Celebrating a week of voices, visions and action
Reflections on WCPH 2017 from the Convenor

Dr Helen Keleher, Convenor of 15th World Congress on Public Health 2017

It was just three years ago in May 2014 when Michael Moore and I were in Geneva for the announcement by the World Federation of Public Health Associations, of the successful bid for the 2017 World Congress of Public Health. The Australian bid from PHAA, AHPA, AEA, PHANZ, FPHM and AWHN was the winning bid, and Melbourne was to be the host city. The Congress partners then established the necessary Committees, appointed ICMSA as our Professional Conference Organisers, worked out a critical timeline, themes and conceptualised the program outline.

My hope, as the Congress Convenor, was that WCPH 2017 would focus our thinking on Public Health without borders, on the Sustainable Development Goals and what they mean for Australia as well as globally, and on the state of public health now in continents behind Australia. We asked global public leaders to speak about their vision for public health in 20 years time, and what needs to happen for that vision to be achieved. There were 17 fantastic keynotes speakers about whom I have only had overwhelmingly positive feedback about how fantastic they were. Many were from the WHO who honoured us with their active participation through the five days of the Congress.

There were 24 World Leadership Dialogues on topics of central importance to public health globally, and again, the feedback about them has been enthusiastically positive. And there were 24 panels, 24 workshops, over 900 oral papers, dozens of posters, and many storytelling sessions. WCPH 2017 was a public health feast. We were very well supported by sponsors without whom the Congress would not have been the success that it was.

Delegates welcomed the networking opportunities, and especially loved the Congress party on Melbourne’s South Wharf which replaced the usual conference dinner. It was such fun, in a beautiful setting on the river at twilight with the city lights beyond.

Of course, what happens next is just as important as the Congress itself. It is our hope that the opportunities delegates had to meet new people, establish professional connections, and acquire new knowledge manifest in many different ways in coming months and years, to advance public health research, ideals, and values. The need for strengthened advocacy was a very clear theme - we all need to become much more sophisticated in advocacy and work in strengthened coalitions. Prof Mike Daube’s Leavell oration was a rich exposition of the principles and practices of advocacy that work to make a difference. Prof Martin McKee’s stirring keynote urged us to challenge populism and ‘speak truth to evidence’. Dr Claudia Garcia-Moreno firmly put violence against women and girls on the global public health agenda. Paper after paper showed that it is impossible to ignore the impact of inequality on people’s health, of the impact of weak global public health governance, the need to strengthen child health programs, and to recognise the new frameworks for understanding and responding to adolescent health issues. And there was so much more.

It was such a pleasure to be Congress Convenor for WCPH 2017, working with the Congress partners and sponsors to achieve what became a landmark public health event. I hope that you are now more aware of the World Federation of Public Health Associations and the work of its members and can find time to get involved in a Working Group or make contact with other PHAs to see how you could support them. Please write to InTouch when you have stories to tell about how WCPH 2017 has helped to advance your work or made a difference to you, and we all look forward to Rome 2020!
Reflections on the 2017 World Congress on Public Health

Michael Moore, CEO, Public Health Association, Australia and President of World Federation of Public Health Associations

With over eighty countries represented at the World Congress on Public Health, the aim of having a truly international Congress was achieved. However, there was also a deliberate attempt to ensure that it retained an Australasian flavour. The intention, from the conception of the idea more than five years ago, was to ensure that public health was firmly on the agenda across the political spectrum in Australia and the region. The opening address of Australian Minister for Health and Sport Greg Hunt demonstrated success in that area.

However, there were many other challenges. Having young professionals taking on stronger advocacy roles, ensuring Indigenous people internationally have a stronger voice, strengthening public health relationships across the Asia-Pacific region and further internationally were all successful outcomes of the 2017 Melbourne 2017 World Congress on Public Health.

And so much more was achieved. Professor Martin McKee set the tone for the keynote addresses. All were outstanding and reflect the incredible effort of the National Organising Committee chaired so ably by Professor Helen Keleher under the oversight of the Governing Council of the World Federation of Public Health Associations (WFPHA). The academic program including the World Leadership Dialogues, Workshops, concurrent presentations and posters were of outstanding quality.

I would like to thank all of those who contributed so much. This includes those who attended, registrants who presented, workshop and World Leadership Dialogue organisers and our keynote speakers. Behind the scenes were those who made the Congress actually work – a very big thanks to so many in such a range of ways. The Australian Government Department of Health was the principal sponsor. To them, and to all of the other sponsors and exhibitors we all owe a debt of gratitude.

The organisations that partnered to make the Congress so successful demonstrated the importance of a coordinated approach for the best possible public health outcomes. The World Federation of Public Health Associations partnered with the Public Health Association of Australia to bring the Congress to Australia. However, other partners were willing to put aside other responsibilities to work for the success. The Health Promotion Association of Australia, the Australasian Epidemiologists Association, the Australasian Faculty of Public Health Medicine, the Australian Women's Health Network and the Public Health Association of New Zealand all played a key role in oversight, engagement and ensuring the success. Their leaders and members deserve serious recognition.

All those involved in organising could never have predicted the incredible reach of the Congress. Over one hundred million impressions on Twitter is just one indicator of the effort made by so many to share the learnings from the Congress. The presence of the Congress in traditional media was also outstanding with almost all of our speakers willing to front media across a range of issues.

