Contents

Introduction ........................................................................................................................................3
The Board ...........................................................................................................................................5
Staff..................................................................................................................................................6
President’s Report ..............................................................................................................................7
Vice-President (Development) Report ...............................................................................................8
Vice-President (Policy) Report ...........................................................................................................9
Vice President (Finance) Report ......................................................................................................10
Vice President (Aboriginal/Torres Strait Islander) ..........................................................................12
CEO Report .....................................................................................................................................14
Membership ......................................................................................................................................16
Policy ...............................................................................................................................................17
Submissions to Government ..............................................................................................................18
Media ................................................................................................................................................20
Events ...............................................................................................................................................25
Australian and New Zealand Journal of Public Health (ANZJPH) ....................................................30
Stakeholder Engagement & Alliances ...............................................................................................32
Branch Reports .................................................................................................................................34
Special Interest Group Reports ........................................................................................................44
PHAA Financial Statements .............................................................................................................56
Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Priorities for 2017 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

• Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
• Promote and strengthen public health research, knowledge, training and practice;
• Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
• Promote universally accessible people centred and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
• Promote universal health literacy as part of comprehensive health care;
• Support health promoting settings, including the home, as the norm;
• Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
• Promote the PHAA as a vibrant living model of its vision and aims.
The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Health Equity

As outlined in the Public Health Association of Australia’s objectives:

*Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people’s health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people, resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services inequitably or unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Health Values and the Ecosystem

The PHAA recognises the foundational role of the Earth’s ecosystems to human civilisation, prosperity, health and wellbeing, the nature of humanity’s inextricable relationships with the ecosystem of which we are a part. Within this context we recognize that these ecological determinants of health (an Eco-social viewpoint) are entwined with health and wellbeing along with socially determined influences. Additionally, the PHAA will acts itself, and call for action, for the promotion and protection of the health of the ecosystems in a concerted manner in its policy development and implementation.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.
The Board (as at 30 June 2017)

President
David Templeman

Branch President Representative
Dr Paul Gardiner

Vice-President (Finance)
Associate Professor Richard Franklin

Branch President Representative
Gillian Mangan

Vice-President (Policy)
Professor Christina Pollard

Special Interest Group Convenor Representative
Dr Peter Tait

Vice-President (Aboriginal and Torres Strait Islander Health)
Ms Carmen Parter

Special Interest Group Convenor Representative
Yvonne Luxford

Vice-President (Development)
Professor Heather Yeatman

Acting Vice-President (Aboriginal and Torres Strait Islander Health)
Summer May Finlay

Chief Executive Officer
Adjunct Professor Michael Moore
Staff (as at 30 June 2017)

Chief Executive Officer
Adjunct Professor Michael Moore

Operations and Finance Manager
Anne Brown

Policy and Communications Manager
Danielle Dalla

Senior Policy Officer
Ingrid Johnston

Events and Capacity Building Manager
Nicole Rutter

Communications Officer
Karina Saldias

Events Administration Officer
Eliza Van Der Kley

Executive Administration and Membership Officer
Rodrigo Paramo
President’s Report

Having served on the Board as Vice President Development for two years since September 2014, I was honoured to be appointed President from Sep 2016. These are big shoes to fill behind the likes of Heather Yeatman, Helen Keleher and Mike Daube

PHAA continues to be at the forefront of so many preventive and public health priorities for our nation. We maintain the focus on critical and growing chronic disease priorities which centre on diabetes, cardiovascular disease and obesity and also includes tobacco and harmful alcohol use.

The simple fact of having more than 50 percent of Australians living with more than one major chronic disease is an appalling situation. We have seen a 35% rise in obesity in the last 25 years, and if they continue at this rate, our obesity rate will be 91%. Hence investment (lifting it from the 1.4% of total health budget) in preventive health is a no brainer to avoid our health response capacity moving to breaking point.

In April 2017, PHAA led Australia’s hosting of this year’s World Congress on Public Health chaired by former PHAA President Helen Keleher, and ably championed by our CEO, Michael Moore who is also the current President of the World Federation of Public Health Associations. My congratulations to the PHAA team who supported the WFPHA, the PHAA and our partner organisations. They provided wonderful support and experience for the 2,700 delegates, showcasing Melbourne at its best. To all PHAA Board members and others, thank you for your commitment and dedication to Congress along with the many university students who gave countless volunteering hours to ensure Congress ran so smoothly.

We continue to remonstrate on the overwhelming priority for preventive health across our population and for those most vulnerable with particular attention to our First People Australians. Aboriginal and Torres Strait Islander health needs and chronic disease are severely impacted by so many causal and consequential issues related to social, environmental and ecological determinants of health.

May I say thank you to our high performing PHAA Board. I was especially delighted that we managed to convince Heather to stay on as Vice President (Development), plus I want to pay a special thanks to Summer May Finlay for stepping up in Carmen Parter’s absence on long leave. To our CEO, I also want to acknowledge Michael and his excellent team. The Board greatly appreciates this team’s ongoing commitment to and representation on significant public health priorities. They are invariably undertaken in a highly consultative, unified and very cohesive approach.

I am looking forward to another year of leading public health advocacy efforts in Australia.

David Templeman – Board President
Vice-President (Development) Report

It was an honour to have been returned to the PHAA Board as the Vice-President with responsibility for development. My main focus has been the implementation of the Strategic Plan, having overseen its development in my previous term. It also has been an important time for the PHAA, as it implements new ways to manage its business, to look after members, to improve advocacy and to ensure more effective conferencing and capacity building.

The Strategic Plan articulated the key elements of improving health as protection, prevention and promotion. It also outlined actions to reflect the Global Charter for the Public’s Health’s four enablers of good governance, capacity building, information and advocacy. Applying the approach set out in the Charter has not only provided the PHAA a clear focus on improving population health, it also has contributed a case study for the WFPHA in its actions to support global implementation of the Charter.

A member survey was conducted and the results reflected an engaged membership base, keen for more involvement in PHAA advocacy efforts. The survey identified a number of key areas of success, and offered suggestions for where things can be improved and progressed. As part of the 2017-18 plans, these suggestions can now been considered by the Board, SIGs, Branches and the National office and be implemented as part of the constant improvement process.

One of the key elements of development is in the area of conferencing and capacity building. At the National Office the events team has worked hard to effectively deliver on capacity building and conferencing. The approach to conferencing has much more focus on developing a strong and appropriate program that not only reaches out to researchers but also to those who deliver public health services on the ground. Workshops and webinars, lectures online, volunteer roles for members and an extensive planning process for local, national and international conferences as far out as 2020 have all been included in refreshing the approach of the PHAA.

The PHAA has been gaining strength and influence over the last few years through constantly reflecting on and renewing its activities.

I look forward to continuing to work with the Board, the Branches, the Special Interest Groups and the National Office, to make a serious difference to public health outcomes in Australia and our region.

Heather Yeatman, Vice-President (Development)
Vice-President (Policy) Report

The PHAA policy work has been significant and increasing over the last year, both in the number, nature and extent of work. The policies guide the responses to important public health submissions and help build Australia’s capacity to respond to, and call for action, to address a variety of public health needs.

Our policies have formed the basis of many of PHAA’s public health submissions as well as provided guidance and direction to others seeking to submit a public health position. In 2016-17, we made available policies and position statements on 75 topics covering topical issues. These policies were developed in concert with our Special Interest Groups and cover a broad range of issues. Issues ranged from incarceration of Aboriginal and Torres Strait Islander People to e-cigarettes, Medicinal Cannabis in Australia, Food and Nutrition Monitoring and Surveillance in Australia; Alcohol; Safe Climate; Nuclear weapons, and Domestic Violence.

We have responded to 50 important inquiries and calls for submissions, including the Inquiry into the Industrial Chemicals Bill 2017 and related Bills (our submission built on five submissions supporting reforms to the National Industrial Chemical Notification and Assessment Scheme), the Consultation on My Life, My Lead: social and cultural determinants of Aboriginal and Torres Strait Islander Health (based on the work of several SIGs); Inquiry into the number of women in Australia who have had transvaginal mesh implants and related matters (utilised the expertise of our members as topic experts to the committee); and the proposed amendments to the poisons standard for scheduling of ulipristal acetate (EllaOne). We back our submissions up with planned advocacy strategies, for example we were in contact with the NICNAS (National Industrial Chemicals Notification and Assessment Scheme), wrote letters to all Senators involved in the Chemical Bill committee and met with around a third of them which led to invitations to assist in drafting amendments to the Bill.

PHAA’s strong focus on health equity is reflected throughout our policies and submissions. Our work in collaboration with other agencies and organisations throughout 2016-17 has strengthened our voice on social and ecological determinants and other public health issues.

Over the next year we are refining our policy process and encouraging the use of Position Statements and Background documents with supporting evidence to strengthen the use and impact of our policies. We are ensuring an equity, ecology and Aboriginal and Torres Strait Islander lens will be considered across policies. Additionally, we have strengthened our ability to respond quickly to policy issues and have built a strong team to support the Special Interest Groups and Branches to respond to the challenging and complex issues facing public health in Australia as we try to assist our governments and institutions to include public health evidence in their policy decision making.

Christina Pollard, Vice- President (Policy)
Vice President (Finance) Report

This section provides a summary of the PHAA’s financial performance for the financial year 2016-17 and should be read in conjunction with the Association’s Audited Financial Report for the year ended 30 June 2017.

The Association has positioned itself to be a major provider of events which should assist in the improving financial position. Additionally, the 2016-17 financial year saw the introduction of Open Access with an Author Publication Charge for articles published in the ANZJPH. On the expenditure side it is pleasing to note that expenses have been contained and are tightly monitored throughout the year.

2016-17 was a challenging year for PHAA with a net operating deficit of $244,732. This deficit was due to a number of factors including less than anticipated revenue from sponsorship and participants than indicated by the Professional Conference Organiser, being an off year from one of the most popular of PHAA events and having two face-to-face meetings in the one financial year and partnership arrangements that while benefit for strengthening networks, effected the event profitability for PHAA.

The PHAA is a small sized business and this year we had over $1.76m in revenue and $2m in expenses. Primarily PHAA has three major funding sources: membership which in the past has been offset by the costs of underwriting the journal; conferences; and government grants. Branches receive a capitation fee from membership to help with activities locally and SIGs receive the SIG membership fee to use for their activities. As with any organisation the major expenses are operating expenses (including staffing costs), running events and the ANZJPH.

As an organisation we need to continue to broaden our income, hence the strategy around the provision of events and especially keeping the events organising work in-house. We also need to continue to bring in new members and ensure our current members stay. Part of this strategy to keep members is to continue to provide engagement opportunities via the Policies, SIGs and Branches.

The 2017-18 financial year will see an increase in planned events from 3 to 4 per year and there will also be smaller symposia with the Public Health Prevention Conference being introduced in May. The newly branded Australian Public Health Conference (previously PHAA Annual) will take place in September 2018. All of these events will have an impact on the cash flow and income for the 2017-18 and following financial years. Membership is one of our consistent and stable sources of income and while membership is strong there was little change to member numbers from the previous financial year. A working group has been commenced to address various membership areas and identify opportunities for improvement.

Ensuring the ongoing financial security of an organisation such as PHAA is a challenge and as such I would like to thank Anne Brown for her work behind the scenes in ensuring the smooth financial running of the association.
The audit is attached at the end of the Annual Report.

**Operating results**

The Association’s Income Statement for the 2016-17 reports an audited operating deficit of $244,732 compared to an operating profit of $356,341 in 2015-16, a deficit of $242,162 in 2014-15, a surplus of $71,000 in 2013-14, a loss of $228,805 in 2012-13 of and surpluses of $70,000 and $279,000 in 2011-12 and 2010-11.

**Historical View of PHAA budget over last seven years.**

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<td>-228</td>
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<td>356</td>
<td>-245</td>
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</table>

As can be seen PHAA surplus/deficit has been occurring on a cyclical basis over the past seven years and continual planning in relation to Journal, Membership, Events and the sourcing of other income sources is taking place to mitigate the deficit years.

**Balance sheet**

The PHAA’s Audited Net Assets at 30 June 2017 of $827,283 are down from the previous year when the net assets were $1,072,015. A copy of the balance sheet as at 30 June 2017 with comparative 2016 figures is included in the Association’s Audited Financial Report attached at the end of this annual report.

Richard Franklin, Vice President (Finance)
Vice President (Aboriginal/Torres Strait Islander) & Aboriginal and Torres Strait Islander Special Interest Report

During 2016-17, Adjunct Associate Professor Carmen Parter took leave from the role of the PHAA Vice President (VP) for Aboriginal and Torres Strait Islander issues. During this time, Ms. Summer May Finlay, Aboriginal and Torres Strait Islander Special Interest Group co-convener stepped up and acted in this role. Dr Yvonne Luxford continued to co-convene the Aboriginal and Torres Strait Islander Special Interest Group with Ms Finlay.

