more aware of our member's passions' than in the development of and advocacy for our policies. Each year a myriad of public health issues arise and we count heavily on our members to take up the reigns, provide their expertise and help us advocate for the changes that we believe will benefit Australian's health and the health of those overseas who may not be able to help themselves. This year, we have seen an outstanding dedication from the Women's Health SIG members who have battled a determined Minister about access to RU486, the provision of appropriate counselling for pregnant women, and a number of other issues. Congratulations and thank you all for your efforts!

Each year as we come up to the Annual Conference and the Annual General meeting, my mind goes to the strengths and weaknesses that I have seen in the organisation and in public health over the previous year. While the weaknesses bother me and give me much food for thought and action, I feel a great deal of pleasure in the number of outstanding people we have as members and fellow professionals in the public health arena.

But each year I also ask myself, why is it that both public health and individual public health professionals get so little recognition for the work they do. Whatever the reason, I believe that it is time that we recognised the work that our colleagues undertake and make public their efforts and successes. Over the past year, I believe that we have come somewhat to celebrating some of these successes in the increasingly interesting articles that have been published in Intouch. I intend, over the coming year, to see if we cannot get these success reflected in the wider public arena.

The coming year is sure to provide us with an equally challenging year. Over the past year we have commenced making some significant administrative and process changes that will continue into 2006-2007. Foremost amongst these has been the development of a Finance Committee, an IT Committee and a Journal Taskforce, all of which report to

the Board and will be helping to develop new and improved strategic directions for PHAA. These and other changes are aimed at developing a more efficient and effective administration of PHAA, leaving me with an increased capacity to help in the policy development and advocacy areas of our work.

Change is never easy to put in place, but I believe that with the help of the Secretariat we will be able to bring about the changes that we need to make PHAA increasingly financially stable. We can now be confident that, due to the work of the last six years, we are holding our finances close to our income, although there is still work to be done in this area. We continue to receive unqualified audits of our accounts, which give our Vice President (Finance), our Finance Officer, Pam Watt, and me great satisfaction.

The one area that continues to be of great concern to me is our membership base. This year the Board has implemented a number of significant changes to our membership fees as part of trying to boost our young professional and student membership, and provide an easier members access for Aboriginal and Torres Strait Islander health workers. I believe that with help from Branch members and Special Interest Groups, these changes should make recruitment of new members and retention of existing members easier. We will be active in recruitment over the coming year, and welcome help from all quarters.

As always I would like to thank all those who have participated in PHAA's activities and administration across the past year. In particular, the Board, the Branch Presidents and the SIG Convenors have all made work in the PHAA a great experience and a very rewarding one. My thanks go to all the volunteers who have attended teleconferences, drafted letters, submissions and policies, and who have keep communication lines open on issues, even when there wasn't a tangible result to follow. To the Board members who will be leaving, Peter Trebilco and Fran McFadzen, my thanks for all your help!

I also wish to thank the PHAA staff for their efforts over the past year. Much of the work that they undertake is "behind the scenes" and consequently not often noticed. It is, however, vital to the continued smooth functioning of PHAA.

Pieta Laut
Executive Director

3. PARTNERSHIPS AND COALITIONS

Objective: To develop and/or participate in partnerships or coalitions which promote public health research, policies, funding and actions.

The PHAA has a significant commitment to working with other non-government and government organisations, in partnerships or coalitions on issues of significance to public health. While it would be difficult to list all the organisations that we have worked with over the past year the following examples provide some understanding of the diversity of our cooperative efforts.

Australian Healthcare Reform Alliance

The PHAA is a member of this Alliance and is represented on it by Associate Professor Peter Sainsbury. The Alliance is working to bring about reform of the Australian health care system, through a highly consultative process. The basis of much of the Alliance's work is that there needs equity in the health care system, and that reform should progress through an in-depth discussion with the Australian people about what sort of health care system they want.

People's Health Movement

At both national and State/Territory levels, there has been a cooperative effort between the PHAA and the People's Health Movement. Members of the two associations have provided seminars to each other's organisations and PHAA's Aboriginal and Torres Strait Islander SIG has provided a number of scholarships for Indigenous leaders to attend the People's Health Assembly in Ecuador this past year. Further, the Public Health Education and Research Trust (PHERT) help facilitate sponsorships provided for by donations to help others attend the People's Health Assembly.

The Coalition

Over the past year the PHAA, the Faculty of Public Health Medicine, The Health Promotion Association and the Australian Epidemiological Association have meet to explore public health issues and ways of working together to promote better public health in Australia. In January 2006, these organisations meet in Canberra for a full day discussion, which included being briefed by the Department of Health and Aging on the Commonwealth's perspectives around public health issues. The discussion led to a Joint Communiqué (see the PHAA website) and the commencement of a process to develop a Joint Congress in 2008. Over the coming year we anticipate the further development of the Congress and other joint actions between the members of the Coalition.

State and Territory Branches

At the State and Territory Branch level there were a variety of alliances and partnerships. A number of examples of alliances and partnerships at this level are detailed below.

The **New South Wales Branch**, in conjunction with the State Branch of the Australian Health Promotion Association launched a joint initiative on the social determinants of health. This initiative was launched during anti-poverty week in October 2005. Its main goal is to maintain and further develop the public and governmental understanding of the social determinants of health and to develop an Australian Charter on the Determinants of Health by 2007.

The **ACT Branch** continues to work together with the local Branch of the Australian Health Promotion Association and the Australasian Faculty of Public Health Medicine in the Public Health Forum. This group is involved in an on-going process to improve public health in the ACT and to bring public health issues to the attention of the government and the public.

Over the past year the **Western Australian Branch** has undertaken a significant amount of its work with a wide variety of partnerships and in coalitions. The 2006 Annual Conference was developed and held in conjunction with the State Branch of the Australian Health Promotion Association. The Branch also worked in partnership with the five Western Australian universities (Curtin University, University of Western Australia, Notre Dame University, Edith Cowen University and Murdoch University), the National Drug Research Institute, the John Curtin Institute for Public Policy, the Australian Biosecurity Cooperative Research Institute, the Western Australian Department of Health, The Telethon Institute for Child Health Research, the Australian Medical Association and the Faculty of Public Health Medicine.

The **Queensland Branch** has continued to contribute as members of the Queensland Public Health Forum, addressing public health issues in collaboration with other organisations and government as they arise. In particular they continued their work on the working group, which developed the Queensland Public Health Strategy, and on the Queensland Strategy for Chronic Disease.

The **Victorian Branch** has worked on two projects in coalition with other organisations over the past year. These are the Health Inequalities project that has been done in conjunction with VicHealth, and the Human Rights and Public Health Ethics project. The Victorian Branch undertakes much of its work in coalitions or in partnerships with others. This year they have worked closely with the Department of Human Services (DHS), the Victorian Public Health Research and Education Council (VPHREC), the Victorian Healthy promotion Foundation (VicHealth), the Health Issues Centre (HIC), the Australian Health Promotion Association (APHA) and the Victorian Medicare Alliance on joint projects.

Special Interest Groups

In addition to the Branches, some of the Special Interest Groups (SIGs) were also involved in partnerships and alliances. Some examples are shown below.

The **Women's Health SIG** spent much of the past year working in alliance with Reproductive Choice Aust, the Australian Reproductive Health Alliance, and the Royal Women's Hospital Vic developing and presenting submissions to the Commonwealth Senate Inquiry into the availability of RU486 and the transparency on pregnancy counselling advertising. The alliances formed over these issues allowed each organisation to concentrate on the areas of evidence for which they had particular expertise, while ensuring that all areas of concern were covered (for example, the Royal Women's Hospital were able to provide direct evidence on the delivery of services to women, while the Women's Health SIG were able to provide evidence regarding claims made about the science surrounding RU 486.

The **Food and Nutrition SIG**, the **Child Health SIG** and the **Health Promotion SIG** all worked with the Coalition on Food Advertising to Children, to advocate for the banning of television advertising of (junk) food in children's television hours. PHAA has an on-going commitment to the coalition and will be continuing to work in conjunction with it.

The **Health Promotion SIG** has been part of a national collaboration on developing health promotion competencies with the Australian Health Promotion Association (AHPA) and the International Union Of Health Promotion Education (IUHPE). This project has sampled 400 members of PHAA and AHPA in order to develop the health promotion competencies. A series of workshops are currently being held to provide additional opportunities for consultation amongst the Australian health promotion workforce. The workshops are covering the results of the survey, implications and practical uses of the competencies and the delineation of 'core competencies'. Draft competencies are currently being prepared and workshops around Australia will be undertaken next financial year.

The **Aboriginal and Torres Strait Islander Health SIG** has continued its relationship with the University of Melbourne, running a joint workshop on public health curriculum development. The SIG has also maintained strong links with the Institute of Koori Health, working collaboratively on public health training for Aboriginal and Torres Strait Islander people. Similarly the SIG has maintained good contact with the Aboriginal Community Controlled Health Organisations across the country.

The **Oral Health SIG** has worked with the Victorian Oral Health Alliance seeking significant reductions in waiting times, for the government to address oral care needs of specific disadvantaged groups, to increase the numbers of dentist training places in Victoria and to fund major oral health promotion campaign initiatives.

The **Mental Health SIG** has been developing a relationship with the Mental Health Council, which it hopes to work closely with in the future.

4. REPRESENTATION

Objective: To represent the views of the PHAA membership on government committees, working groups and to bring back information to the PHAA membership for discussion and further development of policies.

PHAA continues to have members representing its views on a wide variety of committees, working groups and other non-government organisations. These interactions provide significant opportunities for the exchange of research, knowledge, policy options, political experience and advice. In addition the PHAA is regularly asked to propose nominees to join other organisations on the basis of nominee’s expertise. While some of these nominees are not PHAA ‘representatives’, rather are being nominated for their expertise, their capacity to take forward PHAA’s views on specific issues should not be underestimated.

PHAA is represented on a wide variety of other organisations ranging from government working parties to local community organisations. Some of these are listed below as examples of the diversity of representation undertaken by PHAA. A list of our current representation is shown below.