Sometimes the parallel meetings, acquaintances, networking and relationship building are as important as the Congress itself. In the current term of the Governing Council of the WFPHA there was an Indigenous representative elected. Adrian Te Patu has not rested on his laurels. The Congress provided the impetus for him to work with other Indigenous people to form an Indigenous Working Group of the WFPHA. It is a beginning and I look forward to supporting the outcomes.

This is just one example. There were many other groups and relationships formed at the Congress. I expect many will be sustained. This is why the theme was one that sought to hear the voices of the attendees, to develop an appropriate series of visions and then to put them into action. Voices, Vision, Action. What a privilege it has been as President of the WFPHA to oversee this incredible event and to work with so many extra-ordinary and committed public health professionals.

For further reading, visit Michael's article published in Croakey, 'Populism, politics and global public health'
A bright future beckons for public health

David Templeman, President of the Public Health Association Australia

Having had the privilege to attend the World Congress in Melbourne, I came away with an overarching feeling that we are in good hands! We have a fantastic group of committed professionals in public and preventive health who have the vibrancy and capacity to move on and take up the many community challenges for now and into the future.

The critical issue is to ensure leadership lets go and embraces this appetite, and appreciates the wonderful contribution which is willing, enthused and readily able to accept responsibility across the whole spectrum of health reforms.

There are some key messages left with me from Congress:

- the call to a new generation of public health professionals to ‘seize the day’ and take ownership of the field
- health equity – informing and influencing government and health institutions of social, cultural, environmental and ecological determinants of health
- the need for greater investment in preventive health, particularly in relation to tobacco control, nutrition, and to address the impact of climate change on public health

To PHAA and the many sponsors/contributors of/ to Congress, I say a huge thanks - you really made a difference and put Australia clearly front and centre - my congratulations to Michael as President of WFPHA
- a top effort from your team and especially Helen Keleher.

David Templeman
Founding of the WFPHA Indigenous Working Group at WCPH 2017

During the World Congress on Public Health the Public Health Association Australia hosted a yarning circle for Indigenous and non-Indigenous delegates working in and advocating for Indigenous health to meet and share experiences and insights. A major highlight of the Congress was the unanimous agreement in the yarning circle that the Indigenous Working Group should be established within the World Federation of Public Health Associations. The proposal was accepted by the Federation during Congress, with prominent Maori health advocate Adrian Te Patu elected to be the inaugural Indigenous representative of the WFPHA Governing Council. The next steps are to formalise the Group and fully develop its vision for a strong Indigenous voice in the global public health and civil society arena.

Summer May Finlay, Acting Vice-President (Aboriginal and Torres Strait Islander) for the PHAA, officially announced the formation of the Indigenous Working Group during the final Congress session with a highly commended speech (available in full on the next page) on the importance of privileging the Indigenous world view and narrative when addressing the health inequities experienced by Indigenous people worldwide. Ms Finlay’s closing words, “Nothing about us, without us. Nothing about us which isn’t led by us”, echoed widely among the audience who gave a standing ovation, and set a powerful tone for the establishment of the Indigenous Working Group.
‘Nothing about us, without us. Nothing about us, which isn’t led by us’

Summer May Finlay, PhD Candidate - Aboriginal Health, PHAA Board Acting Vice-President (Aboriginal and Torres Strait Islander)

The following is the official speech given by Summer May Finlay at WCPH 2017 announcing the formation of the WFPHA Indigenous Working Group. Our thanks to Croakey where this article was first published. View the original here

“Nothing about us, without us.” I don’t actually know where this saying came from, but it is used a lot when people are advocating for Indigenous engagement in our own business. Professor Pat Dudgeon said it the other day in the First Nations Suicide Prevention World Leaders Dialogue.

I would like to challenge us as public health professions to take this one step further.

“Nothing about us which isn’t led by us.”

I want to see Indigenous people not just at the table but at the head of the table, leading. I don’t want to continue to see the token black. I want our mob designing, implementing and evaluating our business.

No one should be speaking on our behalf. I expect to see Indigenous people’s voices preferred and prioritised.

We shouldn’t just be consulted on issues affecting us. We should be making the decisions ourselves.

Why doesn’t this happen already? I believe that there are two main drivers holding us back. The clear power imbalance and the deficit approach. These are not exclusively Australian Indigenous issues but also are felt by other Indigenous peoples around the world.

Across the world Indigenous peoples have been defined and owned by non-Indigenous people. We have been told where to live. What to eat. Who we could marry. The United Nations Permanent Forum is ON Indigenous people. Not led by us. The power lies with the majority.

I have worked across a number of different public health fields including policy, research and media. When it comes to Indigenous affairs, these spaces are dominated by non-Indigenous people.

We have a research project in this country, which is about Indigenous Cultural Competency in hospitals, funded by Australian Health Minster Advisory Council, which is led by non-Indigenous people.

Nigel Scullion, Minister for Indigenous Affairs, announced that $10 million will be spent on a suicide critical response project pilot. Without consulting the pilot site communities.

Colin Barnett, Premier of Western Australia, threatened to close up to 200 Aboriginal communities without consulting any of them.

Albert Einstein said the definition of insanity is doing something over and over again and expecting a different result.

For the last 200 odd years, a lack of Indigenous engagement on our issues hasn’t worked out so well for us.

It’s time non-Indigenous Australians stopped pretending they are the solution and realise we are. It’s time to recognise that while non-Indigenous Australians are making decisions on our behalf that they are part of the problem.