The roles have seen the continued development of key strategic relationships and maintaining the visibility of the PHAA Aboriginal and Torres Strait Islander VP and the SIG functions. Specifically, activities for 2016-17 have involved:

- A survey of the SIG to identify what the priorities should be and how best to communicate with the members;
- Development of the PHAA Aboriginal and Torres Strait Islander terminology guide;
- Continued development of the PHAA Reconciliation Action Plan;
- Continued participation in the work of the Close the Gap (CTG) campaign that involved input into the 2017 CTG Campaign Draft report and its recommendations that also included attending the Parliamentary event in February 2017;
- Provision of advice to national inquiries and input into a range of written submissions such as the Social and Cultural Determinants of Health Submission to the Commonwealth Department of Health
- Attended the PHAA Board, Branch and SIG April 2017 Face-to-Face planning meeting where several initiatives evolved including the recognition for a Reconciliation Action Plan;
- Supported PHAA contributions to debates regarding a range of issues such as the justice and the social and cultural determinants of health; and
- Created collaborative opportunities between the Aboriginal and Torres Strait Islander Special Interest Group and the VP to work on joint initiatives and driving a model of collaborative working practices.

Ms Finlay represented the PHAA on the National World Congress on Public Health Organising Committee, advising on the First Nations events and protocols for the conference. In addition to regular committee activities at the World Congress on Public Health we:

- Worked with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to establish and manage the Indigenous yarning circle;
- Co-convened the First Nations Suicide Prevention World Leaders Dialogue with Dr Vanessa Lee;
- Held the first face to face PHAA Reconciliation Action Plan meeting;
- Alongside Associate Professor Parter, assisted in the establishment of the World Federation Indigenous Working Group, led by Adrian Te Patu, a member of the Governing body of the World Federation of Public Health Associations and the Board of the New Zealand Public Health Association; and
- Held the first meeting to progress this agenda.
Anticipated priorities for next 12 months include supporting the development of a PHAA Reconciliation Action Plan, increasing the Aboriginal and Torres Strait Islander membership and a focus on climate change and health.

As in previous years, the role of PHAA Aboriginal and Torres Strait Islander VP is challenging because of the potential scope of activities. Nonetheless, critical to the success of this role is building the cultural capacity of the organisation and creating collaborative working relationships throughout PHAA’s governance structures.

Carmen Parter, Vice President (Aboriginal and Torres Strait Islander), Summer May Finlay, Acting Vice President (Aboriginal and Torres Strait Islander), and Yvonne Luxford (Special Interest Group Co-Convenor).
CEO Report

One of the busiest years of the PHAA in my experience has resulted in encouraging outcomes across a range of areas. The enthusiasm and dedication of the National Office staff has seen a range of initiatives that are focussed on being more responsive to the members of the Association, involved more heavily in policy and advocacy and seeking more effective policies in government as we seek better health outcomes for all.

Although it was disappointing that the Federal budget carried very little in terms of prevention, which still sits well below 2% of the health budget, the Minister Greg Hunt did indicate that he would treat this area as a priority in his “third wave”. The “third wave” is not the next budget but the one after – leading into the election. Although this was very disappointing considering the amount of work by the PHAA in negotiating through the year (and with this Minister’s predecessor) – public health change always seems to take much longer than it should.

At the PHAA we have a serious challenge to maintain the pressure for increased funding to be dedicated across protection, prevention and health promotion. Fortunately, a number of our partner organisations are committed to the same outcomes.

The organisations that supported the World Congress on Public Health included the Australian Health Promotion Association (AHPA), the Australian Women’s Health Network (AWHN), the Faculty of Public Health Medicine (AFPHM) and the Australasian Epidemiology Association. Others with whom we have worked closely include the National Heart Foundation (NHF), the ‘Prevention First’ campaign, the Australian HealthCare and Hospitals Association (AHHA) the Foundation for Alcohol Research and Education (FARE) the Obesity Coalition and Cancer Councils to name just a few. Working with the networks of health organisations strengthens our voice and provides the opportunity for more influence.

In one week in this year the PHAA was in discussion with the Minister’s office, and then with one of the assistant Ministers. In the following week the PHAA was invited to chair a session at the Labor meeting at the Australian Parliament House during a forum on prevention and public health. Discussion with cross-bench members continue to ensure sensible relationships are maintained where possible. The approach taken by the PHAA with government, opposition and cross-bench members is that we strive to be a “critical friend”.

An increasing number of submissions have been made to Parliamentary Committees and government inquiries at Federal, State and Territory level. This would not be possible without the commitment of the PHAA policy staff, the Branch leaders and the active members of the Special Interest Groups. So many of the PHAA members have been prepared to offer their time and expertise. This is really the thing that gives PHAA its strength and the ability to make a difference.

The communication strategy of the PHAA has seen an increasing social media presence at the same time as maintaining a sensible presence in the mainstream media. The strategy also aims to improve communication between the National Office, the Board, Branches, SIGs and members. The increasing impact of the eBulletin assists in reaching to members and many others in our networks.

The PHAA has had a vibrant year with transition of some of our Board members, the election of the new President, David Templeman, and the immediate past-president Heather Yeatman taking on the role of Vice President (Development). Additionally, Christina Pollard as the new Vice President (Policy), a combined effort by Carmen Parter and Summer Finlay as Vice President (Aboriginal and Torres Strait Islander) in the substantive and acting roles has allowed for continuity.
The Treasurer, Richard Franklin, provided stability and direction and was well supported by the Branch and SIG representatives. With Anne Brown as head of operations and Rodrigo Paramo, the office manager, the Board has been kept informed and able to consider the performance of the PHAA and direction for the future as determined by the Board.

The Board has kept a watchful eye on the PHAA events and with the fine work of Nicole Rutter in the National Office supported by Eliza Van Der Kley. There has been a mushrooming of the number of events and a significant improvement in the organisation and the calibre. Our events team was pulled from their normal duties to provide significant support the WFPHA to ensure a successful World Congress on Public Health. In addition to this work the team still successfully managed the conferences that had been planned over the coming year. The Communicable Diseases Conference saw a significant increase in numbers, for example and the feedback was overwhelmingly positive.

The combination of the members, the Board, the Branches and the Special Interest Groups working in a positive way with the National Office provides the energy and drive to achieve the goals of the PHAA as set out in our Strategic Plan. We are able to focus on protection, prevention and health promotion and deploy the enablers as identified in the Global Charter for the Public’s Health. Those enablers include good governance, accurate information, capacity building and effective advocacy.

With this drive and enthusiasm, with persistence and solid evidence by working in a coordinated manner – we really can make a difference.

Michael Moore AM, Chief Executive Officer
Membership

Membership over the period 1 July 2013 to 30 June 2017

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</table>
Policy

The following is a list of the PHAA policies that were endorsed in 2016 according to the rolling three-yearly policy renewal program. All current versions of the policies can be found on the PHAA website at: https://www.phaa.net.au/advocacy-policy/policies-position-statements

1. REVISED: Aboriginal & Torres Strait Islander Health SIG - Substance Use Policy
2. REVISED: ASIG - Alcohol Policy
3. REVISED: E&ESIG - Ecologically Sustainable Population for Australia Policy
4. REVISED: E&ESIG - Ecologically Sustainable Human Society Policy
5. REVISED: E&ESIG - Limits to Growth & Public Health Policy
6. REVISED: E&ESIG - Preparing for Peak Oil Policy
7. REVISED: E&ESIG - Nuclear Weapons Policy
8. REVISED: E&ESIG - Nuclear Industry Policy
9. REVISED: E&ESIG - Outdoor Air Quality Policy
10. REVISED: FANSIG - Genetically Modified Foods Policy
11. REVISED: FANSIG - Promoting Healthy Weight Policy
12. REVISED: FANSIG, DAA & ARC - Food Security for Aboriginal and Torres Strait Islander Peoples Policy
13. REVISED: IPSIG - Hot Tap Water Temperature and Scalds Policy
14. REVISED: IPSIG - Injury Prevention & Safety Promotion Policy
15. REVISED: JHSIG - Incarceration of Aboriginal & Torres Strait Islander Peoples Policy
16. REVISED: PESIG - Health Inequities Policy
17. REVISED: PHCSIG - Gambling Industry Funding Policy
18. REVISED: WHSIG - Breastfeeding Policy
19. REVISED: WHSIG - Domestic & Family Violence Policy
20. REVISED: WHSIG - Preconception Health & Fertility Policy
21. NEW: FANSIG – Palm Oil in Food Position Statement
22. NEW: WHSIG - Breast Cancer Screening (Mammography) – Policy

The following list of PHAA polices are due for review in 2017:

1. ATODSIG - E-cigarettes Position Statement
2. ATODSIG - Exposure to Second-hand Smoke Policy
3. ATODSIG - Tobacco Control Policy
4. EESIG - Environmental Lead Exposure Policy
5. EESIG - Environmental Noise Policy
6. EESIG - Health Effects of Wind Turbines Policy
7. EESIG - Low Emissions and Active Transport Policy
8. EESIG - Nuclear energy as a response to global warming
9. EESIG - Public Health Impacts of Nanotechnology
10. EESIG - Safe Climate Policy
11. FANSIG - Food and Nutrition Monitoring and Surveillance in Australia Policy
12. FANSIG - Food, Nutrition and Health Policy
13. FANSIG - Health Claims on Food Policy
14. FANSIG - Palm Oil in Food Position Statement
15. HPSIG - Illicit Drug Policy
16. HPSIG - Pharmaceutical Drug Misuse Policy
17. HPSIG - Physical Activity Policy
18. IPSIG - Smoke Alarms in Residential Housing Policy
19. IHSIG - Landmines and Cluster Ammunition Policy
20. IHSIG - Maternal Mortality, SDoH, MDGs in Asia Policy
21. IHSIG - The Biological and Toxin Weapons and Smallpox Policy
22. IHSIG - Nuclear Weapons Policy
23. JHSIG - Prisoner Health Policy
24. MHSIG - Insurance and Mental Health Policy
25. MHSIG - Work and Mental Health Policy
26. ONEHSIG - One Health Policy
27. ORALHSIG - Oral Health Policy
28. PHCSIG - Gambling and Health Policy
29. PHCSIG - Primary Health Care Policy
30. WHSIG - Abortion Policy
31. WHSIG - Contraception Policy
32. WHSIG - Lesbian and Bisexual Women's Health

Final drafts of the policies under review will be taken to the PHAA Annual General Meeting in October 2017 to be endorsed.

Submissions to Government

The provision of formal submissions to Government forms part of PHAA’s strategy to ensure that policy and advocacy outcomes developed on key public health issues are communicated to Government. The following forty nine formal submissions were developed and provided by the PHAA to government, parliamentary committees and other relevant bodies during the reporting period. This list is not exhaustive and does not include less formal representations – such as correspondence, petitions etc – but does demonstrate the range and scope of PHAA submissions throughout the reporting period. All PHAA submissions are published on the PHAA website at: https://www.phaa.net.au/advocacy-policy/submissions

July 2016
- Public Health (Medicinal Cannabis) Bill 2016
- Draft environmental impact statement on the Nolans Project
- Health and Other Legislation Amendment Bill 2016
- Standardised tobacco products and packaging draft regulations

Aug 2016
- Submission on A1090 - voluntary addition of vitamin D to breakfast cereal
- Structural review of NHMRC’s grant program

Sep 2016
- Proposed amendments to the Poisons Standard (Medicines) re: nicotine for ecigarettes
- Inquiry into Budget Savings (Omnibus) Bill 2016

Oct 2016
- Inquiry into the Paris Agreement
- Senate Inquiry into the Trans Pacific Partnership Agreement

Nov 2016
- Implementing reforms to the notification and assessment scheme (NICNAS) consultation paper 4

Dec 2016
- Fifth National Mental Health Plan
- Technical review of the gene technology regulations 2001

Jan 2017
- 2017-18 Pre-Budget submission
- Application A1134 - increased concentration of plant sterols in breakfast cereals
- Inquiry into the effect of red tape on the sale, supply and taxation of alcohol
Feb 2017
- Proposed amendments to the poisons standard re scheduling of ulipristal acetate
- Proposed amendments to the poisons standard re nicotine for eCigarettes
- Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

March 2017
- National Standard for environmental risk management of industrial chemicals
- National phase-down of mercury
- Victorian Parliamentary Inquiry into Drug Law Reform
- Consultation on smoke-free ACT public transport waiting areas
- NDIS Costs issues paper consultation
- Implementation plan for Australian National Diabetes Strategy 2016-2020

April 2017
- Inquiry into rehabilitation of mining and resources projects as it relates to Commonwealth responsibilities
- Victorian Inquiry into medically supervised injecting centre Bill 2017
- Draft National Framework for Maternity Services
- Queensland Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017
- Scientific inquiry into Hydraulic fracturing in the Northern Territory
- Consultation on the scheduling policy framework and advertising of pharmacist-only medicines

May 2017
- Inquiry into federal family law system to better protect people affected by family violence
- Inquiry into the status of the human right to freedom of religion or belief
- Invitation to comment on the commercial supply of Dengvaxia, an attenuated genetically modified dengue vaccine
- My life, my lead - social and cultural determinants of Indigenous health
- Singapore-Australia free trade agreement amendments
- 2017 review of climate change policies
- Action on ice - draft plan to address use and harms caused by crystal methamphetamine (Qld)
- Speak Up! Reviewing the Queensland Mental Health, Drug and Alcohol strategic plan 2014-2019
- Strengthening multiculturalism
- Number of women in Australia who have had transvaginal mesh implants and related matters
- Consultation on new SA Mental Health Strategic Plan

June 2017
- Industrial Chemicals Bill 2017
- Healthy futures commission Queensland Bill 2017
- Better mine rehabilitation for Queensland discussion paper
- NSW Department of Industry consultation on review of local impact assessment for gaming machines
- A National Consumer Protection Framework for online wagering
- The form of the food (‘as prepared’) rules for the health star rating system
- Towards Zero - road safety in the NT
Media

Overview

PHAA carries out ongoing media and communications functions to engage its internal and external audiences about its activities, increase its profile and inform on public health issues. These primarily include social media, gaining media exposure through media releases and interviews, the Intouch and E-bulletin newsletters, and other forms of member communications. Recent member survey results indicated most members are satisfied overall with the PHAA communications they receive.