National

Committee/Group/Collaboration	PHAA Representative
ACOSS	Executive Director
Australian Health Care Reform Alliance	Adjunct Prof Peter Sainsbury
Australasian Mortality Data Interest Group (AMDIG) Leadership Committee	Dr Jane Freemantle
National Rural Health Alliance	Pieta Laut
AUSAID	Professor Ian Riley
AMA Public Health and Aged Care Committee	Professor Stephen Leeder
Beyond Blue	Adjunct Prof Peter Sainsbury

State and Territory Branches

Committee/Group/Collaboration	PHAA Representative
South Australia	
Health Reform SA	Christine Morris
SA Academic Public Health Consortium Consultative Committee	Branch President
SA Medicare Alliance	Teresa Burgess
SA Refugee Health Network	Teresa Burgess
Northern Territory	
Central Australian Remote Health Development Service	NT Branch

Aboriginal Medical Services Alliance	NT Branch
Central Australian Division of Primary Health Care	NT Branch
Central Australian Remote Health Development Service	NT Branch
General Practice and Primary Health Care NT	NT Branch
Katherine West Health Board	NT Branch
Menzies School of Health Research	NT Branch
People's Alcohol Action Coalition (Alice Springs community campaign	NT Branch
Disability Advisory Council (NT Dept Education)	NT Branch
Victoria	
Victorian Public Health Training Scheme Advisory Committee	Cathy Mead
Victorian Public Health Research and Education Council	Cathy Mead
Queensland	
Queensland Public Health Forum	Peter Anderson
Eat Well Queensland Implementation Working Group	Peter Anderson
Queensland centre for Public Health Consultative Committee	Peter Anderson
Public Hospitals Health and Medicare Alliance of Queensland (PHAAQ)	Doug Welch
Alliance to Expose Gatts (AEG)	Doug Welch
New South Wales	
Chapter of Community and Child Health	Garth Alperstein, Jan de Groot
Australian Health promotion Association (NSW Branch)	Garth Alperstein
Australian Faculty of Public Health Medicine	Garth Alperstein
NSW Child & Family Health Services Managers Group	Garth Alperstein
Chapter of Community Child Health	Garth Alperstein
CSAHS Health Promoting Schools Steering Committee, and Working Committee	Garth Alperstein
NSW State Families First Research and Evaluation Group	Garth Alperstein
NSW State Child and Youth Priority task Force	Garth Alperstein
NSW Attorney General's Department – Family and Friends of Missing Persons	Peter Trebilco

Unit Interagency Forum	
Australian Capital Territory	
ACT Public Health Forum, Development Group	Dr Cathy Banwell
Western Australia	
Western Australian Public Health Academic Consortium	Branch
ACOSH	Noni Walker
Confidentiality of Health Information Committee	Branch

Special Interest Groups

Committee/Group/Collaboration	PHAA Representative
Child Health	
ARACY	Jan de Groot
Environmental Health	
Cosmetic Reform Implementation Working Group (NICNAS)	Dr Liz Hanna
enHealth (NPHP)	Dr Liz Hanna
Chemical Management Framework Review Group (Commonwealth Dept of Environment and Heritage)	Dr Liz Hanna
Stockholm Reference Group for Australian's National Implementation Plan for United Nation's Stockholm Convention (Aus't Gov't Dept Evir & Heritage)	Dr Liz Hanna
National Industrial Chemicals Notification & Assessment Scheme – (Aus't Gov't Dept of Health Ageing)	Dr Liz Hanna
Victorian Agricultural Chemical Advisory Committee (Vic Dept Primary Industries)	Dr Liz Hanna
Community Consultative Committee - Australian Pesticide & Veterinary Medicine Authority (Commonwealth Dept Ag, Fisheries & Forestry)	Dr Liz Hanna
Climate Action Network Australia CANA	Sally Kingsland
Food and Nutrition	
FSANZ Fortification Standard Development Advisory Committee	Dr Mark Lawrence
SANZ Nutrition, Health and Related Claims Standard Development Advisory Committee (SDAC)	Dr Mark Lawrence
Health Dept Victoria, ACE-Obesity Advisory Committee	Dr Mark Lawrence

Coalition for a Healthy Australian Food Supply (CHAFS)	FANSIG
Coalition on Food Advertising to Children (CFAC)	John Coveney
International Health	
Detention Health Advisory Group (DIMA)	Dr Anna Whelan and Dr Maxine Whittaker
Primary Health Care	
National Primary Health Care Network (run from the Aust Institute of Primary Care at La Trobe University)	Dr Helen Keleher
Health Promotion	
PHERT	Dr Peter Howat

Further to PHAA's representation on such a wide range of organisations, we are often asked to nominate individuals who could be representatives of public health on particular working groups or committees. The PHAA actively seeks members to take on these roles, and where a member cannot be found, seeks a nominee amongst other public health experts. While these nominees are not always successful, we do have a good track record.

5. POLICY DEVELOPMENT

Objective: To develop sound public health policy by drawing on the Association's members and Secretariat.

National Policy Focus

The Board determined that it's 2005-2006 policy priorities to be:

- **Aboriginal and Torres Strait Islander Health** – concentration has been on supporting the ATSIH SIG in its endeavours and raising the profile of ATSI health in Intouch and where possible in the Journal.
- **Obesity/Nutrition/Physical Activity** – work in this area has included the development of a submission on the “Discussion Paper - Food and Nutrition Monitoring and Surveillance System”, and the provision of a representative on the National Obesity Taskforce. The Journal has also highlighted an article on the impact of using food as a fundraiser.
- **Child Health** – the priority in this area has been the review and redevelopment of most of the Child Health policies. This process will continue into 2006.
- **Mental Health** – With the development of the new Prisoner's Health SIG, a connection between the Mental Health SIG, the new SIG and the Women's Health SIG is being explored as one possible area of concern for the next Prisoners Health Conference. A submission was developed for the Senate Inquiry into mental health and contact has been made with Beyond Blue and the Black Dog Institute seeking regular article for Intouch.
- **Climate Change** – Initial advocacy letters have been sent to all State Premiers and Commonwealth Ministers regarding the importance of taking action on Greenhouse Gases, and on why nuclear power is not the answer to climate change. The Environmental Health SIG has joined CANA.
- **Workforce**- A submission was prepared on the Public Health Workforce for the Productivity Commission's inquiry into the Australian health workforce.
- **Research** – All State Branches have been made aware of the EBPH practice short course.

Policy Renewal

It is the intention of the PHAA Board to maintain the currency of all of our policies in order to be able to draw on them in public debate, the preparation of submissions and other advocacy work. The members of the PHAA have focused intently on policy development over the past year, undertaking the second round in the rolling program of policy renewal.

The following policies were revised at the 2005 AGM.

Improving the Health of School Aged Children and Young People	Sudden Infant Death
Skin Cancer Prevention	Environmental Health
Smoke Detectors in Residential Housing	Hepatitis C
HIV Positive	Small Pox
Hepatitis B	Fall Injury Prevention
Hot Water Prevention and Scald Burns	Fencing Residential Pools and Spas
Nuclear Weapons	Asylum Seekers
Promoting Mental Health	Emergency Contraception
Abortion	Maternity Leave
Landmines	

New Policies

The following new policies were adopted at the 2005 AGM.

Aboriginal and Torres Strait Islander Health	Nuclear Industry
Nuclear Energy (Global Warming)	

Archived

The following policies were archived at the 2005 AGM.

Neonatal Hearing Screening	Smoking and Children
Public Health Strategies for the Problem of Osteoporosis in Australia	Socio-Economic Inequality and its Impact for Children & Their Families
Uranium Mining	Stratospheric Ozone Depletion
Food Safety Management	Food and Health
Australian Health Care Agreements	Tax Reform, Food Access and Health
Rural Health	Mandatory Sentencing
Injury – A Major Public Health Problem	Structural Reform
Information and Communication Technologies for Public Health	Improving National Health Statistics for Public Health
Women’s Health in Australian Overseas Aid Programs	Promoting Health in and Era of Free Trade
Gambling and Health	Public Health and War

Policies for One Year Roll Over

The following policies were agreed to have a one-year “roll over” and are due for renewal in 2005/06.

Television Food Advertising During Children’s Viewing Times	Physical Activity
Licit and Illicit Drugs	Ecologically Sustainable Development

Genetically Modified Foods	Health Claims on Foods
Health Inequalities	Prison Health: Minimum National Standards For Correctional Services
The GP Workforce in Australia	Health and Housing
Immunisation	Refugee Health
Alcohol	MHMRC Research Funding and Researchers who Accept Money from the Tobacco Industry or Parties Acting on Its Behalf
Structures and Funding to Sustain Public Health Research and Development	Breastfeeding
Domestic/Family Violence	Trafficking in Women and Children for Prostitution
Public Health Workforce Training and Development	

All of the PHAA's Policy Statements are on the PHAA website.

The Policy process relies heavily on the input and energy of the SIGS. The SIGS (or individual) members identify areas where a policy should be developed, take carriage of the development of the policy and also undertake the review of policies to insure that they represent the current science and knowledge.

Jane Freemantle, Vice-President (policy)
 Pieta Laut, Executive Director PHAA

6. ADVOCACY AND PUBLIC HEALTH PROMOTION

Objective: To advocate for the adoption of sound public health policy, in particular the PHAA's policies at the national, state/territory and local levels.

Advocacy continues to be at the centre of PHAA's quest for the development and adoption of evidence based public health research, policy and programs and is one of its central objectives. While PHAA is a national organisation, the Association's advocacy efforts are spread across national, State/Territory and local government jurisdictions, and are undertaken by the Board, the National Office, all Branches and SIGs and individual's whose expertise has enabled them to become spokespeople on specific issues. Some of the most significant areas of advocacy undertaken across the 2004-2005 financial year are outlined below.

Board Priorities

As outlined in the Policy Development Section, the Board adopted a number of priority areas for policy development and advocacy. These, and actions taken over the past year are listed below.

Aboriginal and Torres Strait Islander Health

Internal – in order to raise the profile of Aboriginal and Torres Strait Islander health issues PHAA has designated every seventh issue of Intouch to issues relating to the health and wellbeing of Aboriginal and Torres Strait Islander Australians. In addition we have endeavoured to place at least one story on Aboriginal and Torres Strait Islander Health in every other issue. PHAA is also committed to insuring that all their activities are accessible and relevant to Aboriginal and Torres Strait Islanders. To this end, an innovative initiative was undertaken in association with the 2005 Annual Conference in Perth. This initiative included an evaluation of the Conference by a small group of Aboriginal researchers assessing the Conference from a number of key indicators. A workshop was also convened and led by the researchers at the conclusion of the Conference to invite feedback on the Conference from Aboriginal people. As a consequence of their report, which can be found on the PHAA website, PHAA has implemented guidelines to make our conferences more accessible to Aboriginal and Torres Strait Islander health workers and researchers. A review of the protocol for evaluating submitted abstracts that include Aboriginal health issues was undertaken. As a result, every abstract submitted to the 2006 Annual Conference, that relates to Aboriginal and Torres Strait Islander health has been reviewed by an Aboriginal and Torres Strait Islander.

PHAA approached the Office for Aboriginal and Torres Strait Islander Health, and we were granted sufficient funds to bring 11 Aboriginal and Torres Strait Islander people to the conference. For the coming financial year, the Board instituted an Aboriginal and Torres Strait Islander health worker membership fee, subsidised to the same rate as Student fees. Advice about this was sent to over 350 Aboriginal health workers. Further

an Aboriginal and Torres Strait Islander Health Workshop was held on the Sunday before the Annual Conference to finalise the then adopted Aboriginal and Torres Strait Islander Health Policy Statement. Finally, we have been regularly adding important documents and media releases to the Aboriginal and Torres Strait Islander Health SIG Bulletin Board.

External – PHAA has actively promoted its Aboriginal and Torres Strait Islander Health policies by sending them to a wide variety of organisations and by maintaining its membership of organisations such as ANTaR. We have supported a number of ANTaR initiatives over the past year. We wrote to the Minister for Health, the Hon Tony Abbott, congratulating him on setting up the National Trachoma Surveillance Unit and seeking a strong focus on screening, prevention and early intervention. On behalf of the Aboriginal and Torres Strait Islander SIG the Executive Director attended the Cooperative Research Centre Aboriginal Health Showcase in Canberra and participated in discussions. In July 2005 a letter was sent to editors of national and regional newspapers noting that the ideological push around individualism and privatisation was unlikely to help Indigenous health. We also provided a submission to the Australian Government requesting them to support the Draft UN Declaration on the Rights of Indigenous Peoples and Millennium Development Goals. The Australian and New Zealand Journal continues to carry articles on Aboriginal and Torres Strait Islander health issues as they become available. Amongst the most important advocacy actions undertaken on Aboriginal and Torres Strait Islander health has been our ‘auspicing’ of an innovative action project with the Jalaris community (Derby Western Australia), which is detailed below. Jalaris is a community controlled organisation and PHAA has partnered with Kulunga Research Network at the Telethon Institute for Child Health Research and the WA branch of PHAA to work with the community to support their endeavours to improve the health and wellbeing of their people.