We aren’t perfect, we will make mistakes, but I believe we can do a hell of a lot better than what is currently being done for us.

It’s not just the power imbalance that holds us back but also the deficit lens through which we are seen.

I recognise that it is because of things like the life expectancy gap and over representation in the criminal justice system that drives investment in Indigenous policy and research.

The drawback of this is that deficit becomes the entire dialogue. Dr Chelsea Bond, who has been here this week, said: “Charting a community’s deficits only seems to deepen the despair.”

Continued page 7
As Indigenous Peoples, we do not see ourselves in deficit. We know we are more than the sum total of our negative statistics.

While we continue to been seen only as deficit, how will we ever be seen as capable to run our own affairs?

This is not to say that there isn’t a space for non-Indigenous people; there is. We are only three percent of the population; we can’t do this by ourselves. We need strong allies. Allies who will champion our causes our way. Who will assist us to facilitate a process we have defined and use their white privilege to our advantage.

Aboriginal and Torres Strait Islander people need to be the directors, actors and producers, with non-Aboriginal and Torres Strait people as the back stage crew.

I stand here because of the strong advocacy of people before me, both Indigenous people and non-Indigenous Australians.

I am here because of the support and mentoring by both Indigenous people and other Australians. Aboriginal people such as my mum Rhonda Finlay, Professor Bronwyn Fredericks, Professor Alex Brown, Geoff Scott, Les Malzer, Lisa Briggs, Dr Scott Winch and Associate Professor Karen Adams.

Non-Indigenous people such as Melissa Sweet, Professor Jenni Judd, my dad Mark Finlay, Kerri Lucas, Michael Moore, John Hendry.

The people I have listed, Indigenous and non-Indigenous, are the reasons why I know we can undertake a decolonising process. They are already doing it.

There are over 300 million people around the world who are recognised as Indigenous.

And I am proud to announce, on the 50th anniversary of the World Federation of Public Health Associations, that the World Federation of Public Health Associations has endorsed the Indigenous Working Group.

The Indigenous Working Group was born at the World Congress in the First Nations Yarning Circle space.

The Working Group will be led by Adrian Te Patu, the first Indigenous member of the World Public Health Associations.

Nothing about us, without us. Nothing about us, which isn’t led by us.

View Summer’s #JustJustice presentation at WCPH 2017

Are you interested in Aboriginal and Torres Strait Islander health?

The PHAA Aboriginal and Torres Strait Islander Health Special Interest Group mission is to coordinate PHAA members interested in Aboriginal health issues, and utilise their knowledge and skills to respond to relevant policies and events to advocate for effective changes in policy that impact on the health and wellbeing of Aboriginal and Torres Strait Islander people.

Become a member today and start contributing to policies and position papers, participate in advocacy activities, attend an event and share ideas or network on the discussion forum.

Contact one of the Co-Convenors below to find out more or alternatively email the National Office at, phaa@phaa.net.au

Convenor: Summer May Finlay
summermayfinlay@gmail.com

Convenor: Yvonne Luxford
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WCPH 2017 - Reflections

Amy Carrad, PhD Candidate, Public Health, Early Start Research Institute, University of Wollongong

I was fortunate to share my work at the 15th World Congress on Public Health. This was a huge week of all things public health, from equity to media and social marketing, from vaccination to mental health...the list goes on! This made it a great opportunity to hear about topics outside your field of expertise.

This conference brought a new concept into my life – the 'digital poster'. I was well adept by now at creating those hulking A0 posters that you print off, cart around and then leave at the conference venue to be recycled because you don't want to carry it home. The digital poster was sleek and elegant in comparison. You can see and hear mine here. The asset of these digital posters over the traditional paper ones is the potential for continued promotion and exposure as they live on in the e-world.

I found 'policy actors' to be a recurrent theme at this conference, and specifically how researchers can partner with them for practical impact. We are here in our university bubble, and the policy actors are over there in theirs. How do we ensure this does not happen and have research translated into practice? This is important for me, because I was already working with decision-makers in my project but on a small scale and was eager to see it expand.

A memorable lesson on forming and working in partnership was delivered in a panel session, headed by Professor Adrian Bauman that was discussed The Australian Prevention Partnership Centre (TAPPC). TAPPC is a practical example of a centre designed to foster partnership between policy-makers and researchers in a way that the research is co-produced, co-located, co-owned. Adrian is an effervescent presenter and he summarised the experience of TAPPC to date with 7 Types of Error (a.k.a. 'Learnings').

There is so much more I could say on what I learned from the World Congress on Public Health, but I will end here with a few of my personal highlights from the conference:

1. Seeing growing momentum in the space of utilising sports clubs and recreation/leisure centres for health promotion (as is the basis of my PhD). I met many, if not all the people who were at the conference that are working in this space.

2. Panel discussion on evaluating the implementation of Health in All Policies in South Australia. There were a number of similarities between their findings and the themes that have come out of my end-of-project interviews with my participants, especially the importance of understand 'the context'.

3. The conference party. And what a party it was. It was a fantastic opportunity to network in a casual environment, outside under clear skies on the South Wharf Promenade.

4. Over 100 million impressions on Twitter for #WCPH2017 over the week! Let the public health roar be heard!

5. One of the speakers in the closing session was a student from Warwick High School, Perth. She spoke about youth mental illness and what her vision for public health looks like 20 years into the future. She made a resounding call to action by stating that she wants to see the rate of youth mental illness have in that time, rather than triple like it did in the period 2007-2017. With leaders like her among the upcoming generations, there is hope that we can get the health of our country, region, and world on track.