Social Media

PHAA has a strong, steadily growing presence on Twitter and Facebook and uses these platforms daily to communicate public health news and news of PHAA activities. PHAA will further expand its profile on its existing YouTube and LinkedIn profiles in the coming year with a focus on sharing news, conference content and media/campaign content.

Demographic: The majority of followers on PHAA social media are female (63% and 81% for Twitter and Facebook respectively), and most are aged 25-44. The member survey identified that most members are highly educated with at least one post-graduate qualification, so it is likely the majority of social media followers are similarly so.

Twitter – Increase following by 40%

PHAA Twitter gains an average of 7 new followers a day and at 30 June 2017 had around 7600, an increase of around 40% compared to 5389 followers in June 2016.

Highlights – over 100 million twitter impressions

The World Congress on Public Health 2017 (which was attended by over 3000 international delegates) made over 100 million impressions on Twitter, with PHAA in the top ten Tweeters, garnering 1.8 million impressions.

The National Primary Health Care Conference 2016 hashtag #NPHC2016 collected over 1.5m impressions.

Top tweets

<table>
<thead>
<tr>
<th>Date</th>
<th>Tweet</th>
<th>Impressions</th>
<th>Retweets</th>
<th>Likes</th>
<th>Link clicks</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/05/17</td>
<td>Half of Aussie food budgets spent on junk food: we need a coordinated approach to #nutrition policy [<a href="http://bit.ly/2rt2fOB">http://bit.ly/2rt2fOB</a> #publichealth pic.twitter.com/QCOqDCY5s7](<a href="http://bit.ly/2rt2fOB">http://bit.ly/2rt2fOB</a> #publichealth pic.twitter.com/QCOqDCY5s7)</td>
<td>6315</td>
<td>36</td>
<td>38</td>
<td>23</td>
</tr>
<tr>
<td>16/03/17</td>
<td>Closing the gap requires renewed commitment to Indigenous health [<a href="http://bit.ly/2np3rof">http://bit.ly/2np3rof</a> @IndigenousPHAA @NACCHOAustralia #ClosetheGap pic.twitter.com/RxERRvW0Yp](<a href="http://bit.ly/2np3rof">http://bit.ly/2np3rof</a> @IndigenousPHAA @NACCHOAustralia #ClosetheGap pic.twitter.com/RxERRvW0Yp)</td>
<td>5284</td>
<td>26</td>
<td>37</td>
<td>22</td>
</tr>
<tr>
<td>22/06/17</td>
<td>Here it is! View the new @healthy_climate report here: [<a href="http://bit.ly/2rT9ww">http://bit.ly/2rT9ww</a> #climatehealthstrategy #publichealth #environment #auspol pic.twitter.com/fnOXP5lnhZ](<a href="http://bit.ly/2rT9ww">http://bit.ly/2rT9ww</a> #climatehealthstrategy #publichealth #environment #auspol pic.twitter.com/fnOXP5lnhZ)</td>
<td>4567</td>
<td>25</td>
<td>13</td>
<td>23</td>
</tr>
</tbody>
</table>
Facebook – increase by 128%

2165 likes – increase of 128% over 947 likes in June 2016.

The organic Facebook reach (users who were exposed to PHAA posts through organic social media sharing activity without paid advertising of posts) has increased steadily in 2017, indicating more posts were liked and shared in this period compared to previous periods and that engagement via the platform is increasing. Popular topics included vaccines, 2017-18 Budget, obesity and nutrition, tobacco and environment.

<table>
<thead>
<tr>
<th>Date</th>
<th>Post topic</th>
<th>Reach</th>
<th>Likes</th>
<th>Reactions, comments, shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/05/2017</td>
<td>Article: Study of 95,727 kids re-confirms that MMR vaccine not linked to Autism</td>
<td>16,602</td>
<td>167</td>
<td>352</td>
</tr>
<tr>
<td>10/05/2017</td>
<td>Budget 2017-18 has brought us a 'medicine' budget, not a health budget as it focuses on treatment, not prevention. We need a genuine commitment to preventive health, which means tackling obesity, nutrition, tobacco and alcohol, which were sadly lacking in last night’s announcements. Read our official media release: <a href="http://bit.ly/2qWQzEl">http://bit.ly/2qWQzEl</a></td>
<td>3197</td>
<td>85</td>
<td>109</td>
</tr>
<tr>
<td>10/04/2017</td>
<td>Not all Easter bunnies are created equal...some are sweeter than others! If you’re planning to treat your family to some special chocolate goodies this weekend, first check out this handy guide to the sugar content of different Easter chocolates so you can be sure to choose the best bunnies from the bunch for your health! <a href="http://bit.ly/2oUDOfq">http://bit.ly/2oUDOfq</a></td>
<td>13,152</td>
<td>181</td>
<td>290</td>
</tr>
</tbody>
</table>
Media Coverage

There was a total of **42 media releases** sent in the past year, the majority of which were produced by PHAA communications staff with a small number produced by others within the organisation such as SIG Convenors and Branch members. PHAA featured in **1340 media items** over the past year.

**Top media items by reach** (This includes the potential reach of the media outlet, not the item)

<table>
<thead>
<tr>
<th>Date</th>
<th>Media Item</th>
<th>Media Outlet</th>
<th>Media outlet reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/02/17</td>
<td>Sunburn cases prompt call for review of TGA regime</td>
<td>ABC AM Radio</td>
<td>9M</td>
</tr>
<tr>
<td>10/05/17</td>
<td>Federal budget 2017: Health sector backs lifting of Medicare rebate, mental health spending</td>
<td>ABC News</td>
<td>7M</td>
</tr>
<tr>
<td>8/05/17</td>
<td>Budget 2017: Medicare rebate freeze to be unwound, but cuts expected elsewhere</td>
<td>ABC News</td>
<td>7M</td>
</tr>
<tr>
<td>18/04/17</td>
<td>Measles explained: Signs, symptoms and the outbreak threat</td>
<td>ABC News</td>
<td>7M</td>
</tr>
<tr>
<td>1/04/17</td>
<td>Sweeping changes to alcohol tax and regulation urged on Turnbull government</td>
<td>Sydney Morning Herald</td>
<td>5M</td>
</tr>
</tbody>
</table>

**Top media items by relevance** (This includes if PHAA is in the title, how many times PHAA is mentioned and how far up in the article these mentions occur)

<table>
<thead>
<tr>
<th>Date</th>
<th>Media Item</th>
<th>Media Outlet</th>
<th>Media Outlet Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/05/17</td>
<td>Doctors dismiss Islam’s link to terrorism</td>
<td>The Australian</td>
<td>2M</td>
</tr>
<tr>
<td>11/05/17</td>
<td>How will the Budget impact public health?</td>
<td>Australian Journal of Pharmacy</td>
<td>12K</td>
</tr>
<tr>
<td>16/03/17</td>
<td>Closing the gap is vital</td>
<td>Australian Journal of Pharmacy</td>
<td>9K</td>
</tr>
<tr>
<td>4/4/17</td>
<td>Healthy parks create healthy communities</td>
<td>The Fifth Estate</td>
<td>7K</td>
</tr>
<tr>
<td>1/02/17</td>
<td>Sunburn cases prompt call for review of TGA regime</td>
<td>ABC AM Radio</td>
<td>9M</td>
</tr>
</tbody>
</table>
Media Exposure from 1 July 2016 – 30 June 2017

The chart below indicates the number of PHAA media mentions throughout the year. The peaks relate to high levels of coverage over specific issues and campaigns including the marriage plebiscite (Oct 16), sunscreen safety (Feb 17), celebrity health advice and the Pete Evans controversy (March 17) and infant vaccines (April 17).

Publications

E-bulletin

The weekly E-bulletin is PHAA’s most widely read publication sent to all members, with 92% reading it on a regular or irregular basis. Several members highlighted the e-bulletin as an overall benefit of PHAA membership in the recent survey. The E-bulletin contains an overview of PHAA’s activities for the week, public health news, and member news including the newly expanded policy and advocacy section, and jobs listings.

Intouch

The Intouch is the longer, bi-monthly newsletter (published on a bi-monthly basis from August 2016 onwards) and is distributed to all members as well as being hosted on the website. The recent member survey identified that Intouch is read by 78% of members on a regular or irregular basis. Intouch includes articles on PHAA activities as well as articles on public health issues submitted by members and public health professionals. There is a new focus on themed editions, with the April 2017 and June 2017 issues dedicated to the 2017 World Congress on Public Health, and with the upcoming October 2017 issue focusing on planetary health.

Events Communications

PHAA Events including National Primary Health Care Conference 2016, 15th World Congress on Public Health 2017, Communicable Diseases Control Conference 2017 and Global Alcohol Policy Conference 2017 were promoted via social media posts before and during events, media releases, and through the e-bulletin and Intouch newsletters with articles from PHAA and delegates about the events.
Campaigns

PHAA regularly distributes public health campaign materials through its social media, media releases and newsletter articles. These relate to its advocacy on issues such as tobacco control, obesity and nutrition, alcohol, Aboriginal and Torres Strait Islander Health, climate, reproductive rights, oral health and vaccines. In the past year, it has highlighted numerous campaigns such as the Health Star Rating System, Close the Gap, Booze Free Sport, Stop Adani, International Women’s Day, Climate and Health Alliance National Strategy on Climate, Health and Wellbeing, and International Campaign to Abolish Nuclear Weapons.

Awareness Days

For awareness days throughout the year such as Close the Gap Day, Wear it Purple Day, RUOK day and Fetal Alcohol Spectrum Disorder Awareness day, the PHAA National Office demonstrated its support through activities such as hosting morning teas and posting staff pictures with campaign materials to social media.
Events

Commitment to sector capacity building

As part its commitment to sector capacity building, PHAA runs a number of events each year with an inspiration of running four international/national conferences each year and further assisting branch and special interest groups in delivering events and building capacity.

The following conferences have been held during the 2016/17 financial year and have been held in relation to public health, chronic disease, primary health care and communicable diseases.

Where available, the conference abstract books, audio and presentation slides of the invited speakers may be viewed on the PHAA website under Past Conferences.

PHAA 44th Annual Conference & 20th Chronic Diseases Network Conference 2016

Dates: Sunday 18 to Wednesday 21 September 2016
Location: Alice Springs, Northern Territory
Venue: Alice Springs Convention Centre
Conference Theme: ‘Protection, Prevention, Promotion’ – Healthy futures: Chronic conditions and public health
Delegates: 294
Total abstract submissions received: 180

The Public Health Association of Australia (PHAA) and Chronic Diseases Network (CDN) agreed to jointly hold the PHAA 44th Annual Conference and the 20th Annual Chronic Diseases Network Conference, at the Alice Springs Convention Centre from Sunday 18 to Wednesday 21 September 2016.