Obesity/Nutrition/Physical Activity

Internal – One in every seventh edition of Intouch is focussed on obesity/nutrition /physical activity. This has helped to highlight the issue to both PHAA members and anyone reading the articles once they have been placed on the PHAA website.

External – Work in this area has included the development of a submission on the “Discussion Paper - Food and Nutrition Monitoring and Surveillance System”, and the provision of a representative on the National Obesity Taskforce. We have provided a congratulatory letter to the Victorian Premier on his role in changing the types of food and drink available to children in canteens, provided input to meetings and submissions on mandatory fortification of foods, and the FSANZ proposal on health claims on food labels. We participated in the Obesity Summit at Parliament House and signed the Obesity Declaration, after it had been amended to reflect environmental influences on obesity as well as personal responsibility. The Journal has also highlighted an article on the impact of using food as a fundraiser and continues to publish articles on obesity, nutrition and physical activity. The Food and Nutrition, Child Health and Health Promotion SIGs have all been working in conjunction with the Coalition on Food Advertising to Children to advocate for the banning of television advertising of (junk)

food in Children's Television hours. PHAA was a participant at the National Obesity Summit at Parliament House and endorsed the Obesity Declaration.

Child Health

Internal – The priority in this area has been the review and redevelopment of most of the Child Health policies. The SIG has redeveloped the Television Food Advertising during Children's Viewing Times Policy Statement into a Position Statement for consideration at the 2006 AGM. The Child Health SIG has developed and maintained a strong link with the Australian Research Alliance for Children and Youth, and bulletins from this organisation have been regularly placed on the SIG's bulletin board. The Child Health SIG and the Food and Nutrition SIG have continued to discuss mandatory fortification of food with folate, as a significant if not controversial issue. PHAA undertook a democratic and transparent process to prepare a paper for submission in July 2006, to the FSANZ Submission on Assessment Report Proposal P295: consideration of mandatory fortification with folic acid. A position statement on this issue will be prepared in conjunction with the relevant SIGS (including the Food and Nutrition SIG) and presented to the Board as an interim PHAA position paper in the coming year.

External – The Vice President (Policy) has been the PHAA representative on the now defunct National Public Health Partnership. In her role she provided considerable input from the Child Health SIG on the draft National Public Health Action Plan for Children 2005-2008. Negotiations with Medicines Australia's Vaccines Industry Group has seen the development of the first PHERT/MAVIG Immunisation Scholarship. While immunisation covers areas other than child health, the expectation is that over time this scholarship will have a substantial child health focus.

Mental Health

Internal – With the development of the new Prisoner's Health SIG, a connection between the Mental Health SIG, the new SIG has been developed and mental health of prisoners is now a major theme for the Prisoner Health Symposium. Contact has been made with Beyond Blue and the Black Dog Institute seeking regular articles for Intouch. One in every seven Intouch editions is focused on Mental Health issues. The Mental Health SIG provided a travel award for a student investigating mental health issues to attend the PHAA Conference in Perth.

External – A submission was developed for the Senate Inquiry into Mental Health in the 2004-2005 financial year, and in July 2005 the Mental Health SIG Convenors and the Executive Director provided evidence on mental health issues to the Senate Select Committee on Mental Health. The Mental Health SIG has been extending its networks with other non-government organisations interested in mental health issues. In particular a connection has been made with the Mental Health Council of Australia. This is an on-going development centred around the development of a Prisoner Health Symposium. Late in 2005 a letter to editors was circulated to national and regional media centres seeking greater understanding of and funding for mental health issues. Subsequently the SIG has maintained a watching brief on the CoAg announcements about mental health

funding. While welcoming the increase in funding the SIG is concerned to ensure that the funding is used to produce changes in mental health outcomes and a letter to this effect was sent to editors of national and regional newspapers. In an attempt to help the media understand the need to destigmatise mental health, a letter was sent to the Weekend Australian noting that their use of the terms 'madness' and 'dope head' in both front page and editorial headlines did little to help people with mental illness overcome stigmatisation. The PHAA congratulated the Parliamentary Secretary responsible for Mental Health on the creation of the National Youth Mental Health Foundation and noted our desire to work with the Foundation in particular on prevention of mental health problems and early intervention. Copies of the PHAA's Mental Health Policy Statements were provided to the Parliamentary Secretary.

Climate Change

Internal – In 2005 the Environmental Health SIG, joined the Climate Change Action Network (CANA) to help bring focus to our climate change advocacy. CANA articles have been regularly placed on the Environmental Health SIG Bulletin Board and Sally Kingsland has maintained communications between PHAA and CANA. Peter Tait took the lead in developing a Climate Change workshop, which was held at the Perth Conference in September 2005. As with the other Board policy and advocacy priority areas, one in seven Intouch editions has focused on climate change articles.

External – Initial advocacy letters have been sent to all State Premiers and Commonwealth Ministers regarding the importance of taking action on Greenhouse Gases, and on why nuclear power is not the answer to climate change. The PHAA along with the Australian Conservation Foundation, Greenpeace Australia, MAPW and CANA endorsed "Nuclear Power: NO Solution to Climate Change" in late 2005 and placed the document on the PHAA website. We also corresponded with Christine Milne, the Australian Greens Senator about her motion to support the report "Climate Change Health Impacts in Australia: Effects of Dramatic CO2 Emissions Reductions". In conjunction with CANA we participated in the 'Walk against Warming on December 3, supported the CANA statement on Emissions Trading and agreed to be part of the FOE cyber update. In December 2005 PHAA provided a media release entitled "Taking no action won't prevent the consequences of climate change" as part of the International Day of Action on Climate Change. We also provided the editor of Government News, with answers to a series of questions she asked about the PHAA's climate change policy. These were incorporated in her report on biofuels. PHAA was represented at "Miracle or meltdown – the nuclear debate" in Parliament House by the Executive Director. In March 2006, as part of our climate change advocacy we provided a submission to the Senate Inquiry into Australia's future oil supply and alternative transport fuels. The PHAA also participated in and provided in-kind sponsorship for the Fenner Conference, "Urbanism and Environmental Health", that addresses to some extent climate change issues within the urban transport domain.

Workforce

Internal – Development of a PHAA Action Group on Workforce was discussed by both the Board and those who attended the April 2006 Planning Day.

As with other Board policy and advocacy priorities, one in seven editions of Intouch has focused on workforce issues.

External - A submission was prepared on the Public Health Workforce for the Productivity Commission's inquiry into the Australian health workforce and subsequently a further submission was made in response to the Commission's "Australia's Health Workforce: Productivity Commission Position Paper. This submission made particular reference to our concerns that the Productivity Commission did not believe that it is necessary for Australia to become self sufficient in the training/provision of its health workforce. These can be found on the PHAA website. PHAA's major efforts around workforce are the State-based advocacy and mini-conference programs.

Research

Internal – All State Branches have been made aware of the EBPH practice short course. There has been discussion about re-developing the Public Health Research Action Group and it is anticipated that a new PHRAG will commence work in the new financial year.

External - In on-going discussions with the NHMRC we have begun talks about the NHMRC providing regular briefings about different categories of research grants and the research that is being funded by the Council at the PHAA Planning Days and at other PHAA events (eg workshops and conferences).

Auspicing Innovation Action as Advocacy

The PHAA has approached advocacy from a wide variety of approaches over the years. Most particularly we have concentrated on seeking to affect policy at the Commonwealth and State/Territory levels via the development of Policy Statements that in general have sought the development of plans and strategies based on particular public health and human rights principles.

Over the years we have been successful, in conjunction with others, in having a significant number of the proposals contained in our Policy Statements taken up by various governments. That said, we have also been aware that in a number of areas strategies and plans have been developed, but by and large, there has been no significant change to the health outcomes of the targeted groups. Nowhere is this clearer than in Aboriginal and Torres Strait Islander Health.

In considering how PHAA might be able to help progress efforts in Aboriginal and Torres Strait Islander health, the Vice President (Policy), the Convenor of the Aboriginal and Torres Strait Islander SIG and the Executive Director have been considering what it is that PHAA might be able to bring to the table that could help to make a difference.

In our policies we clearly acknowledge:

- the historical, social, economic and political determinants of Aboriginal and Torres Strait Islander health and health services;

- the principles of self-determination including the for Aboriginal and Torres Strait Islanders to design and delivery their own health services; and
- the obligation of governments to provide basic services (health care, education, health infrastructure such as water and sewerage).

However, we felt that there must be more that we can do in addition to continuing to push for the adoption and use of the PHAA Aboriginal and Torres Strait Islander Policy Statement. We have chosen to explore ‘advocacy by auspicing’ as a means for effecting meaningful change. One of the most important and exciting collaborations has been with the Jalaris Aboriginal Corporation and in particular supporting their endeavours in the establishment of the “Kids Futures Club”, an innovative child early intervention project in Derby Western Australia. To this end the Executive Director funded a trip to Perth of the Project Officer of Jalaris to present a workshop at the Telethon Institute for Child Health Research outlining the activities of the Jalaris Aboriginal Corporation. This workshop was very well attended and generated great interest and resulted in further assistance with ongoing funding. Following on from the workshop, the Vice –President (policy) was invited to visit the community and work with them to identify ways that PHAA could support their initiative particularly in the development of a data base to evaluate their activities.

PHAA has a wide variety of members and access to a large number of institutions, agencies and high profile individuals. In ‘auspicing’ a specific Aboriginal and Torres Strait Islander community health project, we are seeking to bring some of these to the table to help open funding and other doors for the project. PHAA itself does not have access to funding that it could supply directly to the project, and is seeking to help the community make direct contacts with those who may be able to fund the project. In effect, PHAA will advocate for and champion the project to receive long term funding. The auspicing efforts PHAA will undertake include:

- using our members to help develop commitment to the project from third parties, especially those with potential to help fund the project or capacity to open doors to funding bodies;
- advertising the project and its progress on the PHAA website;
- encouraging individual donations to the project via the PHAA website, Intouch and the PHAA email list;
- help find partners to develop, implement and distribute longitudinal research and evaluation processes;
- help find partners to help the community implement a training and staff development process;
- using the PHAA website, Intouch and potentially the Journal to make the evaluation of results/assessment of changes available to the wider public health and Aboriginal and Torres Strait Islander health worker communities.

The Jalaris “Kids Futures Club” project was chosen because it was known to be under threat due to lack of funding, and the Jalaris Aboriginal Corporation had a track record of achievement with previous projects/programs. Those involved in choosing this project

acknowledge that there are a huge number of projects of equal merit that potentially could have been chosen. However, we wanted to focus our efforts on the ‘auspicing’ rather than in a long process to choose a project, in particular, as this is a trail of ‘advocacy by auspicing’.

Information about this project can be found on the PHAA website. This will be update regularly.

Branch Advocacy

Across the Branches, PHAA has increased their advocacy about local public health issues. In particular it should be noted that the **NSW Branch** have an on-going joint program of advocacy in partnership with the NSW Branch of the Australian Health Promotion Association around equity issues. This effort is to ensure that the health impacts of socio-economic inequities and the consequent health effects are understood and their resolution remains high on community and political agendas. As part of this NSW Branch representatives met with the Minister for Health to discuss investment in human capital, in particular, the importance of investment in preschool years as compared to later in life in order to achieve better health, social and economic outcomes.