Amy Carrad, PhD Candidate, Public Health, Early Start Research Institute, University of Wollongong
Professor Mike Daube awarded prestigious Hugh Leavell Award

During the 15th World Congress on Public Health 2017 Professor Mike Daube of Curtin University was awarded the prestigious Hugh Leavell Award for Outstanding Global Health Leadership by the World Federation of Public Health Associations.

Professor Daube was awarded the Federation's highest honour after he delivered the official Leavell Lecture during the Congress on developments in global tobacco control, focusing on the continuing and considerable challenges faced by health authorities and public health advocates in countering the power and ruthlessness of major global companies and industries.

The World Federation of Public Health Associations and the Public Health Association of Australia heartily congratulate Professor Daube on the award, and extend their sincere gratitude for his tireless and substantial work as a public health advocate for tobacco control and across other areas.

The Hugh Leavell award is the highest honour awarded by WFPHA, established in memorial to one of the Federation's founding members, Dr Hugh R. Leavell, who was fundamental to the establishment and early work of the Federation in the 1960s.

Twitter reactions:

Dr Annette Regan
Amazing Leavell oration by my hero Prof Mike Daube. Stand up to "big tobacco." Advocate for better health. 👏 #WCPH2017

Vina HuLamm
Leavell Lecture Mike Daube: Think about the way politicians think & be professional with #advocacy #WCPH2017 @_PHAA_

"if we want to influence change-makers, we need to be absolutely clear on priorities" - Mike Daube giving the Leavell Lecture at #WCPH2017

"Advocates succeed when someone, somewhere is made to feel uncomfortable" - Mike Daube giving the Leavell Lecture at #WCPH2017
Fertility and Reproductive Epidemiology at WCPH - making the invisible visible

Renae Fernandez, PhD Candidate, University of Adelaide, Konrad Jamrozik Scholarship Recipient

With support from the Konrad Jamrozik Student Scholarship awarded by the Public Health Association Australia (PHAA) SA Branch, I was able to attend and present my research at the 15th World Congress on Public Health, 2-7th April 2017 in Melbourne.

I presented my work entitled “Shift work is a public health issue: impacts on fertility in women” in the Gender Equity session on Tuesday 4th April. This work forms part of my PhD research examining night shift work among women and how this impacts their fertility, recourse to fertility treatment and the perinatal outcomes of their pregnancies. Presenting in this particular session meant that my audience represented a much broader array of disciplines than I had previously encountered. It was necessary that I tailor my content and presentation appropriately and this provided a valuable learning experience. It also provided me with an opportunity to think about and engage with a wider literature relating to the psychosocial consequences of shift work and how it contributes to work-family conflict, especially for women.

During the Congress I was able to attend several interesting sessions that were relevant to my own work, including fertility and reproductive epidemiology and maternal and child health research. In their panel session, Dr Sara Holton, Dr Maggie Kirkman and Professor Jane Fisher discussed their use of multiple and novel research methods, including social networking sites, to better understand how men and women in contemporary Australia manage their fertility.

I also attended a number of sessions focusing on topics outside of my own research. The two sessions that I describe here considered topics that may not traditionally be associated with public health and I found these presentations both enlightening and troubling. The World Leadership Dialogue on “Global Security, Sustainability and Public Health: Chemical, Biological and Nuclear Threats and Responses”, presented by Paul Walker, Dr Robert Matthews and Dr Lassina Zerbo, provided a fascinating overview of the historical and, unfortunately, current impact of chemical, biological and nuclear warfare on public health. Secondly, Dr Colin Tukuitonga presented a thought-provoking plenary session on “Sustainable Development Challenges in the Pacific Region”, which outlined climate change and non-communicable disease as the key challenges to public health and development in the region.

There were many inspiring speakers at the Congress, but I would like to include a quote that I found particularly motivating, given my field of research, from Professor Martin McKee (Professor of European Public Health, London School of Hygiene and Tropical Medicine) who said “epidemiology makes the invisible visible”. This statement was significant to me, as much of my work in reproductive epidemiology focusses on rare outcomes, such as congenital anomalies, for many of which the causes remain unknown.

Overall, my attendance at the 15th World Congress on Public Health provided valuable opportunities to expand my thinking in relation to both my own research and public health more generally, and to improve my networking skills through meeting new contacts and maintaining existing connections. I thank the PHAA SA Branch for assisting me to attend.

Are you interested in fertility, reproductive health and or any other areas relating to women’s health and wellbeing? Why not consider joining the PHAA Women’s Health Special Interest Group?

Click here to find out more or alternatively email one of the Women’s Health SIG Convenors:
Dr Angela Dawson - angela.dawson@uts.edu.au
Tinashe Dune - T.Dune@westernsydney.edu.au
I am a member of the International Health SIG, and was delighted to receive a scholarship to attend the 15th World Congress on Public Health. The conference was a wonderful opportunity to hear top public health advocates voice their visions for global health. After a week of lively discussions with passionate public health professionals, I came away inspired and motivated to keep tackling global health inequities by taking innovative, actionable steps: steps which will bring us closer to our collective vision for global health outlined by the Sustainable Development Goals.