The event was managed by the PHAA Events & Capacity Building Officer acting as the Conference Secretariat. The PHAA Events & Capacity Building Officer was overall responsible for the research, design planning, coordination and evaluation of the Conference in collaboration with the Conference Advisory Committee, Chronic Diseases Network and PHAA staff.

The Conference theme was based around the World Federation of Public Health Associations Global Charter for the Public’s Health, with a focus on services proposed in the charter of protection, prevention, promotion.

Increasing public health awareness is required to assist in reducing the impact of chronic conditions through population health approaches in order to have an impact on individual’s health outcomes. Population health is directly affected by health policies, funding, and service models.

The conference presented on both public health and chronic conditions. The theme was supported by a number of complementary streams, each with a strong focus on building capacities for improving health outcomes with a focus on contemporary health initiatives, health policy, research, models of care, Aboriginal and Torres Strait Islander health, leadership, workforce, telehealth, tools/applications and resources.

Sponsorship and Exhibition sales opened in approximately April 2016. The 2016 Sponsors where:
- NSW Ministry of Health
- Northern Territory PHN
- Northern Territory AIDS & Hepatitis Council
Sponsorship packages sold were Associate Sponsor, Welcome Reception Sponsor and Lanyard Sponsor. The conference also attracted 14 exhibitors from a range of organisations included in chronic diseases and public health.

Overall the Conference was a success with great feedback being received through the evaluation form and from sponsors, exhibitors and keynote speakers, as well as engagement in social media and the media more generally.

The conference therefore can be concluded as a successful venture between the PHAA and CDN for 2016.

Photos from the Conference:

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**National Primary Health Care Conference 2016**

**Dates:** Wednesday 23 November to Friday 25 November 2016  
**Location:** Melbourne, Victoria  
**Venue:** Pullman Albert Park Melbourne  
**Conference Theme:** Primary health care: building a strong preventive foundation for a healthy Australia  
**Delegates:** 214  
**Total abstract submissions received:** 164

The Public Health Association of Australia (PHAA), supported by the Australian Healthcare and Hospitals Association (AHHA), again hosted the National Primary Health Care (NPHC) Conference in Melbourne from Wednesday 23 to Friday 25 November 2016.

The NPHC Conference hosted leading Australian Speakers, providing a platform to engage, challenge and exchange ideas, where pivotal issues for the future of primary health care in Australia were discussed and where delegates learnt from the experience, opinions and perspectives of sector leaders and their peers.

The future of primary health care in Australia is one of the most pressing issues for our nation and this Conference discussed: 'Primary health care: building a strong preventative foundation for a healthy Australia'. The theme was supported by complementary streams focusing on Community, Clinical and Governance in primary health care. Each stream incorporated a strong focus on prevention, consumer engagement, building capacities for improving patient outcomes with an emphasis on mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, diversity in practice, chronic disease, eHealth and aged care.
Overall the conference went well, however engagement in the Conference highlighted a disconnect between the program and primary health care sector which resulted in reduced attendance. The sector is also experiencing a flood of similar Conferences being held throughout the year, making positioning of the primary health care conference difficult on peoples agendas.

Due to the results of the 2016 Conference, moving forward in the National Primary Health Care Conference will not be held again, however in its place PHAA will host the Public Health Prevention Conference. The first Public Health Prevention Conference will be held in May 2018.

Photos from the Conference:

World Congress on Public Health 2017

Dates: Monday 3 to Friday 7 April 2017
Location: Melbourne, Victoria
Venue: Melbourne Convention and Exhibition Centre
Conference Theme: Voice, Vision, Action
Delegates: 2621
Total abstract submissions received: 2,021

The 15th World Congress on Public Health was held from Monday 3 to Friday 7 April 2017 in Melbourne Australia. The Congress attracted over 2500 people from over 80 countries for the 15th World Congress on Public Health and to celebrate the 50th anniversary of the World Federation of Public Health Associations (WFPHA).

For 2017, the World Congress on Public Health, held a Festival of Public Health during the Congress to engage researchers, practitioners, academics, administrators, policy makers, industry representatives, students and stakeholders involved in public health from all over the globe. It is our desire that they will share and enhance knowledge transfer about the latest advancements in public health, its challenges and opportunities, collaborations and advancements.

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 addresses of Australian Health Minister 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.

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.

Photos from the Congress:

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Communicable Diseases Control Conference 2017

**Dates:** Monday 26 to Wednesday 28 June 2017  
**Location:** Melbourne, Victoria  
**Venue:** Pullman Albert Park Melbourne  
**Conference Theme:** Infectious Diseases: a global challenge  
**Delegates:** 164 Pre-Conference Workshops; 380 Conference  
**Total abstract submissions received:** 204
The Communicable Diseases Control (CDC) Conference was convened in 2017 by the Communicable Diseases Network Australia, the Public Health Laboratory Network and the Public Health Association of Australia, and held in Melbourne from Monday 26 to Wednesday 28 June 2017.

In 2017 the Conference theme was ‘Infectious Diseases: a global challenge’, the theme allowed consideration of the threats to health security from old and new infectious agents, and the increasing threat of antimicrobial resistance. In particular, the conference examined how the interconnected world facilitates spread of infection.

The CDC Conference for 2017 went very well. It exceeded expectations on registrations, receiving the highest registration numbers of the Conference to date (100 more than 2015), as well as engagement of sponsorship for the event.

The event has been wrapped up with an End of Event report being developed as well as evaluation responses received. Some examples of feedback being received is below:

- The plenary speakers I heard were great - a good mix of topics. Lots of interesting presentations over the days. Well organised as always.
- Very well run, all sessions were on time and easy to go between conference rooms, food was lovely and very accommodating
- I gain lots of information on this conference, it shows that multi-sectoral corporation is critical in addressing health issues. For example, government, health workers, epidemiologist, military are working together in tackling communicable diseases
- The PHAA staff who organised and supported this conference were excellent, supportive and extremely professional and were a delight to talk with as always smiling and helpful.

Overall the Communicable Diseases Control Conference 2017 ran very well and PHAA will be working towards continuing to run the successful event in 2019.

Photos from the Conference:
Australian and New Zealand Journal of Public Health (ANZJPH)

This year could best be described as a year of changes. The most momentous change was the elimination of the paper version of the journal, with ANZJPH becoming an online-only Open Access journal. This was a major change in the way that the Journal operated. It has been a good change that allows authors to have their manuscripts available worldwide free of charge. This provides new opportunities for Australian and New Zealand researchers to publish their scientific works in their own Journal, while giving researchers all over the world free access to their work. The Journal has continued to publish manuscripts using the Early View function that are available to PHAA members. It was decided previously by the Board of PHAA that a reduced publication fee would be available for manuscripts where the first author is a member of PHAA. Invoicing and payment of fees is handled by PHAA Canberra office and the ability of authors to pay or not remains separate from the peer review process. The acceptance of manuscripts for publication is based solely on the quality of the manuscript.

This year, the Journal was privileged to have five editors of enormous talent and capability. These included Dr Bridget Kool, School of Population Health, University of Auckland, New Zealand; Adjunct Associate Professor Priscilla Robinson, previously from the School of Public Health, Latrobe University; Dr Melissa Stoneham, Public Health Advocacy Institute, Curtin University; Dr Hassan Vally, School of Psychology in Public Health, Latrobe University; and Associate Professor Luke Wolfenden, School of Medicine and Public Health, University of Newcastle. In concert with the Editor-in-Chief, Professor John Lowe, University of the Sunshine Coast, the group works hard to ensure the Journal is the very best it can be both nationally and internationally.

For many years the Journal has worked with our administrative/editorial office of Substitution and the electronic platform of Wiley Blackwell. This has been a good relationship, with all three parties working together to produce a high-quality Journal. The owner of Substitution, Anne Burgi, retired this July but Peta Neilson, who has worked with Anne and the Journal for the past nine years, has taken over from Substitution.

From the data in the following table you can see the breakdown of articles submitted, accepted, and from where they originated. As expected, there was a drop in submission with the introduction of publication fees. This was in concert with a substantial drop in rejection rate from 68% to 51%. It should be noted that manuscript submissions have started to pick up again and February to April 2017 saw the submissions rise to rates similar of previous years.
### Financial Year

<table>
<thead>
<tr>
<th>Papers Received</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>516</td>
<td>454</td>
<td>333</td>
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</tbody>
</table>

### Status as at 30 June of each period

<table>
<thead>
<tr>
<th>Rejected, Lapsed or Withdrawn</th>
<th>2014-15 (68%)</th>
<th>2015-16 (67%)</th>
<th>2016-17 (51%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted</td>
<td>110</td>
<td>84</td>
<td>105</td>
</tr>
</tbody>
</table>

### Source

<table>
<thead>
<tr>
<th>Source</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>364</td>
<td>347</td>
<td>239</td>
</tr>
<tr>
<td>New Zealand</td>
<td>57</td>
<td>57</td>
<td>46</td>
</tr>
<tr>
<td>Other Overseas</td>
<td>95</td>
<td>50</td>
<td>48</td>
</tr>
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### Content of Issues Published (excluding Early View)

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*An extra issue was published last year (Vol 40 Suppl. 1) with 20 articles.
Stakeholder Engagement & Alliances

PHAA are pleased with the leadership role that we have been able to play and the growing enthusiasm of the networks to build alliances, linkages and partnerships. In addition to the work at the national level the Branches and Special Interest Groups of PHAA have been building similar alliances and partnerships at the state, territory, local and professional levels.

Social Determinants of Health Alliance

PHAA continued the operation of the SDOHA Secretariat through to January 2017 when we handed the secretariat over to the Australian Research Alliance for Children and Youth (ARACY). While the secretariat was run from PHAA, the alliance had over 60 organisational members from the areas of health, social services and public policy.

Prior to the change-over, regular Member meetings and Management Committee meetings were held as well as the following events:

Public Forum: Climate Change and the Social Determinants of Health – August 2016

This forum focused on climate change and the impact it has on health and brought together experts from multiple organisations to discuss how climate change policy can be part of health policy so equity health can be delivered to everyone.

Speakers included Fiona Armstrong – Founder and Executive Director of the Climate and Health Alliance; Professor Steve Hatfield-Dodds – a leading researcher on sustainability and climate change policy; Dr Devin Bowles – researcher on how climate change will affect the determinants of health internationally, including via migration and violent conflict.

The event was well attended with over 400 attendees.

Anti-Poverty Week Oration: Poverty is not destiny – October 2016

The Anti-Poverty Week Oration this year was delivered by Professor John Eastwood, Director of the Central Sydney Healthy Homes and Neighbourhoods Integrated Care Initiative. Professor Eastwood described sector wide approaches that aim to break intergenerational cycles of poverty and poor life outcomes as well as local evidence informed interventions that moderate the impact of social determinants of health in homes and neighbourhoods. He also talked about the emerging promise of interagency interventions to building ‘Community Nests’ and child and family resiliency.

This event was also well attended with over 40 people.

National Alliance for Action on Alcohol

PHAA is a Foundation Member of NAAA, a coalition of more than 40 organisations that has formed to ensure a strong and collective voice on alcohol policy issues. Coordination between PHAA and NAAA has been enhanced through PHAA CEO Michael Moore’s position as one of two co-chairs of NAAA, and the co-location of the NAAA Executive Officer, Dr Devin Bowles, within the PHAA.

In 2016-17, NAAA released the third iteration of its Fizzer Awards. These highlight strong and weak performance in alcohol laws and policy among the states and territories. The year has also seen substantial preparation for the Global Alcohol Policy Conference, which is being co-hosted in Melbourne in October 2017. Governance arrangements were enhanced, with the adoption of NAAA’s first strategic plan and a formal governance model.
Council of Academic Public Health Institutions Australia (CAPHIA)

PHAA developed its already strong relationship with CAPHIA, which has as one of its Executive Committee members the CEO of the PHAA. Coordination is further enhanced through CAPHIA’s Executive Director, Dr Devin Bowles, who is co-located with the PHAA national office and is the PHAA ACT Branch President. CAPHIA published the *Foundation Competencies for Public Health Graduates in Australia, 2nd Ed*. It also assisted the Public Health Indigenous Leadership in Education (PHILE) Network to publish the *Aboriginal and Torres Strait Islander Public Health Curriculum Framework, 2nd Ed*, and benefitted from a strengthened relationship with PHILE.

CAPHIA once again held its annual Teaching and Learning Forum, allowing teaching academics to showcase their pedagogical innovations, learn from one another, and build their professional networks. The CAPHIA Awards highlighted some of the great work being done in public health education and research. CAPHIA also developed its *Strategic Plan: 2016-2020*.