At the other end of the scale, the **Northern Territory Branch** has continued its local advocacy around alcohol restrictions in Alice Springs and near by communities.

The **Western Australian Branch** listed a range of advocacy targets and consulted its members via its newsletter to gain feedback about their priorities and any identified gaps. The list of advocacy areas was assessed against the following criteria to determine priorities for the State based advocacy actions:

- Public health importance of the issue
- Whether it was locally relevant
- Whether it was amenable to change or intervention in the next 12-24 months
- Whether it would be a duplication of others’ efforts
- If it gives an opportunity to promote the PHAA

The outcome from this process was the identification of 5 priority areas for advocacy, being:

- Childhood and adolescent obesity (environmental factors, physical activity and nutrition, breastfeeding, soft drinks)
- Health Act lobbying-use of health impact assessments
- Land use planning and impact on public health
- Increasing spending on public health and public health research in WA and nationally; promoting public health as a priority
- Health inequalities

The list did not preclude the Branch from addressing other advocacy issues as the need arises throughout the year, however, the designation of priorities did recognize that the Branch could not cover all advocacy issues at once, and provided direction for advocacy

work over the year. The Branch also ensured that it maintained a focus on the nationally agreed priority areas.

The **South Australian Branch** has maintained a strong level of local advocacy about continued reforms in the South Australian health system. Teresa Burgess from the South Australian Branch has been actively involved with the South Australian Refugee Health Network in undertaking advocacy around refugee issues, including letter writing. In addition the South Australian Branch advocated against aspects of the recent advertisement on commercial television, which is part of the "*Violence Against Women, Australia Says No*" Campaign.

The **Tasmanian Branch** has continued its on-going efforts to promote whole of community approaches to health and health promotion and prevention activities. It has had an active role in helping to develop the goals under Tasmania Together 2020 and in the reviews undertaken to date. The Branch continues to actively promote public health approaches to government.

SIG Advocacy

The SIGs have individually continued their work on advocating for the relevant PHAA policies. Perhaps the most time consuming effort has come from the **Women's Health SIG** who have provided submissions and worked together with other organisations to promote reproductive choice for women especially in regard to the RU 486 debate and in the debate around transparency in counselling services for pregnant women. Rhonda Small represented the SIG at a public screening of the documentary about Dr Bertram Wainer, and the establishment of the East Melbourne clinic, where the current implications of decriminalisation of abortion were discussed. Dr Angela Taft also represented PHAA at two Melbourne-based Senate inquiries, the first into RU-486 (medical abortion) and the second into the transparency of pregnancy counselling services.

Similarly, the **Environmental Health SIG** maintained its activities with CANA in trying to bring a sharper policy focus to climate change issues in both national and State and Territory arenas. Liz Hanna, as SIG Convenor has contributed to committees and working groups across the year on chemicals, the environment and health.

The **Food and Nutrition SIG** has also had a busy year, supporting the work of the Coalition on Food Advertising to Children, advocating around child obesity prevention strategies, and food regulation. The work that they have undertaken over the past year on food regulation has largely been focused on advocating strongly for 'disqualifying criteria' to be included in the assessment of all nutrition and health claims (ie prevention of claims about vitamins and minerals where salt, sugar and fat content are excessive). Food and Nutrition issues were also addressed via the Health Promotion SIG, which undertook advocacy on obesity at the State level.

The **Oral Health SIG** has advocated for the adoption of fluoride in water in all Queensland cities and towns with a population over 1,000. Further the SIG has sought

the transfer of responsibility for the provision of fluoride to the State government from local Government as this is a health, not local infrastructure issue.

The **Prison Health SIG**, the **International Health SIG** and the national office all contributed to advocacy on refugee health, permanent protection of refugees and the Construction, Forestry, Mining and Energy Union's (CFMEU) call for return of David Hicks.

All SIGs have taken those opportunities that have become available to advance relevant PHAA policies. It has been interesting over the past year to note that our website has become a regular source of information for the media. The Advocacy section is read regularly and frequently reporters follow up with the Secretariat seeking further information.

Jane Freemantle, Vice-President (policy)
Pieta Laut, Executive Director PHAA

7. SUBMISSIONS

Objective: To apply the expertise and scientific evidence assembled in the PHAA to the development of public health policy.

National Submissions

As part of its role in promoting public health, the PHAA provides submissions to government and other agencies. This year the Association put significant effort into providing the following submissions:

- NSW Parliamentary Inquiry into Correctional Services Legislation Amendment Bill 2006
- Draft UN Declaration on the Rights of Indigenous Peoples and Millennium Development Goals: Importance of a Human Rights Based Approach
- Transparent advertising and Notification of pregnancy Counseling Services Bill 2005
- Joint Submission to the National Nanotechnology Strategy Taskforce: A call for better public engagement on Nanotechnology
- Inquiry Into Therapeutics Good Amendment (Repeal of Ministerial Responsibility for Approval of RU486) Bill 2005
- 2nd Submission to Inquiry Into Therapeutics Good Amendment (Repeal of Ministerial Responsibility for Approval of RU486) Bill 2005
- Draft Assessment Report for Proposal P293 – Nutrition, Health and Related Claims
- Senate Inquiry into Commonwealth Radioactive Waste Management
- Productivity Commission Workforce Study
- Comments on the Productivity Commission’s Health Workforce Position Paper
- Health Insurance Amendment (Medicare Safety-net) Bill 2005
- The Discussion Paper: Food and Nutrition Monitoring Surveillance System

Copies of these submissions can be found on the PHAA website under Advocacy, Submissions. In addition to these submissions the PHAA became a signatory for the Anti-Landmines Statement (also on the PHAA website).

A number of State/Territory Branches also provided submissions at the local level. For example, the **South Australian Branch** submission on the South Australian Draft Greenhouse Strategy and the Western Australian Branch provided government with a number of submissions on public health issues. The **Tasmanian Branch** provided a submission to the Tasmania Together 2020 process as part of its on-going contribution to the development of public health in Tasmania. In addition the Branch provided a formal submission about the economic benefits of prevention to the annual State budget cycle.

8. AWARDS AND ORATIONS

Objectives: To provide assistance to and recognition of public health students and to recognize the contributions of individuals in the on-going development of public health.

The PHAA also provides a variety of other awards via its State/Territory Branches and the SIGs. These are detailed on the Branch and SIG web pages on the PHAA website and include:

- the Public Health Impact Award (NSW)
- Student Prize (in conjunction with VicHealth) (VIC)
- Kerry Kirke Student Award (SA)
- Basil Hetzel Leadership in Public Health (SA)
- Conference Scholarships (SA)
- Aboriginal Conference Evaluation Award (SA)
- Best Dissertation for a Masters of Public Health (QLD)
- Graduating Students (QLD)
- Health Professional and Health Organisation Awards (WA)
- General Practice Prize for Excellence in Population Health (WA)
- Post Graduate (Masters and PhD) Awards (WA)
- Health Promotion Evaluation Award (Health Promotion SIG)
- Injury Prevention Award (Injury prevention SIG)

At the national level the two significant awards made were the Sidney Sax Award to Dr John Scott and the provision of Life Membership to Professor Fiona Stanley, AC.

Sidney Sax Award

The winner of the 2005 Sidney Sax was Dr John Scott.

Dr Scott has a strong and consistent history of leadership at both state and national levels in the protection and promotion of public health in Australia. While some of the previous winners of the Sidney Sax Medal have been well known for their research abilities, John has applied his capacities, intellect and energies to the development of public health services, in particular services in Queensland and those that have been developed via the National Public Health Partnership.

John's leadership brought together a disparate group of professionals and business units in Queensland to produce a strategically focused public health service encompassing policy development, regulation, surveillance and service delivery. In doing so he helped the profession in Queensland develop a shared vision and an appropriate balance between national and state priorities, while maintaining responsiveness to local public health

issues. Further, John's strong leadership secured additional investments in public health helping the core public health capacity grow from approximately 400 positions in Public Health Services to approximately 750. This is quite an achievement in a period when public health has not necessarily been of the highest political priority.

His leadership in public health services is perhaps epitomised by the following achievements –

- investment in needle and syringe availability, drug courts, improvements to Indigenous public health and primary health care services environmental workforce enhancement to support tobacco legislation enforcement, food regulation reform, school based youth health nurses and enhanced communicable disease preparedness and response capacity;
- successful advocacy for collaborative state/federal funding to establish public health units in the west of Queensland, when previously there had been no offices further west than Toowoomba;
- leading the substantial reform of Queensland's public health legislation in areas of pool fencing, safer housing, public health, food safety and tobacco control;
- leading activities where Queensland has been a national leader in areas such as nutrition, physical activity and school-based youth health nurses, development of state-wide information systems on notifiable conditions and vaccination information, and achieving significant improvements in areas like immunisation and breast screening; and,
- being a key advocate for collaborative national action on a broad range of public health issues as both a member and the Chair of the National Public Health Partnership (food reform, the role of general practice in population health issues, public health surveillance, and food supply and access in rural and remote Indigenous communities).

John has an extensive track record in promoting multi-disciplinary approaches to designing public health solutions and solving public health problems. This has been evident in his development of a network of multidisciplinary public health units, in the way he has promoted the importance of drawing on different perspectives in priority setting and other strategic planning, and through his development of the Queensland Public Health Forum - which has drawn members from all levels of government, including local government, universities, the Queensland Division of General Practice and Indigenous health groups.

John has also been highly innovative in his efforts to advance community awareness of public health measures and outcomes. In particular, he initiated the development and accessibility of improved information on health status and health determinants at zonal, district, local government, general practice and community organisation levels. John has shown a strong commitment to progressing a systems wide understanding of the social determinants of health and the role that the health system has to play in relation to these issues. He has been instrumental in progressing a shared understanding of the social determinants of health as a platform for intersectoral action and as a basis for planning and partnership development of solutions.

John's deep commitment to raising awareness of the social determinants of health and to ameliorating the effects of social disadvantage and exclusion have led him to be a champion of the need to improve Indigenous health, and in the 1990s he established a core of dedicated Indigenous positions within the public health networks to address environmental health, nutrition and communicable disease prevention and control. He has also advocated strongly for a sharper focus on Indigenous health challenges via the National Public Health Partnership.

Life Membership

It is not every year that the PHAA grants life membership to one of its members. Life membership is granted for outstanding support for the Association. In 2005 the Board voted unanimously to grant life membership to Professor Fiona Stanley, AC.

Professor Stanley has been a long-standing member of PHAA and a strong and vociferous advocate of PHAA throughout her distinguished career. Professor Stanley is the founding Director of the Telethon Institute for Child Health Research, established in Perth in 1990, with the aim of conducting multi-disciplinary research to prevent major childhood illnesses and to enhance child and youth health and wellbeing. She is also the Executive Director of the Australian Research Alliance for Children and Youth, a national organisation that was formally constituted in June 2002 with an agenda to improve the health and well being of young Australians. In 2003, Professor Stanley was named Australian of the Year and in 2004, Professor Stanley was honoured as an Australian "Living National Treasure" by the National Trust.

Professor Stanley's career has been grounded in strong Public Health principles and has been a relentless advocate for redressing social inequality particularly those experienced by Aboriginal and Torres Strait Islander people. Her work has pioneered the development of data bases that use total population data and undertaken research that has resulted in strong evidence to support significant health, social and economic change in the community. She has mentored a large number of students and researchers over the years and continues to make herself available to a wide range of public health practitioners and researchers to provide advice, support and guidance.