I was pleased to see that environmental determinants of health were at the forefront of many discussions. These discussions can be summarised by Ilona Kickbusch’s assertion that ‘today, the health of people can no longer be separated from the health of the planet’. I wholeheartedly agree with this statement as climate change is among the greatest health risks of the 21st century. Rising temperatures and more extreme weather events directly threaten lives, increase the transmission and spread of infectious diseases, and challenge the environmental determinants of health, including clean air and water.

Climate change exacerbates global health inequities and changes the way we must look at protecting vulnerable populations. Addressing this issue is necessary, and also a huge opportunity for public health. Collaborative, focused research efforts to find innovative solutions should be a global priority. Opportunities are also present for governments to implement clear policies to motivate businesses and other stakeholders to invest in climate change action.

For me, the Congress highlight was the Young Professionals and the Future of Public Health World Leadership Dialogue where Professor Bettina Borisch encouraged us to be unique, have our own voice, and ‘challenge the prepared moulds’. I was encouraged by our dynamic conversations which focused on how we, as young public health professionals, can expand the arena for discussions on global health.

Important issues voiced in this session focused on looking at health through a wider lens and identifying significant social, ecological, political, and commercial factors which perpetuate global health inequities. Actionable ideas on addressing these issues focused on ways of engaging and inspiring the non-health sector. This is important because with an exponential increase in globalisation, global health inequity is being increasingly driven by transnational activities that involve cross-sectoral stakeholders with different interests and degrees of power.

In light of the Congress theme of ‘Voices, Vision, Action,’ another key point raised in the Student and Young Professionals World Leadership Dialogue focused on the need for a greater representation of voices. For example, student representation in the conference was very sparse. This was attributed to the difficulty of affording registration on a student budget. I, like many other students juggling living expenses, would not have been able to attend the Congress if it were not for PHAA’s postgraduate student scholarship.

I really enjoyed hearing Manasi Parikh speak about her involvement with the Canadian Public Health Association, and her role of leading the Ambassador’s Program, an initiative to involve undergraduate students in the field of public health. Manasi is on the Board of Directors at the Canadian Public Health Association, where she gives a voice to the views held by students: the next generation of public health professionals. Manasi encouraged all of us to become more active in Public Health Associations by looking for more opportunities for student representation and participation.

My vision for the 16th World Congress on Public Health in Italy is to have a greater representation of students by providing more scholarships, particularly to those from low-income countries. I believe that this would build a platform to bring fresh voices into global health debates. I would also love to see more actors from non-health sectors and commercial industries attend the conference so that we can continue to shift power relations that govern health by forming new alliances and promoting a collective vision. At the 16th World Congress on Public Health, it is up to us to make sure that those who have missed out become included.
WCPH 2017 - a plethora of public health voices, vision and action

Josephine Agu, PHAA NSW Student Scholarship Recipient, PhD candidate - University of Technology Sydney

The 15th World Congress on Public Health (WCPH) 2017 was a 5-day conference held in Melbourne City. The Congress delivered a plethora of rich plenaries featuring globally representative keynote speakers and delegates showcasing their passion for critical public health issues. Contemporary research and data were presented in forms of digital posters, oral presentations, practical workshops, world leadership dialogues, interactive panel discussions, storytelling sessions and exhibition booths. I deem it fit to say the only problem I had was deciding which sessions to attend as many of the options peaked my interest.

After the welcome and opening remarks, the first plenary speaker Professor Martin Mckee from the London School of Hygiene and Tropical Medicine delivered a very enlightening presentation on the perception of public health practitioners as 'enemies of the people' where evidence-based scientific research is dismissed and interchanged with 'fake news' due to the predomination of populist politicians in several nations. He took us down a historical timeline, drawing on vital lessons, giving examples of past real world cases and describing noteworthy initiatives. The conclusion was on a note of hope, reminding us that although public health is a deep-rooted political endeavour, our roles in public health are essential and will contribute to challenging the political systems of power in place in order to get public health on the agenda.

Of particular interest to me and my current PhD research was the panel discussion session hosted by the Australian Research Centre in Complimentary and Integrative Medicine (ARCCIM), on the advancement of the critical public health of traditional, complementary and integrative health care. Some of the monumental research findings from projects done by the centre were highlighted alongside the need for co-ordinated programs, dedicated to promoting rigorous complementary medicine research to ensure safe health practices and inform policy development considering the large proportion of Australians and non-Australian Migrants that continuously utilize some form of complementary medicine.

On World Health Day, we were opportune to be addressed by Dr Margaret Chan, the Director-General of the World Health Organization who congratulated the World Federation of Public Health Associations (WFPHA) on its 50th anniversary and contribution to global public health. She also commended a number of public health-influenced 'heart-warming success stories' celebration including; a reduction in child-mortality, still births, the broad coverage of ARVs being received by people living with HIV, the prevention of 29 million deaths by tuberculosis and an improvement in malaria mortality in developing regions like sub-Saharan Africa. She reiterated the importance of joint public health cooperation and collaboration despite the current timing of adverse worldwide events that have created uncertainty and unease.

The WCPH enabled delegates including myself to have beneficial and extensive networking opportunities with key industry leaders with regards to future public health research, interventions, advocacy enquiries and developmental challenges thereby increasing our capacity to be catalysts for change in our varied areas of interest and expertise.