In a time of increased insularity in many quarters, CAPHIA deliberately extended its gaze beyond Australia’s shores. It organised the first-ever global meeting of national and international bodies representing public health education at a sideline session of the World Congress on Public Health. Every inhabited continent except South America was represented. A summary can be found on CAPHIA’s [events page](#). CAPHIA also initiated discussions with universities and other potential members in New Zealand, where there was no peak-body for public health education and research. Three of New Zealand’s six universities with public health teaching programs became members of CAPHIA, and CAPHIA now has strong links with the Public Health Association of New Zealand.

*To acknowledge its recently-joined New Zealand member institutions, members changed the organisation’s name to the Council of Academic Public Health Institutions Australasia in September 2017.*

**Australian Healthcare & Hospitals Association**

Primary Health Fund Investment Management Advisory Group

**Statement of Purpose**

The Primary Health Fund Investment Management Advisory Group was founded by the Australian Healthcare and Hospitals Association and the Public Health Association of Australia, acknowledging the organisations’ shared commitment to primary health and better health outcomes for Australians.

The Primary Health Fund Investment Management Advisory Group is tasked with managing the $500,000 balance of funds from the Australian Medicare Local Alliance (AMLA) distribution after allocations of 25% to each Association. It meets every six months and reports to each organisation’s respective Board.
Branch Reports

**Australian Capital Territory Branch**

**President:** Devin Bowles

**Committee:** David McDonald (Secretary), Cathy Banwell (Treasurer), Peter Tait, Russell McGowan, Susan Pennings, Van Joe Ibay

As part of its strategic aim of increasing student engagement, the ACT Branch partnered with the Australian National University (ANU) to hold a Careers Night for students. Four speakers gave insightful and deeply honest explanations of their careers, and drew lessons for current students and others looking to progress their careers in public health. Attendance was high, with the lecture theatre full almost to capacity. The event was followed with the opportunity to network over drinks and nibbles, and received very positive feedback.

The ACT Branch is also trialling a six-month mentoring scheme for PHAA members looking to expand their horizons in public health. Most of the mentees are current students of public health, and some have had earlier careers. The trial will conclude with a small networking function and an evaluation to determine whether the scheme will become an annual event.

A student scholarship to attend the World Congress of Public Health was funded by the ACT Branch. The level of entries was highly competitive. Dr Tehzeeb Zulfiqar, a PhD student, won the award and attended this major international event.

The ACT Branch is a member of the Frank Fenner Foundation and seeking to further this relationship through collaboration. The ACT Branch is also linked with the Canberra Alliance for Participatory Democracy (CAPaD).

The ACT Branch President teamed with support from the national office hosted a stall at the ANU O Week. He also engaged with discussions with UC staff about potential areas for future collaboration.

The 2017 Sax Oration is planned for later in 2017.

**New South Wales Branch**

Incoming committee (from December 2016):

**President:** Simon Willcox

**Committee:** Dr Grace Spencer (Vice President), Alvin Lee (Secretary), Pat Mehta (Treasurer), Dr Catriona Bonfiglioli, Dr Sinead Boylan, Ed Jegasothy, Sophie Lewis, Carol McInerney, Heike Schultze, Dr Tara Smith.

Outgoing committee (to December 2016):

**President:** Jude Page,

**Committee:** Dr Karen McPhail-Bell (Vice President), Pat Mehta (Treasurer), Dr Catriona Bonfiglioli, Dr Mary Osborn, Dr Sinead Boylan, Dr Grace Spencer, Simon Willcox and Eamon Brown

**Interns:** Kate Sewell and Nicole Turner

This year the NSW Branch continued to implement their strategic plan focused on a sustainable future, promoting evidence based policy and health equity, supporting communities to have a voice and promoting engagement of students in the activities of the PHAA and public health more broadly.
Scholarships

The branch awarded two scholarships to attend the World Congress on Public Health in Melbourne that was held in April 2017. A student scholarship and an Aboriginal scholarship were awarded. The scholarships funded the recipient’s attendance to the Congress including travel, accommodation and registration.

Awards

The 2016 NSW Public Health Impact Award for significant achievement in public health was awarded to Emeritus Professor Simon Chapman for public health advocacy contributing to tobacco control.

Strengthening engagement in public health

NSW PHAA Annual address: We were honoured by Professor Louise Baur’s address – Celebrating 20 years of the Public Health Impact Award.

The PHAA NSW Branch hosted a forum on Planetary Health at the University of Sydney in June 2017. The forum included presentations by Carlos Corvalan from the University of Canberra and Environmental Health Branch, NSW Health; Mary Chiarella, Climate Change and Health Alliance and Professor of Nursing, University of Sydney; Waminda Parker, Nature Conservation Council of NSW; and Professor Anthony Capon, Professor of Planetary Health.

Advocacy

The Branch was involved in providing information to government and local communities on the likely health impacts of the WestConnex motorway development. Submissions included the health impacts of vehicle emissions, increased vehicle use, and the inequities of additional toll roads, some of which are currently free to use.

The Branch wrote a letter (in collaboration with the Australian Health Promotion Association’s NSW Branch) to the NSW Minister for Health and met with his office to raise a number of public health issues including prevention of non-communicable diseases, addressing the social determinants of health and health equity.

The Branch provided advice on a variety of public health issues including reducing alcohol related harms, gun control, air pollution, abortion law reform and gambling.

Thank you to the NSW Branch Executive Committee for their continued commitment to public health in NSW and beyond.

Northern Territory Branch

President: Dr Rosalie Schultz

Committee: Michael Fonda (Secretary), Selma Liberato (Tresurer), Liz Moore, Vicki Gordon, Suzanne Belton & Cheryl North

Thank you to NT PHAA members and supporters who’ve attended meetings and supported our work, staff in the PHAA office, and convenors of SIGs who have assisted us with submissions.

Most of the work of NT Branch is in advocacy, and we work in diverse areas:

1. Advocating for termination of pregnancy law reform: We collaborated with Top End Women’s Legal Service and NT Family Planning and Welfare Association, as part of a coalition What RU4NT?. After passage of the legislation, we worked with national experts to provide feedback on the implementation guidelines. Termination of pregnancy is now regulated in its own Act, outside the Criminal Code.
2. Highlighting dangers of both historical and on-going developments in the nuclear industry in NT and globally: NT PHAA Branch has brought to government attention apparent increased rates of cancer and foetal deaths affecting Aboriginal people near Ranger Uranium mine. This has led to collaboration with Department of Health, Menzies School of Health Research, Gundjeihmi Aboriginal Corporation and Red Lily Health Board and a comprehensive investigation led by Prof Bruce Armstrong. Results of this investigation are expected to be made public later this year.

3. Highlighting risks of hydraulic fracturing: NT PHAA Branch made a written submission to the Inquiry into Hydraulic Fracturing, with assistance from the Environment and Ecology SIG. As Branch President I also made an oral submission. Outcomes of the Inquiry are awaited with intense interest nationwide.

4. Considering transport and access issues to create a framework for road safety: in our submission to the NT Towards Zero: Road safety in the NT inquiry. Rather than assuming that road transport will remain the primary means of access we considered telecommunications and air transport as important contributors to reducing road trauma, complementing inter-urban public transport. Both Injury Prevention and Environment and Ecology SIGs contributed to this submission.

5. Collaborating with both Alcohol, and Aboriginal and Torres Strait Islander Health SIGs: we made a submission to the NT Alcohol Policies and Legislation Review. The contentious possibility of introducing a zero blood alcohol limit was raised in both this submission and the submission on road safety.

6. Advocating to NT government to enhance nutrition in remote Aboriginal communities: through transforming the Remote Food Solutions from a money-making to a health and employment creating venture. The concept has been deferred since the ALP government was elected in August 2016.

7. Educating ourselves about gambling: a source of health and social inequity, we invited Dr Matt Stevens to update us on NT gambling situation.

Plans for upcoming year include a focus on new members through MPH and other programs.

Queensland Branch

President: Paul Gardiner
Committee: Sid Kaladharan (Vice President), Letitia Del Fabbro & Georgina Dove (Secretary), Danette Langbecker (Treasurer), Emmanuel Adegbosin, Brenna Bernadino, Rachael Brennan, Mohammad Kadir, Kyoko Miura, Keren Papier

Over the past year the Queensland Branch of PHAA has focused on 3 areas:

1. Advocacy

We worked in conjunction with the National Office, PHAA Special Interest Groups and other organisations to write several submissions to Queensland Government inquiries this year. In response to our submission to the Healthy Futures Commission Queensland Bill 2017, Letitia Del Fabbro appeared before the appeared before the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. Other submissions were in response to the Qld inquiry into the Public Health (Medicinal Cannabis Affordability) Amendment Bill 2017, consultation on Action on Ice: draft plan to address use and harms caused by crystal methamphetamine in Queensland, the Health and Other Legislation Amendment Bill 2016. We continued to advocate for decriminalisation of abortion in Queensland and made a submission to the Health (Abortion Law Reform) Amendment Bill 2016.

2. Engagement

We continued our support of undergraduate students through the provision of academic prizes. These awards recognise outstanding academic achievement in public health courses and we congratulate: Kristen
Ethell and Katherine Sparks (The University of Queensland), Bridget Dillon (Queensland University of Technology), Nikki Shanahan and Kerenza Mcleish (Australian Catholic University), and Amanda Booy and Kelly Muldoon (Griffith University).

3. Professional Development

The Branch ran a very successful Public Health Career Showcase in July 2016 where students and early career professionals were able to hear about career pathways from a range of facilitators from university, government, not-for profit and other sectors.

To engage with the Queensland Branch please follow us on Twitter @PHAAQldbranch

South Australian Branch

President: Kate Kameniar

Committee: Dr Rebecca Tooher (Vice-President), Ashley Webb (Treasurer) and Aimee Brownhill (Secretary), Teresa Burgess, Rushley Ebero, Adyya Gupta, Jude Hamilton, Natasha Howard, Wendy Keech, Victoria Morton, Casey Nottage, Shila Phopo, Dannielle Post, Alexandra Procter, George Tsourtos

The PHAA SA Branch Executive Committee has been extremely active over the past 12 months. We have continued to run a variety of successful events and activities to provide opportunities for our members. We have also been involved in a variety of submissions and letters to advocate for better strategies and funding for quality, evidence-based public health initiatives at the local level. We have established an Advisory Committee to the Branch Executive consisting of previous executive members with substantial knowledge and experience, whose contributions have been greatly valued. The inaugural Advisory Committee members are: John Coveney, Fran Baum, Chris Morris, Wendy Scheil, Lareen Newman and Jackie Street. Through the Advisory Committee, the SA Branch seeks to ensure that the members’ extensive public health and corporate knowledge is not lost. The Advisory Committee’s role includes strategic planning, advocacy and advice regarding awards and prizes.

I would like to thank the members of the SA Branch Executive their continued commitment to public health in South Australia and the activities of the SA Branch which are detailed below.

Public Events 2016-2017:

- August 2016 – our popular Careers in Public Health Workshop was attended by over 45 students and early careers professionals. Kate Kameniar was the guest speaker.
- October 2016 – State Population Health Conference – the SA Branch led the organisation of the conference, with Executive member Patricia Carter as the Conference Convener. Professor Helen Marshall (Robinson Institute, University of Adelaide) was our keynote speaker and a panel on science communication and advocacy moderated by Dr Paul Willis from Australian Science Exchange was held in the afternoon. There were over 20 speakers in our parallel sessions.
- March 2017 – Amplify your health impact - The SA Branch worked alongside the South Australian Council of Social Service (SACOSS) to host Amplify Your Health Impact with committee member Victoria Morton leading the organization of the event which had over 50 registrations. Professor Ilona Kickbusch, a world renowned public health expert, reflected on the Health in All Policies Initiative and how it has been applied by governments around the world. A panel of local non-government organisation representatives provided real-world examples of how they address issues that impact on community health and wellbeing.
Public Recognition Prizes

The SA Branch recognises public health and primary health care leaders and their contribution to these fields of endeavour, with 3 Awards:

1. The Kerry Kirke Student Award - Open to all students of public health in the state, and awarded to recognise the public health benefit of the student’s work, along with its quality, originality, and degree of difficulty. The 2016 recipient was Dr Shiau Chung.
2. The SA Community Health Association Primary Health Care Practitioner Award for 2014 (jointly awarded with AHPA) went to Michele Heriot.
3. The Basil Hetzel Leadership in Public Health Award for 2014 was presented to Stephen Christley, former Chief Public Health Officer, SA.

Scholarships

During 2016, the SA Branch supported one scholarship for attendance at the PHAA Annual Conference held in Alice Springs in September 2016. The Konrad Jamrozik scholarship went to Amal Chakraborty from the University of South Australia.

The SA Branch also supported a scholarship for attendance at the World Congress on Public Health held in Melbourne in April 2017 which occurred in place of the PHAA Annual Conference in 2017. The recipient of this scholarship was Renae Fernandez from the University of Adelaide.