Her research work has focussed on maternal and child health, advocating persistently locally, nationally and internationally for the recognition of the importance of focussing on the early years if we are indeed to make a difference. Prominent research activities include:

- record linkage and analysis of population data for epidemiological and public health research
- collaborations to link research, policy and practice
- strategies to enhance health and well-being in populations
- the causes and prevention of birth defects and major neurological disorders particularly the cerebral palsies and neural tube defects
- the patterns and lifelong consequences of antenatal and perinatal developmental trajectories

- patterns of maternal and child health in Aboriginal and Caucasian populations.

In 1979 her group of researchers established the WA Maternal and Child Health Research Data Base. It is a unique collection of data on births from the entire state so that the research has a whole of population (and hence an unbiased) approach. It is a valuable resource for epidemiological research in maternal, child, youth and family health and wellbeing and to evaluate the effects of preventive and clinical health services.

Professor Stanley embodies both the spirit and the example of sound public health action. We are proud to have her as an active member of PHAA and congratulate her on this recognition of her exceptional and ongoing contribution to the PHAA.

Orations

The Gordon Oration was the only national oration for 2005-2006 held at the 2005 Annual Conference. The Gordon Orator for 2005-2006 was professor Tony McMichael. Professor McMichael spoke on “Public Health Successes and Failures over Space and Time.” The oration was well received by those attending the conference.

A number of orations are auspiced by PHAA Branches. These included:

- Sidney Sax Oration (ACT) - Aileen Plant
- Annual Public Health Function (ACT) – Professor Paul Morrison
- Elkington Oration (QLD)
- Public Health Impact Oration (NSW).

9. PROFESSIONAL DEVELOPMENT

Objective: To provide professional development opportunities for the PHAA membership and others in the public health arena.

Australian and New Zealand Journal of Public Health

The Australian and New Zealand Journal of Public Health is the Association's biggest commitment to Australian and New Zealand public health infrastructure. The Journal provides our members, other Australian and New Zealand health professionals and others associated with public health with a substantial academic journal. The Journal is the link between public health researchers and those working in policy development, program implementation and advocacy.

At its April meeting, the Board approved the development of the **Journal Taskforce** and subsequently agreed to the following role - to assist with the development and promotion of the Journal. It was noted that this would be complementary to the role of the Editors and the Editorial Board, and that the Taskforce would not undertake actual promotion, rather it would develop strategies to further develop the use of the Journal by both authors and researchers citing articles. It was agreed that the issues that the taskforce wanted to keep across are:

- Journal finances
- electronic issues – availability for purchase electronically to be given priority, search capacities on the website
- increased access and use of the Journal – availability of articles for sale electronically, State based promotion of the Journal, mass purchase (NZPHA), discussions with ANAPHI, AEA and others
- advice to the Board on specific issues/policy development
- An action plan to assist with the development/promotion of the Journal.

Mike Daube invited to and accepted the role, as chair the Taskforce.

In order to improve delivery of the Journal, we have made the Journal available by article PDF on the PHAA website. Articles/editions that are more than six months old are freely available on the public part of the website, while those less than six months old are on the Members Only part of the website. Further, PDFs of edited articles are now available to authors under conditions that have now been included in author's contracts. The PHAA is continuing to explore a variety of non-exclusive contracts for electronic sales of the Journal and will have some mechanisms in place early in the 2006-2007 financial year.

Over the past year, we have had significant success in getting information about articles published in the Journal into the press, via professionally developed media releases. This is now being augmented by early notification to Branch Presidents of the contents of each

Journal. This allows Branch Presidents to provide local media interaction where this is appropriate.

PHAA Annual Conference

The 2005 Annual Conference was held in Perth with “Success in Public Health” as its theme. The conference provided public health professionals with an opportunity to reflect on the many positive contributions public health makes to the health and welfare of millions of people in Australia and throughout the world. The conference was very well attended with 420 delegates who presented over 200 oral papers and 100 posters presentations. The pre-conference workshops attracted large numbers – The **Aboriginal and Torres Strait Islander Health SIG** had 68 attendees and the **Health Promotion SIG** Workshop, organised in conjunction with APHA, had 72 attendees. The conference dinner was oversubscribed, and those that were present enjoyed an extremely well organised and memorable event. A breakfast workshop arranged in conjunction with the Faculty of Public Health Medicine attracted 45 people. The advocacy breakfast had 40 attendees. In all respects, the conference was an outstanding success.

Its development required the assistance of many people whose contributions are gratefully acknowledged. The organising committee comprised Ilse O’Ferrall (Conference Convenor), Graham Brown, Krista Coward, Gemma Crawford, Phillippa Farrell (Chair, Social Committee), Carolien Giele, Peter Howat (Chair, Program Committee), Sarah Kepert, Helen Leonard, Helen Muccilli, Amanda Negus, Terri Pikora, Meagan Shand, Janine Smith and Catherine Sayers who managed the abstract review process. A number of these people are members of APHA, which indicated the strong collaboration that occurred in the planning of this conference.

There were nearly 80 abstract reviewers who donated their time and expertise. The three poster judges, Helen Leonard, Terri Pikora and Vilma Palacios are also thanked for their contribution.

Janet Haines coordinated the student volunteers at the conference. The students were Elhaum Alavian, Rita Freijah, Becky Forster, Meera Chauhan, Linda Duriban, Linda Burke, Yuna Lee, Ruth Aspinall, Jennie McCormack, Candice Patterson, Vicky Chuyi, Ryoka Elton, Alana Duroiselle, Pippa Robb, Emma Dellafranka, Thuy Danh, Tanya Robinson, Angela Murray, Sonali Gunasekera, Linda Borrison, Blanche Waddell, Aimee Nichevich, Caitlin Moran, Wendy Sun, Monica Paz, Sarah Hatcher.

Newsletters

The national PHAA newsletter, Intouch, continues to be produced as a monthly electronic newsletter. Thanks to the efforts of the two copy editors and the design editor, Intouch continues to improve. Over the past year we have focused on specific Board policy and advocacy priorities in the different editions. This has helped to improve the focus and the quality of the articles in Intouch.

Some of the Branches and SIGs have developed newsletters. These vary significantly in content and availability. The most regular is the **New South Wales Branch** newsletter,

which provides a series of articles on prominent public health issues in NSW as well as making members aware of events that might interest them. Other Branches such as the **Western Australian Branch** sent out a state based newsletter twice in the year, focussing on local issues and activities of the Branch.

Office for Aboriginal and Torres Strait Islander Health Sponsorship

As has been the case over the past few years, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) provided funding for PHAA to bring a number of Aboriginal and Torres Strait Islander health workers to the Annual Conference. We were able to bring eleven people to the Conference and they participated in both the Aboriginal and Torres Strait Islander SIG Workshop and in the Conference Evaluation process. This continues to be a very valuable resource for spreading information about prevention and public health measures.

Indigenous Conference Evaluation

Under the auspices of the Telethon Institute for Child Health Research and with support from Dr Jane Freemantle, PHAA provided funding and support for members of the Indigenous Capacity Building Grant, Daniel McAullay, Nola D'Antoine, Jocelyn Jones, Cheryl Kickett – Tucker, Michael Wright, Julie Coffin, Colleen Hayward to attend the 2005 Conference. This group undertook a review of the conference and presentations in order to consider and evaluate the content, scope and representation of Aboriginal health issues and Aboriginal participation. This review provided an opportunity for these individuals to undertake a formal evaluation and provided the PHAA members, the Board and the Conference staff with valuable information about the relevance of the conference to Aboriginal health and means of making the PHAA conferences more focused on Aboriginal participation. A report on the review was written, led by Daniel McAullay. The report is available on the website

Seminars

Most Branches and a number of SIGs undertook a seminar program across 2005-2006. All seminars were highly informative about current issues and were well attended. Some of the seminars are listed on the Branch web pages on the PHAA website. As has been the case in previous years, a variety of the seminars were conducted in conjunction with local branches of the Australian Health Promotion Association, the Faculty of Public Health Medicine and academic institutions.

For example, the **South Australian Branch** hosted three seminars this year. The first was delivered by Professor John Last whose paper was entitled "*Ethical Problems in Public Health Science and Practice*". Thirty people heard John speak at a breakfast hosted at the Cancer Council SA. In May 2006 two meetings were held on consecutive days. The first was co hosted by the SA Branch of the Australian Health Promotion Association (AHPA). Jim Hyde spoke on the lessons of public health and what we can learn from these. He challenged participants to contemplate those areas, such as chronic disease, that still need attention. He was followed by panellists Robyn Mc Dermott, Michele Herriot and Judith Dwyer who debated with the audience on various aspects of successful public health interventions, including tobacco control and maternal and child

health. The panel also spoke about the ongoing need for a focus on Aboriginal and Torres Strait Islander peoples.

Approximately 70 people attended our meeting with the People's Health Movement the next day. Dr Salam Ismael, the speaker, was the head of junior doctors in Baghdad before the invasion of Iraq in March 2003. He treated casualties of the first siege of Fallujah in April 2004, and was one of the first independent observers to enter the city after it was destroyed by the US allied forces in November 2004. He gave a stimulating presentation showing chilling pictures of people injured and killing during the conflict. Dr Ismael is an inspirational person who is working in very challenging circumstances. Salam Ismael is a founder of Doctors for Iraq. Donations from the audience were presented to Doctors for Iraq www.doctorsforiraq.org which undertakes humanitarian work in occupied Iraq.

Similarly, the **Victorian Branch** undertook a seminar in May 2006 in conjunction with the Masters of Public Health Consortium. Professor Mike Daube from Curtin University WA spoke on "Innovative policy response to obesity."

Workshops

Over the year a number of Branches and SIGs held workshops for their members and others who were interested in the specific topics. In addition the **Health Promotion SIG** and the Australian Health Promotion Association WA Branch held a workshop at the 2005 Annual Conference, as did the **Aboriginal and Torres Strait Islander Health SIG**. Conference Workshops included:

- How to use focus groups effectively and innovatively in research
- Social Marketing, Liberation Theology and Regime Change
- Health Promotion into the future: Where have we come from, where are we going
- Better communication.

The 2005 Annual Conference also saw the first of what we hope will be a series of workshops about the science and art of advocacy. The Advocacy Workshop held in 2005 was undertaken via an "internet café" in the morning and an open discussion workshop in the afternoon. The written report from the Workshop is on the PHAA website.

Health Competencies Project

The **Health Promotion SIG** in conjunction with APHA and IUPHE have been working on a collaborative project to develop a set of health promotion competencies. These were developed from a survey undertaken of 400 health promotion professionals in 2005. A series of workshops is scheduled to provide opportunities for additional consultation amongst the Australian health promotion workforce over the coming year.

Integrating Human Rights and Bioethics into Public Health Research and Policy project

The aim of this project has been to build capacity in human rights. A selection of PHAA Policy Statements were assessed for their consistency with international human rights treaties. The project also sought to analyse whether reference to human rights treaties

might be strengthened in policy statements. Eight policy statements were analysed and a written report for PHAA is being prepared. This will be followed by an in-house dissemination workshop that will examine what is meant by human rights and the adoption of a human rights-based approach to policy development. The project was conducted by Associate Professor beb Loff, Mr Brad Crammond and Ms Lucinda Franklin from the Human Rights and Bioethics Unit, Department of Epidemiology and Preventive Medicine, at Monash University with direction from a small Steering Committee from PHAA.