Several weeks ago, I was fortunate to be granted a scholarship by the Public Health Association of Australia to attend and present an oral and a digital poster presentation at the WCPH 2017 and I would like to convey my gratitude for this opportunity. There are a number of post-event alliances and collaborations with notable organisations that have risen as a result of this scholarship. This is beneficial in my current research and will also serve as an auxiliary platform in the future as an early career researcher. Although there were many significant moments at the WCPH too numerous to be mentioned in this summary, I will say that overall, the Congress truly was an unprecedented success and a week to remember.
Back in April the 15th World Congress on Public Health took place in Melbourne, Australia. The Congress aimed to serve as an international forum for the exchange of knowledge and experiences on key public health issues and improve global public health by engaging a diverse range of experts within the area; to inform and influence decision makers; translate the latest research into evidence based public health practice and to support and nurture the next generation of public health leaders. The opening ceremony set the scene for what was to come over the next few days; revising the world’s current position on public health matters and building on the intent of the Kolkata Declaration 2015 and Global Charter for Public Health. Welcome to Country, performed by Aunty Joy Murphy, produced a moving start to a congress which sought to ensure that all Indigenous peoples across the globe had a place to be heard.

The Congress program was packed from day one. There were World Leadership Dialogues, workshops, storytelling sessions, concurrent presentations and posters. In the main foyer, some fantastic presentations took place and learnings were shared at the First Peoples networking space. The knowledge exchanged within all these forums was inspiring to say the least. The workshops were a great place to not only learn new skills but to also strengthen existing ones through the sharing of experiences with other public health professionals from around the world. My take-home message from these sessions is that although there is great geographical distance between some of us, at a basic level the outcomes we are working so hard to achieve all align very closely and by listening and learning from each other we can only strengthen the impact our work can have. The World Leadership Dialogues presented fascinating view points from all different countries which led to some empathic yet robust debates. The presentations were an insight into some of the world class work that is occurring within the public health environment. As a PhD student it was very rewarding presenting my research within this forum, it allowed a dialogue to occur with some highly respected people in our field, whom I would not have otherwise had the chance to meet.

On the Tuesday night the Congress party took place on the wharf. A revolving entertainment scene was created through the wonderful use of all the restaurants and bars within that area; you could wander in and out allowing a chance to fully experience all the fantastic venues available. The food and live entertainment gave a nod to the international mix of delegates that ensured the night was a success and there were many great memories made.

The closing ceremony was as inspirational as the opening. With all delegates calling for the immediate and total abolition of all chemical, biological and nuclear arms by the governments of all countries, as a result of the devastating chemical attack in Syria which occurred while the Congress was taking place. Summary addresses were made by Professor Helen Keleher and Michael Moore who echoed the wonderful reports heard throughout the Congress. For me, as an Aboriginal woman, the most moving and proud moment was when Summer May Finlay stood up on stage and announced that from the very grounds of the 15th World Congress on Public Health an Indigenous Working Group of the WFPHA was established. These are very exciting times to be a public health professional; with a movement towards a more inclusive future for all peoples, the empowerment of minorities, increased advocacy for public health issues and the realisation that without change the world will continue in the semi-developed state that we are currently seeing.

Take-home message: Our role is to make a difference, to make better public health. As public health professionals it is our role to promote, protect and prevent across all nations. To come together across the globe and advocate for all.
‘I am very grateful to the PHAA Victorian Branch for a scholarship to attend and present at the 15th World Congress on Public Health, held in Melbourne in April this year. It was fantastic to see the political dynamics of health so front and centre at the Congress and evident in the keynote presentations by leading experts like Peter Miller, Sharon Friel, Bronwyn King and others. I had the opportunity to present recent work with my colleagues on the risks to public health in regional trade agreements and met fantastic scholars from outside Australia with shared interests (see photo of a panel). I have made new friends who are keen to join PHAA’s Political Economy of Health Special Interest Group, which is a fantastic network of PHAA members with shared interest in the politics behind health. I am looking forward to building these connections going forward!’

Dr Belinda Townsend, PHAA VIC WCPH Scholarship Recipient

‘Attending the 15th World Congress on Public Health was a privilege. The calibre of the speakers and presentations was above and beyond. Starting each day with an inspiring plenary session was definitely a highlight. My favourite plenaries were Plenary Three ‘Dangerous Consumptions’ and Plenary Four ‘Action to Improve the Public’s Health’. Throughout the conference critical future global priorities were identified. The ones that stood out for me were inequality, climate change and pollution as well as addressing the social determinants of health. Without addressing these issues urgently, other advancements in global public health will be impacted. Another challenge identified for the future of public health is digital leadership for public health innovation and safety. The governments of today need a compass for safe and innovative technology use in public health; an area for increased emphasis in Australia’s public health training of tomorrow’s leaders. I would like to commend the organisers of the conference for a fantastic and diverse week of inspiration, networking and reinvigoration for the work we do every day.’

Rachael Neumann, PHAA VIC WCPH Scholarship Recipient
Australia is one of the most multicultural societies in the world with more than 200 ethnic groups. Its overseas-born residents comprise 6.7 million people, which equates to 28 percent of the estimated total population of 23.13 million. Moreover, 27 percent of the Australian population has one or both parents born overseas. According to the ABS 2015 census there were 380,000 African born people in Australia with more than half being women. This group constitutes members of the African sixth region (or diaspora) adding to the five continental regions (North, East, West, Central, and South). Through the sixth region the African diaspora have significant liberties to participate in the affairs of the continent irrespective of their place of residence globally. The African diaspora are encouraged to participate in the development of the continent, including in the empowerment of women as Africa works towards the realisation of the continent’s Agenda 2063.