The Public Health Mentoring Program

Our mentoring program (now in its 14th year) is supporting early career public health researchers/practitioners in public health. The program was managed in 2016/17 by Ashley Webb with assistance from Kate Kameniar. In 2016 there were 6 mentees paired with a mentor from a chosen area of public health. Our 2017 round of the program is also now underway.

Networks

SA Branch continues to maintain ongoing links with other like-minded organisations, including AHPA, AFPHM, AEA, SACOSS, and SAHMRI. In 2017, we also established links with the Anti-Poverty Network.

Advocacy

The SA Branch has been very busy with advocacy in the past year. We have made a range of submissions to reviews and consultations and thank the relevant special interest groups and the national office for their ongoing support for this work. We have collaborated with like-minded individuals and organisations to increase the profile of public health and prevention in South Australia in the preparation for the 2018 state election and we have increased our focus on advocacy through the establishment of an Advisory Committee to support the Branch Executive. In addition we have successfully engaged the State Department of Health in providing limited funding for branch activities for the first time since it was last provided (in 2012).

Submissions, consultations and collaborations:

- The Climate and Health Alliance Discussion Paper: Towards a National Strategy on Climate, Health and well-being.
- Submission to a Review of the South Australian Liquor Licensing Act 1997 in collaboration with the National Alliance for Action on Alcohol
- Consulting with external reviewers undertaking a Review of the Public Health Division of the Department of Health and Ageing in collaboration with AHPA SA – a joint submission was made by SA
Branch and AHPA SA and were invited to comment on recommendations of the review when completed in February 2017

- Submission to Consultation draft on the SA Alcohol and Other Drug Strategy 2017-2021 in collaboration with the Alcohol Special Interest Group
- SA Branch representation at a public forum regarding the proposed development of a nuclear waste dump in South Australia
- Joint letter with Ross Womersley (SACOSS) and Fran Baum (Southgate Institute) to the Premier of South Australia requesting a meeting to discuss public health and prevention in South Australia
- Signed open letter from Anti-Poverty Network concerning Centrelink payments, Kate Kameniar interviewed by Radio Adelaide’s Small Change program
- Submission to consultation on review of State Mental Health Strategic Plan
- Submission to review of Tobacco Products Regulation (E-Cigarette Regulation)
- Nominated a representative for the Local Health Networks governing committee
- Co-convened a meeting of interested South Australia delegates at the World Congress on Public Health regarding funding for public health research in South Australia
- Provided a letter of support for the review of the University of Adelaide Postgraduate public health programs

SA Branch Members

We currently have 112 members. In the coming year there will be focus on encouraging current members to maintain their membership. We also aim to expand the current membership base with actively approaching people who are active in public health field

Planning for 2017-2018

There are a range of events coming up in 2017-2018. In September we are holding a symposium on healthy ageing and we are once again leading the organisation for the State Population Health Conference on 21 October 2017, with Executive Committee member Danielle Post as Conference Convenor and Rebecca Tooher as chair of the Scientific Committee.

Tasmanian Branch

President: Gillian Mangan
Committee: Kim Jose (Secretary), Silvana Bettiol (Treasurer), Julie Williams, Michael Bentley, Charlotte McKercher

I’d like to thank all the Tasmanian Branch members for their support during 2016-17, and particularly those that have attended a meeting, assisted in planning and promoting an event, or contributed to providing feedback on the development of our advocacy work. I’d also like to thank the PHAA National Office staff for their ever-willing help and assistance this year.

In the past year we were able to offer a Scholarship for registration to attend the World Congress on Public Health. Shahrukh Khan was the successful applicant, and he was delighted by the opportunity to attend the Congress.

We also co-hosted a satellite workshop at the Dieticians Association of Australia National conference in May this year. The workshop was titled “Sustainable, accessible and affordable food systems – reality or pipedream?” with the guest speakers including former Australian Senator and Leader of the Greens, Ms Christine Milne, Professor Amanda Lee and Professor Alan Sheil. Whilst unfortunately we didn’t attract any new members at this event, attendees were very engaged.
We have also worked with the Tasmanian Chronic Disease Prevention Alliance to develop some joint Priority Action Statements regarding:

- Health in All Policies and the Social Determinants of Health
- Food and Nutrition
- Physical Activity
- Smoking.

The Tasmanian Chronic Disease Prevention Alliance (TCDPA) is a group of seven non–government organisations (Heart Foundation, Cancer Council Tasmania, Arthritis and Osteoporosis Tasmania, Asthma Foundation of Tasmania, Diabetes Tasmania, Kidney Health Australia and the Stroke Foundation), and by having joint Priority Action Statements with this Alliance, we hope to be able to extend our advocacy efforts in Tasmania, where we have common aims and objectives. It is intended that these Statements will help in preparing Election Scorecards to rate political parties and independent candidates on their public health policies prior to the 2018 State election.

Victorian Branch

President: Rebecca Lee

Committee: Bronwyn Carter (Secretary and Treasurer), Sophie Hennessey, Anna Nicholson, Jade Northcott, Jayde Cesarec, Julia McCusker, Hilary Murchison, Rose Bell, Muhammad Aziz Rahman, Brian Vandenberg

Co-opted Committee Members: Jane Howard, Rebecca Ritchie (resigned)

Policy and Advocacy

In 2016/17, the Victorian Branch has continued to take a proactive approach to policy and advocacy activities. We continue to focus our advocacy activities on members’ preferences, assessed by a biannual survey, current policy priorities of the Victorian government, and the capacity of the committee.

The majority of our policy and advocacy work this year has been focussed on making written submissions to the Victorian Government, either independently or in collaboration with National Office or other relevant organisations. The following submissions have been made in 2016/17:

- Inquiry into Road Safety Rules (Overtaking bicycles)
- Smoking bans in outdoor dining areas
- Climate Change Bill 2016, letter of support to the Hon Mary Wooldridge
- Inquiry into Drug Law Reform
- Inquiry into Medically Supervised Injecting Centres

The Victorian Branch has also continued its membership of the Alcohol Policy Coalition. As part of this coalition, we have co-signed letters and advocacy statements to local, state and federal Governments on a range of alcohol policy issues.

Seminars

A highlight of the year was supporting the World Congress on Public Health, as the host state, in April 2017. The Chair of the National Organising Committee, Professor Helen Keleher, presented at our 2016 AGM to promote the Congress to attendees. The Victorian Branch Committee hosted the Congress Welcome Reception, and coordinated volunteers to act as chaperones for conference delegates attending Field Trips to various public health venues across the city.

Another highlight has been the networking event held late last year which was well received with over 30 attendees. The annual careers night, held in partnership with the Victorian divisions of the Australasian Epidemiological Association, Australasian Faculty of Public Health Medicine, the Australian Health...
Promotion Association, and the Peter Doherty Institute for Infection and Immunity will be delivered later in the year. Due to the high level of interest in the event (a record number of registered participants, >400), it has been rescheduled to be held at a larger venue.

Networking and Mentoring

Following the success of the inaugural networking event held last year, the branch will run another event for public health professionals later this year. Another recent trend is the increased number of inquiries from students and new graduates seeking opportunities to contribute to the work of the branch in public health promotion and advocacy work. We will continue to support these inquiries with information and encourage individuals to take up membership of PHAA to further their opportunities.

Strengthening Links to Universities

This year, with an increased focus on strengthening links with universities, we have reached out to all Victorian faculties with a public health/health promotion course or similar to invigorate our connection, emphasise the support the branch can provide, and to seek feedback on where we can better assist.

Communications

This year we have been working on standardising our branch website and on communicating regularly with members through email updates on branch events and advocacy activities. Another planned strategy is to standardise our communication with new members.

We received additional feedback from members earlier this year when we ran our policy and advocacy survey. This information will inform our strategic planning for the coming year.

Western Australian Branch

President: Jillian Abraham

Committee: Stephanie Godrich (Vice President), Hanna Pierce (Vice President), Corie Gray (Secretary), Tegan Reilly (Treasurer), Emma Douglas, Danica Keric, Jodie Hurd, Ainslie Sartori, Danica Keric, Kaashifah Bruce, Jodie Hurd (to December 16), Tracy McRae (from December 16), Sanjee Senanayake (from December 16), Anastasia Atzemis (from December 16).

Strategic objective 1: Advocate for public health approaches to protect and promote the health of Western Australians

- Committee members participated in a half day advocacy workshop with the Public Health Advocacy Institute of Western Australia (PHAIWA). Three committee members also completed the PHAIWA e-mentoring program, receiving mentoring from an experienced public health advocate.
- In the lead up to the WA State Election in March 2017:
  - we joined a number of coalitions that aligned with PHAA policy (WA Alcohol and Youth Action Coalition, RenewWA).
  - we released an election scorecard ranking political parties according to their policies across five identified priority areas. The scorecard was informed by direct responses from the Liberal Party WA, WA Labor and the Greens (WA). We used a Twitter hashtag to share how well our future leaders #thinkpublichealth.
- We had a Letter to the Editor published in The West Australian in response to an article which suggested government should relax the current restrictions on pokies and consider introducing them in WA Football League Clubs. The letter was picked up by ABC Regional Drive for comment. One of our Strategic Advisory Committee members was interviewed on behalf of PHAA WA.
Strategic objective 2: Continue to build capacity in public health through knowledge, skills and information exchange

- We hosted a leadership forum: Adapting to meet future public health challenges – leadership at all levels in September 2016. Around 80 attendees heard the perspectives of four diverse public health professionals.
- We partnered with the Australian Health Promotion Association (AHPA) WA Branch to deliver a student careers night in October 2016 with 54 attendees.
- Our AGM (held in November 2016) had a focus on Diversity as an Ally and focused on how we can use our diversity and look for innovative ways to collaborate as a public health sector.
- We partnered with 11 other health agencies to host the 2017 WA Public Health Pre-Election Forum in February 2017, where representatives from the Liberal Party WA, WA Labor Party and Greens WA presented their parties’ health policies.
- We partnered with Curtin University, East Metropolitan Health Service and Edith Cowan University to host the inaugural Western Australian Charitable Food Sector Research Forum in March 2017. Approximately 90 stakeholders from the sector attended to hear WA-focused research presentations.
- We undertook a competitive process to support a PHAA WA member to attend the 15th World Congress on Public Health in Melbourne in April 2017.
- We hosted an event in partnership with the AHPA WA Branch in June 2017, International responses to health crises in conflict zones - A personal view. Professor Tarun Weeramanthri shared his experiences and views on attacks on healthcare following his recent mission to Iraq with the World Health Organization. The event was facilitated by Professor Jaya Dantas – Professor of International Health at Curtin University and Convenor of the PHAA International SIG. The event attracted around 90 attendees.

Strategic objective 3: Increase membership and enhance engagement with current members

Membership promotion and engagement

We regularly promoted membership in communications, the Intouch in WA newsletter and at PHAA WA Branch events.

Awards

We reviewed the awards nomination strategy in 2016. Winners for the following 2016 Awards were announced at the AGM in November 2016:

- The Community Award recognises an organisation or an individual who has contributed to positive health outcomes in the WA community and was awarded to Lorili Jacobs.
- The Aboriginal Health Award recognises an individual or organisation who has made a significant contribution to improving health outcomes in the Aboriginal community in WA and is an inspirational role model for Aboriginal people and was awarded to Bree Wagner.
- The Early Career Award recognises an early career public health professional for academic excellence, outstanding contributions to public health and a genuine commitment to support and enrich the public health sector and was awarded to Krysten Blackford.
- The Lifetime Achievement Award recognises an individual’s outstanding contribution to public health in WA, over a period of more than fifteen years and was awarded to Associate Professor Roz Walker.
- We also partnered with Curtin University to support the inaugural Professor Colin Binns Award for an outstanding Masters in Public Health student who meets Colin’s motto of ‘science, compassion and education’.
In Touch in WA Newsletter
2016-17 Editions: October 2016, May 2017

Twitter
Continued to manage the PHAA WA Branch Twitter account. Our number of followers has grown to 1,075. Follow us @_PHAA_WA

Strategic objective 4: Strengthen PHAA WA Branch operations
- Conducted a planning day in February 2017
- Developed a PHAA WA Branch procedures manual

I would like to thank all PHAA WA Committee members who have dedicated their time, passion and enthusiasm to contribute to our achievements in 2016-17.
Special Interest Group Reports

As with previous years, the Special Interest Groups (SIG) have worked hard to maintain and build on PHAA policy, to participate in advocacy work and to assist in building capacity. Many of the SIGs have been active in the preparation of submissions and in engaging with the media. This year the SIGs have again stepped up to the mark to address a range of emerging issues.