Mini Conferences

In addition to the seminars the **South Australian Branch** contributed to the development of the public health workforce through a mini conference where 24 public health students and early career practitioners presented their research and projects. This year over 100 people attended this conference, which has become an important event in the public health association calendar of events. This year, through Fran Baum, we were able to promote to students the importance of connecting their research to advocacy and policy development.

Mentoring

A number of the State Branches have developed mentoring programs for those early in their public health careers. This year the **South Australian Branch** combined with the AHPA to run a mentor program. Eleven pairs of mentors and mentees met over several months in addition to attending a 'getting to know you' event. Each mentee writes their objectives for the program so that the pair can work towards meeting the needs of the mentee. This program has again been successful and we look forward to our ongoing support of students and early career practitioners.

The **ACT Branch**, while not part of a formal mentoring process, continues to interact in networking processes with the Australian Health promotion Association and the Australasian Faculty of Public Health via the ACT Public Health Forum. This forum provides essential professional interaction for members of all participating organisations.

The **Victorian Branch** has joined forces with the local Branch of the Australian Health promotion Association in their current mentoring program. This year the program had ten mentor/mentee pairs. The program held a mid-year session on leadership.

Other mentoring activities, such as those undertaken by the **Western Australian Branch** were less formal, but equally as important to members. One such activity was a professional development workshop held with the Australian Health promotion Association.

Bulletin Boards

All of the Branches and SIGs have bulletin Boards on which articles of interest to members are posted. The two Branch Boards of significance are the **NSW Board**, which has been focusing on issues around the social determinants of health, and the **Victorian Board**, which has been focusing on health inequalities. The **International Health** and

the **Political Economy of Health SIGs** have made extensive use of their bulletin boards for posting articles of interest. It is hoped that over the coming year the Bulletin Boards will be made easier to use and subsequently become more interactive.

Email Lists

News items and local PHAA items of interest are moderated and regularly distributed to members via Branch and SIG email lists. Most of these lists are maintained nationally, however, the Victorian list is courtesy of the Government of Victoria.

Website

The PHAA website continues to improve and expand. It provides the first point of access for members on many topics. Each Branch and SIG has a page that can be updated at any time. The PHAA advocacy actions and responses to them are regularly posted on the website. PHAA wishes to thank MissionAustralia for their help with the website over the second half of the financial year.

Report from the Trustees of the Public Health Education and Research Trust

The Auditors report on the Public Health Education and Research Trust is on the PHAA Website.

This trust was established by the then-President some 15 years ago, and its chief source of income was from the royalties of that singularly inspiring book, Hawe, P., Degeling, D. & Hall, J. 1990, *Evaluating Health Promotion: A Health Worker's Guide*, Sydney, MacLennan & Petty Pty Ltd.

However, these royalties are drying up. Some sponsorship has enabled the Trust to continue in its program of support for education and research via scholarships and awards. 2005-2006 saw the inaugural PHERT Post Graduate Scholarship, which was awarded to Dr Helen Marshall.

In addition negotiations with Medicines Australia Vaccine Industry Group have led to a three year sponsorship of an Immunisation Scholarship, which will be awarded for the first time at the 2006 Annual Dinner. We will continue to seek sponsorship for scholarships in an effort to build this component of the PHERT's work.

The trustees will continue the aggressive pursuit of funds, either tied to a specific education or research purpose, or with more general conditions. Approaching philanthropic, commercial and industrial organisations continues, and will do so.

The Trust can offer Deductible Gift Status to any donation over \$2.00, and this is a significant attraction, as Income Tax deductions for such gifts can significantly reduce taxable income, and the donation does a great deal of good, benefiting all public health practitioners.

The Trustees commend PHERT to all members, and to their colleagues and associates.

Peter Trebilco
Chair

10. FINANCIAL REPORT

Objective: To maintain and further develop the PHAA's financial capacities in order to underwrite its activities.

The Auditors Reports for both PHAA and PHERT (our education and research Trust) are on the PHAA website.

Vice President (Finance) Report

You will have had an opportunity to read the accounts and the Auditor's Report. The Association's finances are not robust, but, thanks to the earnest and unfailing work of the staff of the Secretariat, under the leadership of the CEO, Pieta Laut, the deficit for the year is smaller than was budgeted. But there is a deficit, and the reserves of the Association are such that we cannot continue at this rate for too many years.

In our continuing efforts to address this the Board has approved changes to the membership fees for the coming financial year, including creating highly subsidies student fees.

But a more significant action of the past year was the setting up of a Finance Committee. Its volunteer members all have either considerable experience in financial control or public health, or both. They will give the Board the best advice on how the Association might proceed into the future, including the planning for the demands on out IT facilities, the financing of the ANZJPH, and any other matters on which the Board might seek advice.

Membership of the Finance Committee is:

- Vice president (Finance) (Chair)
- Mrs Natasha Cuffe, Finance Manager, Wilson Asset Management (International) Pty Ltd;
- Mr Phillip Schmaal;
- Associate Professor James Semmens, Director, Centre for Health Services Research School of Population Health, Nedlands;
- Ms Sarah Dugdale, (PHAA member)
- Mr Jason Chequer, Goldman Sachs J.B. Were, Melbourne.
- Ms Pieta Laut

These women and men will bring a very wide range of experience to the Association, and I welcome them and thank them for their contributions, so far, knowing that many good things will flow from them.

It has not been a period of service of unalloyed joy, but working with my fellow Board members, with the unswerving support of the CEO and the Secretariat, has made it much more worthwhile.

Peter Trebilco, Vice President (Finance)

PHAA Financial Analysis

PHAA continues to move closer to having a regular balanced budget, but remains subject to yearly variations in income and expenditure. The deficit for the 2005-2006 financial year was \$15,600 – close to meeting the balanced budget goal. The Secretariat and the Board have continued to concentrate strongly on the challenge of achieving a balanced budget, or as was the case in 2004-2005 a small surplus to help replace the accumulated reserves that were depleted in those years when we have not been able to achieve either a balanced or surplus budget.

While it is important to remember that we accumulate reserves for this purpose, it is also important to keep in mind the continuing financial challenges that we face. The following observations about our financial situation include information on what we have achieved this year, questions about what we need to focus on for the coming year, and directions for the model of financial management that will see us develop a financially sound Association that has an increased capacity to underwrite its actions.

Income

Table 10.1 shows our major sources of income for 2004-2005 and 2005-2006

Table 10.1 Income Sources 2004-05 and 2005-06

Source of Income	2004-2005	2005-2006	Difference
Membership Fees	390,159	370,931	- 19,228
Conferences	332,681	272,429	- 60,252
Sponsorship	10,000	13,497	+ 3,497
Email Advertising	22,938	26,400	+ 3,461
Journal	85,344	95,692	+ 10,347
Interest	27,370	26,737	- 633
Total (includes income note noted in table)	937,431	867,286	- 70,145

NOTE: These figures are gross not net of costs.

It is critical to note that:

- The loss in membership fees continues to be a critical issue. It is critical in both direct financial terms and in terms of the future of PHAA (see Membership). While the total income from membership fees has increased over the past two years, this increase is not keeping pace with inflation.
- Conference income, while very important to PHAA continues to be difficult area in which to gain significant net income. We have a continual battle to determine topics for special interest conferences that are not already covered by other

organisations. This is an area in which we will have to undertake considerable strategic development if we are to continue to run special interest conferences. It is also apparent that without the Branches providing considerable resources, including financial resources, to the Annual Conferences, these would not be able to support social programs.

- Sponsorship income continues to be volatile. We have made considerable progress over the past year in gaining sponsorship for the Immunisation Conference (to be held in the 2006-2007 financial year) but continue to find that sponsorship for our core activities, including the publication of the Journal, is difficult to obtain.
- Income from email advertising continues to increase and as we improve the website we will develop a web based component to our advertising. We believe that this will generate further income for the Association.
- Income from the Journal increased over last financial year, largely due to a \$6,000 in royalties. This is a highly unpredictable income stream. Journal advertising income also increased marginally, and the subscriptions increased by almost \$3,000.
- Income from interest fell marginally (less than \$1,000). Again this is not a high level of reduction and income from interest remains a major income source for PHAA.

National Issues – Over the past year the Board has put in place a Finance Committee. The Finance Committee's Terms of Reference are:

1. To assist the Board in fulfilling its oversight responsibilities regarding organisational financial matters by reviewing and making recommendations to the Board, including but not necessarily limited to:
 - oversight of the annual budgeting process and endorsement for Board approval;
 - scrutiny of the monthly financial management reports and end of the year audited accounts;
 - strategic guidance to the Executive Director and Board for improved financial management and reporting
2. Other projects as requested by the Board from time to time.

This Committee is currently looking at better ways to invest our reserve capital so as to grow our reserves.

While this more strategic financial advice should help PHAA's overall financial situation, at the national level we remain in a situation where we need to increase levels of income we receive and continue to develop new income streams. Membership, conferences, sponsorship and advertising remain our four critical areas for further development.

Halting the loss of membership and increasing membership remain the two critical areas for the future of PHAA in financial and other terms. Increases in the number of members are likely to provide the most sustainable increase in income for PHAA. Further, once we have increased the number of members, we can genuinely examine the possibilities of decreasing membership fees across the board.

The Board and others at the April 2005 Planning Day considered the overall fee structure and rates. It was decided that in order to encourage student membership and Aboriginal and Torres Strait Islander health worker membership a new fee rate of \$45 would be introduced. This will apply in the 2006-2007 financial year and includes both full and part time students. As an additional incentive for students and Aboriginal and Torres Strait Islander health workers to join, they will also be given membership to SIGs at no cost. Further, all new members will be given membership of SIGs at no cost for the first year. The final change agreed was that Categories 3 and 4 would be amalgamated and charged the competitive fee of \$180. It was noted by the Board that the new fee rates may not generate additional income initially, but it is hoped that this strategy will help increase both the number of members and change the age profile of PHAA over time.

The Executive Director and the Secretariat will continue to look for other means to boost PHAA's income over the coming year.

Issues for Branches – The Branches overall continue to have significant financial reserves. One Branch has been successful in attracting a yearly sponsorship from their State Government and this is a model that other Branches are encouraged to emulate. The most critical financial issue for Branches is the building of their local memberships.

In order to ensure that Branch information is readily available to members and the public we need to improve the Branch WebPages. In particular it would be useful to place information about local advocacy actions on the Branch web pages. This should stimulate interest in the local Branches and may increase membership.

Issues for Special Interest Groups – Over the past year the SIGs like the Branches have added to their overall reserve funds. SIGs will need to maintain their own sense of how much of their reserves they need to hold and how much should be spent on policy development and advocacy, and workshops. The balance between finances and activities remains a fine line, but with increasing pressures on those in the workforce to work longer hours, the judicious use of SIG funds to help develop policies or submissions etc must be considered by SIGs on a case-by-case basis.

SIG membership remains the main source of income for most if not all SIGs, over the past year; again, there has been a drop in the number of SIG memberships across the board. SIGs need to consider what might be affecting their membership base, and hence their income, and in particular address how they are going to hold those new members that they will gain by the fee SIG memberships, once the members are no longer eligible for free membership.

SIGs may also need to consider how they might gain sponsorship for their everyday activities. Use of their web pages in a more active manner may help publicise their activities and increase interest in membership.

PHAA Expenditure

The items in Table 10.2 below show the most significant areas of expenditure for PHAA over the last two years.