In Australian gender inequalities and inequities remain especially in areas of health, leadership and financial independence with women negatively represented. During the recent Public Health World Congress held in Melbourne in April of 2017 some of these inequities were further highlighted and strategies proposed to close the gap. For minority groups these disparities are higher compared to the wider Australian community and when others factors such as race, religion (being a black woman, a woman of colour, have an accent) and other visible markers, these disparities are higher. Today many women from Africa call Australia home and constitute what is commonly referred to as members of ‘new and emerging communities’. Despite these odds, many Australian African women have achieved significantly in their personal and professional lives but the voices of these woman are often not heard and if present, often alone.

For the African woman who carries multiple identities/markers there is a need to explore challenges for these women beyond the gender lens; an intersectionality theory/framework must be considered as it cogitates the intersects that she exists within if we are to address inequalities and inequities for this cohort of migrants. Thus, there is a need for discussion on the ‘diversity within the diversity’ and the ‘visible yet invisibility’ for women of colour under their leadership.

It is within this context that a summit to provide a platform for the voices of African Australian women to highlight their strengths as leaders, their aspirations as professionals, their roles as parents and ‘keepers of culture’ and if anything to provide a safe space where they can meet is been planned. The Inaugural African Diaspora Women Summit will create opportunities for dialogue, highlight the challenges these women face as citizens and provide strategies to enable them meet their full potential. Using a ‘strengths based approach’ this summit will focus on three key themes being: health, finance and leadership. The summit will provide valuable information to those who work with African women; a great opportunity to meet and network with fellow women on an international stage. The outcomes will inform policy and decision makers about best practices and future approaches in engaging with women, youth and the wider African Australian community.

The Inaugural African Diaspora Women Summit will be held on 26-27 June 2017 at the Victoria University Convention Centre, Melbourne. Abstracts are currently open.

Visit the summit website at https://africandiasporawomensummit.org.au/

For enquires about the summit email info@africandiasporawomensummit.org.au
WCPH 2017 - Reflections

Karen Menigoz, PhD Candidate and Policy Practitioner, Queensland University of Technology and QLD Government

I had the pleasure of attending the Congress. One of my observations was that, outside of the keynote presentations (which were excellent), the sessions that I attended with the biggest crowds were those about: (1) advocacy, (2) overcoming the policy/research translation divide, and (3) the nuts and bolts of evaluation. It seems that these three areas consistently challenge public health practitioners - whether you be from a research or policy background (or both).

Michael Moore and Rohan Greenland did a great workshop on advocacy, which included role plays. I know, a groan on role plays for some, however it really challenged participants to prepare and structure their arguments well. One of my big ‘take homes’ from the session was that if you are on the ‘advocate’ side, your case will always be strengthened by having a ‘coalition’ or partner organisations with whom you’ve collaborated and you present a united front in advocating on a particular issue. If you work in government and your options for advocacy are somewhat curtailed, consider contributing through your professional association to have your voice heard.

Andrew Wilson and the Prevention Centre did a very interesting session which looked at a range of projects underway that are bridging the policy/research divide through their partnership approaches. I think one of the memorable quotes from this session was that policy makers, in their interactions with researchers, either work at glacial speed or light speed!

Adrian Bauman and colleagues from the University of Sydney talked about their rapid evaluation capability, which gave us visions of Adrian with a jet pack attached ready to shoot off to the aid of anyone needing urgent evaluation assistance! This presentation was an insight into complex evaluation and how pragmatism is important. One of the important points was that, given that there are often long lead times to show final outcomes in public health (beyond funding periods), we can evaluate to intermediate outcomes and then use the research evidence to link to longer term outcomes. The session produced some lively discussion from the audience and showed that evaluation can be a frustrating business!

The conference was world class with an Australian flavour and showcased our local experts amongst international speakers of the highest calibre.
The World Congress on Public Health 2017 had a huge social media impact, trending nationally in Australia on Twitter on the first day, and with more than 44,000 tweets generated using the official hashtag #WCPH2017. These received 120,000,000 impressions, showing just how far and wide the messages from Congress were spread. Take a look at some of the top tweets!
#WCPH2017 Twitter Storm

**Summer May Finlay**
@OnTopicAus
Hopkins: Being denied culture has an impact on all areas of our lives and leaves us unwell as Indigenous Ppls. #WCPH2017
4:53 PM - 4 Apr 2017

**Melissa Stoneham**
@DrMelStoneham
Highlighting the importance of self determination & Indigenous consultation @OnTopicAus @wcp2017 #WCPH2017 @croakeyblog @WePublicHealth
11:50 AM - 7 Apr 2017

**Sharon Friel**
@SharonFrielQld
Need more research into the inequitable distribution of solutions, not problems. Says Penny Hawo @TAPPCentre #WCPH2017
12:03 PM - 4 Apr 2017

**Armeena Katar**
@armeenakatar
We have a duty of care to protect our planet @ProfPCDoherty #WCPH2017 #publichealthchallenges
11:13 AM - 7 Apr 2017, Melbourne, Victoria

**Martin McKee**
@martinmckee
Brilliant presentation by Peter Miller @deakin on how alcohol industry acting in same way as #BigTobacco #WCPH2017
8:57 AM - 5 Apr 2017

**Pub Health Assoc Aus**
@_PHAA_ Apr 7
Peter Doherty: continued lack of investment in women's health is a crime against humanity - powerful message about human rights #WCPH2017