Aboriginal & Torres Strait Islander Health

Co-Convenors: Summer May Finlay and Yvonne Luxford

Please refer to the VP Aboriginal & Torres Strait Islander report.

Alcohol, Tobacco and other Drugs

Co-Convenors: Mike Daube and Julia Stafford

The objectives of the Alcohol, Tobacco and Other Drugs (ATOD) SIG are to:

- Provide a social point for discussion of and action on alcohol, tobacco and other drug issues;
- Support advocacy, networking and collaboration on alcohol, tobacco and other drug issues;
- Ensure that action on alcohol, tobacco and other drugs are represented in the activities of the Public Health Association of Australia.

The ATOD SIG contributed submissions to a range of inquiries, reviews and consultations. Some submissions were prepared in collaboration with other PHAA branches, SIGs and the national office:

- The SIG worked closely with the PHAA Northern Territory Branch to prepare a submission to the Northern Territory Alcohol Policy and Legislation Review.
- The SIG prepared a submission to the Senate inquiry into the effect of red tape on the sale, supply and taxation of alcohol.
- The SIG supported the national office to prepare a submission to the Inquiry into the Social Services Legislation Amendment (Welfare Reform) Bill 2017 which related to drug testing of welfare recipients.
- The ATOD SIG supported the PHAA Queensland branch in preparing a submission to the ‘Action on Ice’ draft plan to address use and harms caused by crystal methamphetamine in Queensland.
- The ATOD SIG worked with the PHAA South Australian branch to respond to the draft South Australian Alcohol and Other Drug Strategy 2017-21.

Significant activities for the ATOD SIG also included:

- Contribution to media coverage of alcohol, tobacco and other drug issues.
- Ongoing active involvement in the National Alliance for Action on Alcohol (NAAA). The SIG continued to work with NAAA member organisations to progress state and federal policy issues to reduce harm from alcohol.
- Support for PHAA in organising the Global Alcohol Policy Conference 2017 to be held in Melbourne in October 2017 in collaboration with the Foundation for Alcohol Research and Education, NAAA and the Global Alcohol Policy Alliance.
- The SIG led the review of the Tobacco Control policy, Exposure to Secondhand Smoke policy and E-cigarettes position statement.
- The ATOD SIG supported follow up activity in regard to the South Australian Liquor Act review, including responding to review recommendations.
Child Health

Convenor: Colin MacDougall

The membership for the Child Health SIG has continued to grow in 2016-17 despite a quite year with no policies needing updating.

The objectives of the Child Health Special Interest Group are to:

- Provide a focal point for discussion of and action on child health issues;
- Provide a formal vehicle for networking, advocacy and collaboration in public health nutrition;
- Promote development of a framework for education and professional development of public health workers interested in child health, and;
- Ensure that child health is represented in the affairs of the Public Health Association of Australia

Complementary Medicine – Evidence, Research & Policy

Convenor: Jon Adams

Committee: David Sibbritt, Alex Broom, Jon Wardle, Amie Steel

The PHAA SIG in 'Evidence, research and policy in Complementary Medicine' has grown in membership over the last 12 months. In October 2016 the SIG organised and hosted International Public Presentations from Assoc Professor Holger Cramer, University of Essen, Germany and Dr Tobias Sundberg, Karolinska Institute, Sweden outlining issues in the critical public health of complementary medicine in their respective countries. In November 2016 the SIG also organized and hosted a public lecture by Professor Rob Saper, Director of Integrative Medicine Program at the Boston Medical Centre, Boston University and US National Chair of the Academic Consortium for Integrative Medicine and Health. Rob outlined work in the US examining the use of complementary and integrative medicine amongst low income priority populations. In May 2017 Distinguished Prof Jon Adams (SIG National Convenor) and Dr Jon Wardle (SIG member) represented the SIG as invited speakers at the PAHO Symposium in Traditional and Complementary Medicine held in Managua, Nicaragua and hosted by the Nicaraguan Ministry of Health. Through this event the SIG is now developing research collaborations with Public health colleagues in Chile, Brazil, Columbia, Peru and Nicaragua. Finally, the SIG was well represented at the World Congress of Public Health held in Melbourne earlier in 2017 with a number of papers presented by SIG members on the critical public health of Complementary medicine.

Ecology & Environment

Convenor: Peter Tait

I would like to thank the committee: Michael Bentley, Tim Cummins, Michael Fonda, Liz Hanna, Melissa Haswell, Adrian Heard, Joe Hlubucek, Roseanne Peel, Rosalie Schultz, Glenda Verrinder, Jo Walker and Andrew Waters for the support and efforts they have made during the year. A thank you also to the other SIG members who have responded to calls for help particularly around policy revision. Finally thanks to the Branch Presidents, other SIG Conveners, National Office policy and communications staff and our CEO for support and assistance on many issues.

EESIG has continued to be active on many fronts particularly:

- Defending a Safe Climate by publicising the harms from fossil fuel use and promoting the benefits of a well-planned, comprehensive transition to renewable energy. We continued close collaboration with the Climate and Health Alliance (CAHA) on the development of the National Strategy for Climate Health and Wellbeing. With the Environmental Health Group of the WFPHA
and CAHA we developed and ran the Climate Change & Health Policy Assessment Project. PHAA has continued to support the Divestment Campaign.

- With MAPW we were actively involved in the Citizens’ Jury process and parliamentary inquiry into the nuclear waste facility in South Australia.
- Active input to the National Industrial Chemicals Notification and Assessment Scheme, Strategic Consultative Committee and the chemical regulation review.
- Ran a successful World Leadership Dialogue on Eco-determinants of health and the SDGs at the 2017 WFPHA World Congress.

This entailed close collaborations with several PHAA branches and other SIGS, and many external organisations.

The SIG continued to represent PHAA on several external committees:

- Joe Hlubucek: the National Industrial Chemicals Notification and Assessment Scheme, Strategic Consultative Committee
- Michael Fonda: the Australian Nuclear Free Alliance, Rare Earth’s working group
- Anna Bethmont: Protect Sydney Water Campaign
- Rosalie Schultz: Media advisor re climate change health issues for Climate Council in NT

The full EESIG activity report is on the EESIG webpage.

The role of political ecology is to reveal the political and economic power relationships that shape human interaction with the natural world and to present and advocate for a socio-economic model that places the good functioning and wellbeing of the environment as a top priority for human health.

**Food & Nutrition**

**Co-Convenors:** Helen Vidgen and Amanda Lee

FANSIG has had a very busy twelve months. We have increased membership engagement and our committee, and membership more broadly, have contributed actively to planned and emergent work. Our key priority for public health nutrition in Australia remains the development, funding, implementation and monitoring of a comprehensive National Nutrition Policy. This would ensure efforts are evidence based, strategic and co-ordinated. Our proactive and reactive work over the past year has been across a range of complementary areas.

We revised the following policies:

- Joint Policy Statement: Towards a National Nutrition Policy for Australia with partners PHAA, DAA, Heart Foundation, Nutrition Australia (led by Helen Vidgen)
- Joint Food Security for Aboriginal and Torres Strait Islander Peoples Policy with partners PHAA, DAA, Red Cross, Indigenous Allied Health, Victorian Aboriginal Community Controlled Health Organisations and Heart Foundation. (led by Holley Jones)
- Health Claims Policy (led by Wendy Watson and Tara Boelsen-Robinson)
- Healthy Weight Policy (led by Patricia Carter, Kathryn Backholer)

We reviewed and extended the following position statement for revision by July 2018:

- Palm oil (led by Julie Woods)

We developed the following position statements:

- Health Levy on Sugar Sweetened Beverage (led by Kathryn Backholer, Deanne Wooden, Alexandra Jones, Yosefine Deans)
• Health Star Rating System (led by Mark Lawrence, Julie Woods, Alexandra Jones, Amanda Lee, Christine Pollard)

We contributed to the following submissions:

• Food Standards Australia New Zealand (FSANZ) A1134 – Increased Concentration of Plant Sterols in Breakfast Cereals (led by Julie Woods, Holley Jones)
• Draft guidance to food regulators in conducting their compliance, monitoring and enforcement activities (led by Julie Woods, Beth Meertens and Holley Jones)
• Draft implementation plan for the National Diabetes Strategy 2016-2020 (led by Amanda Lee, Holley Jones)
• My Life, My Lead: Implementation Plan Advisory Group (IPAG) Consultation 2017 on the social and cultural determinants of Aboriginal and Torres Strait Islander Health
  (led by Amanda Lee, Holley Jones, Jennifer Browne and Yosefine Deans)
• Food and Drink Standards for NSW Facilities (led by Amanda Lee, Rosemary Stanton, Mark Lawrence, Christina Pollard)
• Health Star Rating System 5 year review (led by Alexandra Jones, Amanda Lee, Christina Pollard and informed by the Position Statement)
• Health Star Rating System “as prepared” review (led by Alexandra Jones, Amanda Lee, Christina Pollard)

We collaborated with other SIGs and organisation to proactively write to the Commonwealth regarding

• Kids Smart Vita Gummies
• Australian Standards for Infant Feeding Bottles
• AIHW Burden of Disease representation of the contribution of diet, resulting in a correction being issued.

We developed a mechanism to co-ordinate the participation of individuals who are FANSIG members on the Healthy Food Partnership.

We were proactive and reactive in our media presence. Of particular note are:

• Joint release for Dental Health Week
• Official supporter of the “Rethink Sugary Drinks” Campaign
• In Touch Article on “Closing the gap needs urgent action to overcome food insecurity” by Holley Jones

Several FANSIG members presented at the World Public Health Congress in Melbourne in April. Thanks to Beth Meertens for co-ordinating a networking event for members at the conference.

**Health Promotion**

**Convenor:** Carmel Williams

The Health Promotion Special Interest Group elected a new Committee in March 2017 and the SIG is pleased to welcome Anne-Maree Parrish, Adam Zimmerman and Aziz Rahman to the committee. An important action for the committee is to survey members, to hear their views on how the Health Promotion SIG can better support them. The survey will be circulated to the membership in the near future.

The Health Promotion SIG continues to attract many students and early career professionals and so the work program over the past year focussed on supporting the development needs of early career
practitioners. The program has included a range of activities such as: supporting mentoring programs, early career night consultations and providing lectures and advice to undergraduate health promotion courses.

The Health Promotion SIG Committee has reviewed and updated three PHAA policies, including the Physical Activity Policy, Illicit Drug Policy and the Pharmaceutical Drug Misuse Policy.

**Immunisation**

**Co-Convenors:** Angela Newbound and Michelle Wills

No Jab No Pay Legislation introduced on 1st January 2016 is aimed at encouraging parents to immunise their children. The June 2017 (AIR) quarterly report indicates improvement in coverage for the 12–<15 month and 60–<63-month-old children but a slight decrease in coverage for children aged 24–<27 months. A total of 6.24% of children aged 12–<15 months, 9.14% of children aged 24–<27 months and 6.45% of children aged 60–<63 months remain overdue for immunisation.

As previously reported, there are many reasons for children to be under immunised. Parents experiencing social, geographical, physical and psychological disadvantage and limited access to services are most likely to have children ‘overdue for immunisation’. Vaccine refusing and vaccine hesitant parents also have unvaccinated or under vaccinated children for a variety of reasons and often find it difficult to locate reliable information. Until policy makers consider strategies to assist parents to overcome barriers, children will remain under vaccinated and at risk of vaccine preventable disease.

The PHAA congratulate both public and private providers who have found ways to cope with the significant increase in clinical workload and eagerly awaits the Commonwealth Department of Health immunisation campaign due for release in August 2017.

The introduction of Zostavax vaccine on the National Immunisation Program on 1st November 2016 was tremendously successful with more than anticipated individuals aged 70–79 presenting for free vaccine. Demand outstripped vaccine supply so providers could only access limited doses of vaccine for approximately 3 months.

The Australian Immunisation Register (AIR) became a ‘whole of life’ register on 1st October 2016 so providers are encouraged to ensure adult vaccines, especially significant vaccines such as Zostavax and pneumococcal vaccines, are reported to the AIR. Although there are no incentive payments or legislative requirements to submit adult immunisation data to the AIR, it is considered ‘best practice’ and in the client’s best interest to have data available for other providers and the client to view. This crucial data allows policy makers and program developers to measure the success of immunisation programs and better target at risk individuals.

Although the number of cases of invasive meningococcal disease (IMD) and overall risk remains low; however, since 2013, serogroup W (MenW) has emerged as a significant cause of IMD. In response to this, many states in Australia have recently commenced funded Meningococcal A,C,W135,Y vaccine programs delivered to targeted high school students. These programs and notification rates will be closely monitored and the PHAA Immunisation SIG will continue to follow this information with interest.