Table 10.2 PHAA Expenditure 2004-2005 and 2005-2006

Cost Category	2004-2005	2005-2006	Difference
Salaries *	186,199	184,047	- 2,152
On-Costs*	27,694	36,570	+ 8,876
Conferences	247,319 (salaries \$74,221)	261,121 (salaries \$83,508)	+ 13,802 (salaries + 9,286)
Journal	181,308	180,972	- 336
Intouch	33,143	33,815	+ 671
Total Operating Costs	131,562	137,382	+ 5,819
Total (includes costs not listed above)	850,242	882,889	+ 32,647
Net surplus/deficit	+ 87,190	- 15,603	- 102,794

Does not include salaries and on-costs for Conference staff or salaries for Intouch staff. These are included under Conference expenditure and Intouch expenditure.

Salary levels have remained relatively stagnant since 2002-2003. We continue to juggle hours worked and flexible leave arrangements over the Christmas period in order to maintain low salary levels. Further, the salaries associated with six months of web work have been saved via MissionAustralia undertaking our web maintenance for the past six months for free. The Secretariat continues to maintain a close what n salary and on-costs , but balances these against member expectations. We continue to have eight staff, all but two of who work on a part time basis.

Journal costs have remained stagnant since 2001-2002, with the only change in expenditure being an increase for publicity for each issue. This expenditure remains vital to the maintenance and development of the Journal's readership. A number of changes have been made to the Journal accessibility via the PHAA website. The staff costs associated with these changes have been absorbed in the salaries and on-cost for the Secretariat. The changes are listed under the Journal section of the Annual Report 2005-2006.

The Intouch expenditure is almost exclusively salaries. When we were printing the Journal our costs were almost double current costs. We continue to pursue advertising to help offset the salary costs associated with the production of Intouch. Our two editors, Susan Stratigos and Elizabeth Proude continue to undertake the editing of articles on a

voluntary basis and Fran McFadzen has taken on the design and layout editing since January 2006 also on a voluntary basis. We do not anticipate any likelihood of further savings on the production of Intouch in the near future.

Issues for Branches – Total Branch income for 2005-2006 was \$43,841, up by \$1,724 from the previous year. Total Branch expenditure was \$25,127, down from \$26,283 in the previous financial year. Across the board Branch reserve funds have increase by \$18,714. While this amount seems large, the proportion in each Branch will vary, as will the accumulated reserves. It should be noted that while reserves are useful, especially in the years when a Branch has responsibilities associated with the Annual Conference, there needs to be a balance between increasing reserves and delivering a variety of services/functions to Branch members.

Issues for SIGs – Total SIG income for 2005-2006 was \$16,335, down by \$4,862 from the previous financial year. Total expenditure was \$14,814, an increase of \$4,247 over the previous financial year. As SIG incomes are substantially lower than Branch incomes, the question of maintaining a balance between expenditure of current funds against accumulation of reserves is even more critical.

Strengthening our resources and using them well

The current structure of our finances has not moved significantly over recent years. With the variation between years when we hold the very successful Immunisation Conference and those when we do not, we are at best managing just sufficiently to cover our operating costs when averaged over several years. It is also clear that Branch and SIG expenditure and a very significant voluntary contribution from members is required to meet our members expectations, nationally and locally and our targets in our key performance areas. (Building partnerships and coalitions, providing PHAA representation on boards and committees at both national and State/Territory levels, developing and renewing policies, undertaking advocacy and public health promotion actions, developing submissions and providing evidence to Inquiries, financing awards, orations and scholarships, and undertaking professional development.

Our financial contribution to these activities is very low compared to our voluntary effort. Even so PHAA remains restricted in what it can achieve by lack of funds. We continue to be unable to always send the most appropriate person to all forums, or to pay members or others to develop submissions or undertake the base research /investigation for submissions and policy development. This year we did not make any significant payments to help in the development of submissions or policy. Once again, given the lack of financial backing available to support our efforts, our volunteers have achieved a remarkable amount.

As we have acknowledged in previous financial report, volunteers wear out, particularly when it is the same group of people who are consistently asked to provide their discretionary hours. The PHAA cannot rely so significantly on voluntary effort indefinitely and needs in the coming year to seek financial backing to support our volunteers.

Reserves

Table 10.3 shows the different categories of PHAA Reserves at 30 June 2004-2005 and 2005-2006.

Table 10.3 PHAA Reserve Funds

Reserve Category	2002-2003	2003-2004	2004-2005	2005-2006
Total Reserves	414,650	647,590	737,224	783,598
(Orations)	(56,740)	(58,833)	(61,977)	(62,980)
(SIGs)	(62,621)	(49,778)	(61,936)	(63,190)
(Branches)	(83,218)	(65,667)	(80,568)	(98,414)
National Reserve	212,071	473,312	532,743	559,014

The amounts shown above show us as having an increasing national reserve. However, the amount is subject to staff entitlements and net liabilities. The staff entitlements have been growing as staff have been accruing long service leave and we now have a staff entitlement liability of \$57,091. In addition, due to the costs for the two conferences to be held in 2006-2007 (Immunisation and Annual) we have an outstanding liability of \$640,255. \$419,000 is income that we have already received for conference registrations and in accounting terms we are not entitled to receive this until 2006-2007. This issue will resolve once the conferences are held in 2006-2007. This is in effect a 'timing' issue.

Clearly we have an on-going need to increase our national reserves and this need continues to be one that must be addressed urgently. If PHAA is to have a more secure future it will need to develop a net national reserve at least the equivalent to the national office annual salary budget in order to be confident about solvency (ie to meet obligations as they fall due).

Risks and Management

The most significant financial risks for the PHAA continue to lie in the variable nature of the major income streams. We have in place a financial strategy that seeks to:

- increase commercial income streams (eg advertising)
- gain government sponsorship
- halt the loss of membership and then gain members
- maintain or over time lower membership fees and
- gain commercial sponsorship.

Since implementing this approach in 2002-2003, we have seen increases in the income derived from advertising. The development of government sponsorship has not been as successful at a national level, but we have had some successes in gaining sponsorship for events held at State/Territory Branch level. This last year has seen a significant decline

in the rate of membership loss, although we have not yet reached a point where we can say that the decline has been arrested. Membership fees were maintained at existing levels over the 2005-2006 financial year, and with a still declining membership, we saw a decline in income derived from membership fees. Commercial sponsorship remains a difficult area, with sponsorship associated with the Immunisation Conference ever second year providing the best outcome from this income stream to date.

Further, with the development of the Finance Committee, PHAA is now exploring the possibilities of investing some part of our reserves so that there is an overall growth in reserves, beyond that which we can gain through bank interest rates.

The second biggest risk remains the low levels of national reserves. This position needs to be alleviated, as our biggest expenditure risk remains the upfront payments required for developing conferences. While the national reserves remain low, the PHAA is dependent upon Branch and SIG Reserves to ensure that we don't trade while insolvent when we make up front payments to reserve venues for conferences. Consequently, it is imperative that we strive not just for balanced budgets, but also for an increase in our reserves. Any surpluses that we achieve must be assigned to building the national reserve before we consider allocating funds to new or existing projects until we reach a net reserve approximately equal to the annual salary budget.

The final area of risk remains in capital replacement. For the past six years, as part of the process of lowering our expectations to meet our budgets, we have maintained a very low-level capital replacement program. In the coming year we must replace the existing photocopier and commence a process of upgrading the business systems (membership database, website and connections between various IT components).

The Association faces a continuing period when activities will be limited by available resources, and continued close attention to careful financial management will be required. With the help of the Finance Committee providing a longer term financial strategy PHAA should be able to develop to a point of on-going financial stability.

11. MEMBERSHIP

Objective: To increase the membership and active membership of PHAA.

In 2005-2006 the PHAA has a membership of 1,449 individuals and corporations, spanning the health spectrum. Over 40 public health related occupations were represented within the membership. Membership is open to any person or corporation that is supportive of the PHAA's objectives.

PHAA members contribute to the development and execution of public health policy in Australia, and, in particular, bring their experience to the development of, and advocacy for such policies for the Association. In recognition of the exemplary service to the Association, the PHAA has granted life membership to a limited number of members. This is the highest honour that PHAA can bestow on a member. Current life members are:

- The Hon. Dr Basil Hetzel AC
- Emeritus Professor Charles Kerr
- Professor Stephen Leeder AO
- Emeritus Professor Robert MacLennan
- Dr Bruce Armstrong AM
- Professor Tony Adams
- Professor Judith Lumley
- Professor Fiona Stanely AC.

Membership Analysis

Over 2005-2006 we have again had a decline in membership (3%). This continues to be a major issue for the Association.

Table 11.1 Membership 2000-2001 to 2005-2006

Year	00-01	01-02 % decline	02-03 % decline	03-04 % decline	04-05 % decline	05-06 % decline
Total Members	1807	1786 1.2	1742 2.3	1622 7	1492 8	1449 3

It has been good to see the rate of decline become lower over the past year, but we clearly have some way to go in turning our membership numbers around into an annual gain.

In order to address the declining membership the Board put in place a new fee structure for 2006-2007 which has included highly subsidised rates for students, Aboriginal and Torres Strait Islander health workers and for those who are early in their career. Categories three and four have been amalgamated at a very competitive membership rate.

Branches and SIGs are very aware of the need to reverse the current membership trend. While not assigning rates or numbers for membership increases in each Branch, the numbers of members are regularly reviewed by both the Board and by Branches.

Membership by Category

Table 11.2 shows the changes in numbers of members in each category over the past two years.

Table 11.2 Membership Changes by Membership Category

Category	Members 2004/2005	Members 2005/2006	Net Gain/Loss 2005/2006	Net Change (%)
1	287	292	+5	+1.74
2	239	216	-23	-9.62
3	270	279	+9	+3.33
4	323	212	-111	-34.36
Associate	111	97	-14	-12.61
For Profit	7	5	-2	-28.57
Not For Profit	73	74	+1	+1.36
Not For Profit Community	73	69	-4	-5.47
Student	102	159	+57	+55.88
Life Member	7	8	+1	+14.28

It has been very satisfying to see that we have increased membership at the Category 1 level, indicating that senior public health professionals see value in membership. However, the 34% drop in membership at the Category four level is both large in real numbers and hits at the on-going base for long term membership. In recognition of the possible financial restrictions experienced by potential members at this level, the Board has changed the rates for the coming financial year.

Branch Membership

Table 11.3 shows the numbers of members by State and Territory for the 2004-2005 and 2005-2006 financial years, and the proportional change that has occurred over the past year.

Table 11.3 Membership by State/Territory Branch 2004-2005 and 2005-2006.

State/Territory	Members 2004/2005	Members 2005/2006	Net Gain/Loss 2005/2006	Net Change (%)
New South Wales	389	377	-12	-3.08
Queensland	186	179	-7	-3.76
Victoria	443	435	-8	-1.80
Tasmania	24	28	+4	+16.66
South Australia	146	152	+6	+4.10
Western	118	112	-6	-5.08

Australia				
Northern Territory	57	51	-6	-10.52
Australian Capital Territory	90	69	-21	-23.33
International	39	46	+7	+17.94
Total	1492	1449	-43	-2.88

It has been good to note that two of the smaller Branches have managed to gain an increase in membership over the past year. Even though the numbers gained are small, this does indicate that there is still a pool of public health professionals who are not currently part of the PHAA and who could be interested in joining PHAA. In particular, the focus in South Australia on students and those in the early years of their public health careers seems to be generating interest in PHAA. It suggests that the PHAA's professional development activities, such as mentoring and mini-conferences can provide a launching pad for increasing membership.