**Michael Moore AM**
@mconroy6 Apr 7
#WCPH2017 drivers of climate change for G7 meeting in Italy. Their Chief Medical Officer outlines the issues for action. @epublichealth
Michael Moore receiving a congratulatory letter from the World Health Organisation, presented by Dr Ruediger Krech

PHAA National Office Staff with Van Joe Ibay

Michael Moore and Dr Marta Lomazzi

Dr Helen Keleher and Dr Ruediger Krech

Professor Bettina Borisch and Professor John Lowe

Kate Kameniar (second from left), Michael Moore, Almee Brownbill
Danielle Dalla from the PHAA National Office

Dr Paul Gardiner

Bec Lee and Michael Moore at the WCPH 2017 Welcome Ceremony

PHAA Vic Branch members, Eliza Van Der Kley, Jayde Cesarec, Anna Nicholson
WCPH2017 - Photos

Elizabeth Wilson (left), Dr Devin Bowles (right)

Aimee Brownbill and Kate Kameniar from PHAA SA Branch

Nicole Rutter and Eliza Van Der Kley

Karina Salcias, Bec Lee and Rodrigo Paramo

Professor Peter Sainsbury

David Templeman, Bec Lee, Joanna Schwarzman
WCPH2017 - Photos

Simon Willcox, Summer May Finlay

Dr Liz Hanna, Dr Rosalie Schultz, Dr Peter Tait, Professor Heather Yeatman

Helen Moore and Anne Brown

Yvonne Luxford, Matthew McConnell, Karina Saldias

Professor John Lowe

Kate Kameniar and Rodrigo Paramo
Thanks to all who attended WCPH 2017, see you in Rome in 2020!

WCPH 2017 Photos
View the WCPH 2017 photos here.

WCPH 2017 Videos
View the WCPH 2017 videos here.

WCPH 2017 Digital Posters
Didn't get a chance to review all 309 posters? View the Digital Posters here.
The Communicable Diseases Control Conference (CDC) 2017 is almost here! The CDC, convened by the Communicable Diseases Network Australia, the Public Health Laboratory Network and the Public Health Association of Australia, is to be held in Melbourne from Monday 26 to Wednesday 28 June.

In 2017 the Conference theme will be 'Infectious Diseases: a global challenge', the theme will allow consideration of the threats to health security from old and new infectious agents, and the increasing threat of antimicrobial resistance. In particular, the conference will examine how the interconnected world facilitates spread of infection.

We are entering a new phase where genome sequencing data on human pathogens offers exciting potential to reveal novel insights into transmission, pathogenicity and emergence. This opportunity is accompanied by challenges, including appropriate skills and approaches to analyse and interpret the meaning of unprecedented quantities of data. Moreover, the introduction of new technology in laboratories and primary care threatens the ability to conduct high-quality laboratory-based surveillance. These new technologies have also stimulated debate in Australia and internationally about the importance of different microbiological agents as potential pathogens.

The conference theme will allow attendees to take stock of international attempts to control and eliminate infectious diseases, and the potential role that Australia and other countries in the region play in this endeavour.

This conference will showcase high-quality research and experience from international and Australian experts, on various aspects of the challenges and successes in global communicable disease control. The conference will include a focus on communicable disease control in Indigenous populations and other priority groups.

Participation in the Communicable Disease Control Conference 2017 will provide an opportunity for attendees to:

- Engage with and discuss local, national, and global issues related to communicable disease control;
- Present work to a wide audience of students, academics, practitioners and policy makers; and
- Discuss new ideas and opportunities for collaboration in the area of communicable disease control.

The first day of the Conference program will include exciting pre-conference workshops and welcome reception followed by two days of keynote and abstract presentations including a Conference Dinner and breakfast symposium.

We hope that you can be a part of this vibrant scientific program showcasing exciting and innovative work in communicable disease control.

View the program here
View the keynote speakers here
Register for the CDC here

The PHAA and the Communicable Diseases Control Conference Advisory Committee, would like to acknowledge and thank the following sponsors for their support of the Conference.
Michael Moore receives Order of Australia Medal

Congratulations to PHAA CEO Michael Moore, who was formally conferred his award in the Order of Australia on 28 April 2017 by the Governor-General in Canberra.

Michael received his medal in recognition of his outstanding contribution to community health, particularly to social policy reform, and to the community of the Australian Capital Territory.

The PHAA congratulates Michael on receiving this prestigious and well-deserved honour. We also express our sincere gratitude for his continuing strong dedication to the field of public health, and for being an inspiring and committed leader of the Public Health Association Australia.
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- The right to vote and hold office in PHAA
- Opportunity to join up to 17 national Special Interest Groups (SIGs) (fees apply)
- Access to State/Territory branch events and professional development opportunities
- Reduction in fees to the PHAA annual conference and other various special interest conferences
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- Access to emailed list of public health job vacancies
- Networking and mentoring through access to senior public health professionals at branch meetings, as well as through SIGs and at conferences and seminars
- Eligibility to apply for various scholarships and awards
- The ability to participate in, benefit from, or suggest and promote public health advocacy programs

Additional Benefits of Organisational Membership*

- Up to two staff members may attend PHAA Annual Conference and special interest conferences, workshops and seminars at the reduced member registration rate
- Discounted rates for advertising or for placing inserts in our current publications intouch and the Australian & New Zealand Journal of Public Health (does not apply to job vacancies and event promotional e-campaigns)

* All of the benefits of individual membership also apply to the nominated representative for the organisation.

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