Special Interest Group Membership

Table 11.4 shows the number of members belonging to the different Special Interest Groups for the 2005-2006 financial year, and the proportional change that has occurred since 2004-2005.

Table 11.4 Membership by Special Interest Group 2004-2005 and 2005-2006

SIG	2004/2005	2005/2006	Net Gain/Loss 2005/2006	Net Change (%)	Proportion of Total SIG Membership (%)
ATSI Health	180	204	+20	+11.11	14
Child Health	97	117	+20	+20.61	8
Environmental Health	88	87	-1	-1.13	6
Health Promotion	204	230	+26	+12.74	15
Injury Prevention	55	56	+1	+1.81	4
International Health	151	179	+28	+18.54	12
Oral Health	41	47	+6	+14.63	3
Political Economy of Health	87	104	+17	+19.54	7
Women's Health	95	108	+13	+13.68	7
Mental Health	61	84	+23	+37.7	6
Food &	121	131	+10	+8.26	9

Nutrition					
Primary Health Care	88	108	+20	+22.72	7
Prisoner Health	3	31	+28	+933.3	2
Total	1271	1486	+211	+1113.51	100

Place of Employment

The employment statistics collected for our members show that the top ten areas of employment are:

- University (41%)
- State Health Departments (18%)
- Not For Profit Agency or Organization (14%)
- Hospital (9%)
- Self Employed (6%)
- Health Care Clinic (3%)
- Health Agency, Association (3%)
- Health Research Agency (2%)
- Other State Health Departments (2%)
- Other Government Agency (2%)

There is an increase in the percentage of members who are employed in Universities, up from approximately 30% in previous years. AS in previous years, it is disheartening to see that there isn't any significant involvement in membership by Commonwealth public health professionals.

Areas of Interest

The PHAA meets the needs of a broad range of special interests in public health, as reflected in the number of Special Interest groups. Statistics collected on our membership data-base for 2005-2006 show that the most significant areas of interest to our members are:

- Epidemiology (19%)
- Health Promotion (16%)
- Aboriginal Health (15%)
- Community Participation/Health (8%)
- International Programs/International Health (8%)
- Women's Health (7%)
- Communicable Disease (7%)
- Food and Nutrition (7%)
- Maternal and Child Health (7%)
- Evaluation (6%)

These areas of interest provide some guidance to the development of PHAA policy and policy advocacy actions as well as suggesting areas from which further membership may be gained.

12. PHAA VOLUNTEERS

Objective: To encourage voluntary participation in all areas of the PHAA

The PHAA would like to thank all its members for their active involvement in the running of the PHAA and the achievements that it has made over the past year against its key performance indicators.

The PHAA is a membership organization that receives little funding from outside sources. Consequently, it is dependant upon its members to provide some of their discretionary time to fulfil the Executive roles nationally, and in Branches and SIG structures. In addition it is our members who volunteer their time and effort that allow us to progress partnerships and coalitions, provide representation to a wide variety of bodies, develop our policies, advocate for the adoption of them, write submissions, present awards and support orations, and develop and hold workshops, seminars and other opportunities for professional development.

At the national level, the PHAA would like to thank:

Dr Cathy Mead – National President;

Dr Jane Freemantle – Vice President (Policy);

Ms Fran McFadzen – Vice President (Development)

Mr Peter Trebilco - Vice President (Finances);

Dr Peter Anderson, Adrian Heard and Chris Morris - Branch Representatives; and

Dr Liz Hanna and Ms Susan Humphries - SIG Representatives;

The Board would also like to thank the Editors of the Journal, Professor Judith Lumley and Assoc professor Jeanne Daly, the Journal production team headed by Ms Anne Burgi and the members of the Journal Editorial Board. The Board also thanks the Intouch Editorial team of Susan Stratigos, Elizabeth Proude and Fran McFadzen. The Board is very grateful and would like to thank Adrian Heard for all his work on developing the Branch Presidents Guide.

The Board is also very thankful for the efforts of MissionAustralia in keeping our website up to date over the past six months. The help of MissionAustralia has allowed us to maintain the website at a higher level than had previously been possible.

The Board thanks the Branch Presidents and SIG Convenors and their Executive Committees for their dedication and efforts over the past year. In particular, the Board thanks all those members who have worked on policy development, advocacy actions and professional development and other projects. In particular, the Board thanks those members of the Western Australian Branch who provided so much of their time and effort in developing the Annual Conference held in Perth in 2005, including the Aboriginal Evaluation Team.

Branches

New South Wales Branch

The NSW Branch would like to thank all members of the executive committee for the excellent job, hard work and dedication over the past year, particularly Mary Osborn, the backbone of the committee and editor of the newsletter, Catriona Bonfiglioli the assistant editor, Jay Ramanathan for his excellent accounting skills as Treasurer, Claire Phelan for an excellent job as secretary, and also Elizabeth Proude, John Eastwood, Shanti Sivaneswaran, Natasha Posner and Heather Yeatman for their valuable contributions. We would also like to thank all those involved in helping organising the PHAA annual conference in Sydney, particularly, Darren Burdon for his assistance with the abstracts and providing the committee with a room, tea, coffee and 'snackies', once again Mary Osborn who has straddled all working groups, Don Nutbeam and later Peter Sainsbury, Chairs of the Scientific Committee, Lynne Madden, Chair of the Social Committee, Peter Waples-Crowe, Lisa Jackson Pulver and Telphia Joseph for input into Aboriginal issues, Julie Woollacott of the National Secretariat, all the other NSW members who worked with the two committees, and also others who assisted with reviewing abstracts for the conference.

The **Northern Territory Branch** thanks all its Executive and members who have been actively involved in its professional development and advocacy roles.

The **Western Australian Branch** thanks all members of its Committee and all members who participated in the activities of the Branch over the past year.

The **Queensland Branch** thanks its Executive and all the members who have been active across the past year.

The **South Australia Branch** thanks everyone who has worked on the Executive and all members who have contributed to advocacy and professional development actions over the past year. The continuing commitment of members has help to maintain an active Branch with a strong focus on professional development. In addition, special thanks are made to the South Australian collaborating partners - the South Australian Branches of the Australian Health Promotion Association, and the Faculty of Public Health Medicine and the three South Australian universities (Flinders, Adelaide and the Uni of South Australia).

The **Tasmania Branch** thanks all of its members and Executive for their efforts in keeping such a small Branch actively involved in public health issues in Tasmania.

Victoria

The Victorian Branch has managed to function over the past year without a President thanks to the voluntary efforts of a number of very committed Victorian members. All of these members are thanked by the Board for continuing to provide support for the Victorian Branch in the absence of a President. The Branch thanks those that served on the Executive – Cathy Mead (Secretary), Jan Garrard (Treasurer), Penny Robinson

(Minutes Secretary), Angela Taft, Rhonda Small, Tony McBride, Sue Evans, Priscilla Robinson, David Legge and two new members Tania Cossich and Rosanne Freak-Poli. The committee would like to thank Conrad Truscott for his on-going support with IT expertise.

Australian Capital Territory – The Branch thanks the Executive for its efforts across the year, and in particular, Dr Rosalie Woodruff, who has been the Honorary Secretary for a number of and who has provided a significant contribution to ACT Branch activities.

The **Western Australian Branch** thanks all members of its Committee and all members who participated in the activities of the Branch over the past year.

Special Interest Groups

The **Aboriginal and Torres Strait Islander Health SIG** thanks all members for their contributions across the year. The SIG acknowledges the efforts of both Peter Waples-Crowe and Bronwyn Fredericks in particular.

The **Child Health SIG** Executive, thank Jan de Groot for her energy, foresight and commitment to leading the Child Health SIG. Her attention to all matters relating to Child Health Issues and continual efforts in insuring that members of the SIG are continually updated with local, national and international issues have been exemplary. This is indeed a most active SIG. The Executive also acknowledges Garth Alperstein for his constant interaction on the SIG's behalf with the Chapter of Child Health Medicine. The Child Health SIG would also like to thank Mark Lawrence for his work on and discussion about two critical child health issues - folate and obesity

The **Environmental Health SIG** would like to thank all those members who have contributed to its on-going advocacy, in particular Sally Kingswood and Peter Tait around climate change and Liz Hanna for both her indefatigable efforts as Convenor and in her roles as PHAA representative on a variety of working parties and committees dealing with chemical impacts on health.

The **Food and Nutrition** would like to thanks its Executive – Mark Lawrence, Julie Woods, Christina Stubbs, Bronwyn Ashton, Jane Dixon, Kate Burns, and Malcolm Riley for their input and actions over the past year. In addition the Executive would like to thank Bev Wood for all her help on issues as they arose across the year.

The **Health Promotion SIG** would like to thank Peter Howat and its Executive for their efforts across the year and the State Convenors for the Health Promotion SIG.

The Board thanks those members of the **Injury Prevention SIG** who accepted nomination for the Executive and undertook to keep work at the SIG ticking over across the past year.

The **International Health SIG** thanks its Executive and members.

The **Mental Health SIG** thanks its Executive, Susan Humphries (Convenor), Sam Battens and Samatha Edmonds, Val Gerrand, Peter Trebilco and Peter Sainsbury.

The **Oral Health SIG** thanks its Executive for their efforts over the past year.

The **Political Economy of Health SIG** thanks all those who have maintained the SIG over the past year, with particular thanks going to Doug Welch, Peter Sainsbury and Fran Baum.

The **Prisoner Health SIG** thanks all members and particularly Michael Levy for the work undertaken over the past year.

The **Women's Health SIG** thanks all members for their active participation and extends their thanks to Christina Richards (CEO ARHA) for her work on RU486 and other issues, Annabella Hardiman (Royal Women's Hospital) for her work on pregnancy advisory services, as well as Dr Susie Allinson (East Melbourne Clinic) and Dr Leslie Cannold. The Executive Committee Angela Taft, Rhonda Small, Dorothy Broom, Alison Rutherford, Deborah Colville, Vicki Lambert, Jenny Eljak, Helen Keleher, and Rhonda Shuker area all thanked for their input over the past year.

Public Health Education and Research Trust

The PHERT Chair, Peter Trebilco, would like to thank all the Trustees who have made their time available to try to advance the causes of public health education and research, the founders of the Trust and all those who have provided contributions to the Trust over the past year. The Trust also thanks medicines Australia Vaccines Industry Group for their sponsorship of the Immunisation Scholarship.

13. ACKNOWLEDGEMENT OF SPONSORS

The Public Health Association of Australia thanks all of our sponsors for the 2005-06 financial year. They were:

2005 Annual Conference:

- National Health and Medical Research Council, Australian Government
- Office for Aboriginal and Torres Strait Islander Health
- Health Promotion Foundation (Healthway)
- Department of Health (WA)
- Water Corporation

Sydney Sax Medal

- Public Health Education and Research Trust

PHERT Post-Graduate Research Scholarship

- Public Health Education and Research Trust

NSW Public Health Impact Award

- New South Wales Department of Health

Victorian Branch Seminars, Workshops and Meetings

- Victorian Health Promotion Foundation (VicHealth)

Victorian Annual Dinner and Department of Human Services Awards for Public Health Excellence and Innovation

- Victorian Department of Human Services

South Australian Mini-Conference

- Department of Health South Australia

Western Australia – Assistance to Rural and Remote Workers to Attend Conference

- Health Promotion Foundation (Healthway)

Seminar and Meeting Rooms for ACT Branch

- Professor, AJ McMichael, Director, National Centre for Epidemiology and Public Health

Meeting Space for Northern Territory Branch

- Central Australian Aboriginal Congress