The PHAA Immunisation SIG will continue to monitor the political environments and challenge proposed policy changes if they will adversely affect the ongoing success of the immunisation program.
Injury Prevention

Co-Convenors: Richard Franklin and Lyndal Bugeja

The Injury Prevention SIG continued to advocate for greater recognition of injury prevention at the National and State & Territory levels, as Australia remains without a national policy framework. Members contributed to the Injury Prevention SIG via meetings where we discuss issues which need to be addressed, PHAA policies, and events.

The major event during 2016-2017 was an Injury Prevention Satellite Meeting held at the Victoria Coronial Services Centre to coincide with the World Congress on Public Health held in Melbourne on 3-7 April 2017. This event, held in conjunction with Australian Injury Prevention Network (AIPN) was on the role of coronial recommendations in injury prevention. Coroner Jacqui Hawkins spoke on the factors considered when making a recommendations on public health and safety, focusing on the example of safe injecting facilities that she had recently recommended to government. Associate Professor David Ranson spoke on the historical and legal advances in the powers of coroners to make recommendations and Professor Joan Ozanne-Smith AO spoke on the impact of coroners’ recommendations on injury prevention. Twenty-four injury prevention practitioners attended the event.

This event highlighted the challenges faced in preventing injuries and the important role coroners have of bringing to our attention injury prevention issues and exploring possible solutions. The Victorian system has play a significant role in shaping our understanding of the role of coroners around prevention and the workshop demonstrated how injury prevention specialist can contribute to the coronial process and how coroners can help us understand injury issues.

Also as part of the World Congress, Richard Franklin had an article about preventing injuries which went to all participants at the congress. This article highlighted the future challenges for injury prevention and the gains that have been made.

The focus of the Injury Prevention SIG remains on working with members, the AIPN and the broader injury prevention and public health workforce to strengthen the profile of injury at a national level. In the absence of a policy framework we will also collaborate with other areas public health to maximise opportunities to reduce the risk of injury at the population level.

International Health

Convenor: Jaya Dantas

Co-Convenors: Brahmar Marjadi

The International Health Special Interest Group (IH SIG) has been involved in a number of advocacy, conference and support activities since July 2016, summarized below.

Annual General Meeting & National SIG meetings

- The IH SIG held its Annual General Meeting on 14th February 2017 via Zoom.
- Professor Jaya Dantas, the SIG Convenor, attended the face to face meeting of the PHAA Board and other SIG Convenors at the PHAA conference in in Alice Springs in September 2016.
- The Convenor and/or Co-convenor have attended the SIG conveners’ meetings via teleconference during the year.
- Conference and Congress session contributions
- Several IH SIG members peer-reviewed the abstract submissions to the 2017 World Congress of Public Health.
Several IH SIG members including the Convenor and Co-Convenor presented at the 2017 World Congress of Public Health. The Convenor Professor Jaya Dantas presented on a panel on a Gender Lens in Public Health, and the Co-Convenor Dr Brahm Marjadi compared public health teaching in undergraduate medicine programs in Australia and Indonesia.

Sponsorship & Scholarships


Policy update

The following policies have been updated:

- The maternal mortality, and sustainable development goals policy;
- The landmines and unexploded devices policy;
- The biological and toxin weapons and smallpox policy

Advocacy

The IH has supported and endorsed the following advocacy activities during the year:

- Continuing to advocate with Academic for Refugees on closing down offshore detention centres and a more humane treatment of Asylum seekers.
- Contributed to national submissions on:
  - The Optional Protocol to the Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT) in Australia;
  - Status of the human right to freedom of religion or belief;
  - Strengthening multiculturalism in Australia;
  - Climate Change and security

Other Activities

- The IH SIG will continue to contribute three to four articles to In-Touch per year.
- The PHAA Facebook page and twitter for the International Health SIG went live in November 2015 and we continue to contribute to social media as the opportunity arises.
- Prof Dantas Represented Australia as a delegate of Graduate Women International at the Commission on the Status of Women at the United Nations (UN) and participated in Consultation Days. She also represented the Public Health Association of Australia, the Australian Federation of Graduate Women and Curtin University in March 2015, 2016 and 2017.
- Prof Dantas presented sessions on Migrant Women, and Gender at the Churches Centre of the UN and attended events hosted by the Australian Ambassador to the UN, the Australian Minister for Women and other global events on Women’s work and empowerment.
- IH SIG will commence an international internship program with an intern commencing in April-May 2018.

Justice Health

Co-Convenors: Stuart Kinner & Tony Butler

The Justice Health SIG’s aim is working within a human rights framework, to improve the health of those who come into contact with the criminal justice system through the promotion of high quality, ethical research; effective advocacy and meaningful translation of evidence into policy and practise.

Membership for the Justice Health SIG has continued to grow. Members have had some input into submissions and are working on a review of the Prisoner Health Policy for 2017-18.
Mental Health

Co-Convenors: Mike Smith & Samantha Battams

Committee: Fiona Robards, Hannah Bennett, Sally Morris and Alison Barrett.

The Mental Health SIG would like to acknowledge and thank Kristy Sanderson who stepped down as co-convener and Fiona Cocker and Melissa Raven for the work and contribution as members of the committee.

PHAA Submissions

- South Australian Mental Health Strategic Report
- Speak up! Renewing the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019
- OPCAT - Optional Protocol to the Convention against Torture – Australian Human Rights Commission
- The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

Policy

- Review of the Work and Mental Health Policy and Insurance and Mental Health Policy
- Development is currently underway for a Suicide Prevention policy and will involve input from all the Special interest Groups within the PHAA as well as Suicide Prevention Australia.

Advocacy

- Continue to advocate for improved access to mental health care for refugees and asylum seekers in offshore detention
- Work with other SIGs and the issue of violence against women.

The Mental Health Special Interest Group will

- Continue to build the profile of the Mental Health SIG within the PHAA and the PHAA policy staff.
- Build membership and improve membership participation
- Advocate for the improvement of mental health outcomes in Australia

One Health

Co-Convenors: Van Joe Ibay and Simon Reid

Committee: Stephanie Fletcher, Andrea Britton, Sandra Steele, Mike Nunn and Robyn Alders

The One Health movement has had a focus on infectious diseases and particularly on emerging and re-emerging infectious diseases. About 75% of emerging infectious diseases arise in animals, including wildlife. Understanding and responding to these diseases requires contributions from the medical profession, from animal health experts, from wildlife specialists and ecologists, and from environmentalists, economists and social scientists. The One Health approach is also applicable to non-infectious diseases and in addressing broader issues such as food safety and food security. Using a One Health approach is relevant to research, to operational activities (such as prevention, preparedness and response), and to policy development.

A meeting for the SIG was held in December 2016 at the One Health Eco Health Conference in Melbourne and was well attended. This year, the SIG has been working on a new position statement on antimicrobial resistance and stewardship and revision of the one health policy.
Oral Health

Convenor: Bruce Simmons

Oral health continues to be an area of major inequity in Australia. Private practice fee for dentistry remains the dominant service model making access to continuing comprehensive oral health care often difficult or unachievable for a high proportion of Australians, including the 4 Priority Population groups, targeted in the National Oral Health Plan 2015-2024 (People who are socially disadvantaged or on low incomes, Aboriginal and Torres Strait Islander People, People living in regional and remote areas, People with additional and/or specialised health care needs).

The OHSIG has actively networked with the PHAA National Office and the National Oral Health Alliance to both initiate and opportunistically advocate for improved public oral health service funding, for greater integration of oral health within primary health care, for national oral health promotion, and for universal person and family centred and preventively oriented oral health (dental) care.

Our expanded OHSIG Committee has sought to support and grow our membership and maintain interest and relevance through a range of state, national and global activities incorporated in our 2017 Work Plan. Our committee members are: Bruce Simmons (NT) Convenor, John Rogers (Vic) Secretary, Shalika Hegde (Vic) Newsletter Editor; Reps: QLD – Leonie Short, Tammy Allen; ACT- Russell McGowan, Claire Long; NSW – Claire Phelan, David Walker, Clive Wright; VIC – Natalie Savin, Jamie Robertson; TAS – Jenny McKibben, Silvana Bettiol; SA – Kostas Kapellas, Adyya Gupta; WA – Linda Slack-Smith, Hope Alexander; Student Rep-Bushra Khan.

The OHSIG Committee contributed to successful national advocacy that ensured the continuation of federal funding for the Child Dental Health Schedule and National Partnership Agreements with the states and territories for public adult dental services. Other advocacy has addressed Government policy on Sugar Sweetened Beverages, Fluoridation in Queensland, the NHMRC Fluoridation Public Statement 2017 and the Productivity Commission Inquiry into Competition and Choice in Human Services Draft Report.

The OHSIG Committee has also updated and redrafted the PHAA Oral Health Policy.

Victorian members have been active, meeting regularly and establishing a journal club. In April they organised a dinner in conjunction with the World Congress on Public Health with Bruce Simmons, celebrating 10 years as the OHSIG Convenor as guest speaker. NSW members are interested in forming a similarly active local branch.

David Walker and Bruce Simmons continued their active membership on the international Oral Health Working Group (OHWG) of the World Federation of Public Health Associations (WFPHA). Bruce was an invited speaker to a World Dialogue Presentation “Universal dental care provision - Will it really improve oral health?” at the World Congress on Public Health. He advocated for a shared commitment between public health professionals and primary health care practitioners in a talk entitled ‘Universal Person-centred Oral Health Care – a system-wide prerequisite for the United Nations Sustainable Development Goal 3. “Ensure healthy lives and promote wellbeing for all at all ages”

As ever, warm thanks go to all our members for their contributions to advocacy, research and the promotion of public oral health across Australia and beyond.

OHSIG Membership: As at August 14th 2017, there were 62 members.

Political Economy of Health

Co-Convenors: David Legge and Deborah Gleeson


The focus of the workshop in Alice Springs was ‘The political economy of food systems: from the global to the local’. This took the form of a journal club with some key papers on the political economy of food systems. These included references dealing with:

- Globalisation, trade and food,
- Hunger and under-nutrition,
- Privatisation and marketisation of farm support functions,
- Stockfeed, biofuels and land grabbing: the corporate restructuring of food systems, and
- Diet related NCDs.

The title of the SIG workshop held before the WFPHA was ‘Public health in the shadow of Trump: What is to be done?’ This was organised as a round table discussion centred on the following propositions and questions:

- Humanity faces: global warming, widening inequality, violence and conflict, mass population flows, loss of biodiversity;
- Driven by: neoliberal hegemony and economic globalisation;
- The rising response: xenophobia, sectarianism, adversarial politics, simplistic slogans, rejection of science, foxes in the hen house, and a culture of violence;
- What scope for: solidarity and listening across difference, a convergence of the 99% for a better world, meaningful dialogue and real democracy, decent sustainable living conditions?
- This is the context of public health today. What is to be done?

The idea of a ‘political economy of health’ is not self-evident for all. Basically it refers to the way power and money shape population health and health care and how public health practitioners are engaging with the structures of power and the dynamics of money in their work.

All PHAA members are most welcome to attend PEH workshops and participate in our email discussions.

Thanks to the continuing energies of the PEH Committee.

Primary Health Care

Co-Convenors: Jacqui Allen and Gwyn Jolley

During the Financial Year 2016-2017, the main activities of the Primary Health Care SIG were:

- Three committee meetings completed for 2017
- AGM is planned for later in 2017
- Newsletter sent to all PHC SIG members in July
- Second newsletter planned for later in 2017
- PHC SIG continues to be a member of the National Alliance for Gambling Reform with regular updates re advocacy activity sent to members
- Contributed to PHAA Submission re consultation on draft implementation plan for National Diabetes Strategy 2016-2020
- Contributed to PHAA submission on National Consumer Protection Framework for Online Wagering
- Supported La Trobe Master of Public Health student to complete report re gambling and health for the PHC SIG

Policy activities
- Policy revisions completed and submitted to PHAA National Office for
  - PHAA Primary Health Care Policy
  - PHAA Gambling and Health Policy

Women's Health

Co-Convenors: Angela Dawson and Tinashe Dune

Committee: Louise Johnson (Vic), Mischa Barr (Vic), Angela Taft (Vic), Jenny Ejlak (Vic), Melissa Graham (Vic), Kerry Hampton (Vic), Bronwyn Silver (NT), Abbey Hamilton (NT), Mary Stewart (NSW), Sabrina Pit (NSW), Caroline Harvey (Qld), Danette Langbecker (Qld), Abbey-Rose Diaz (Qld), Ellie Gresham (Qld), Penelope Strauss (WA), Melissa Hobbs (ACT), Catherine Mackenzie (SA), Brigid Coombe (SA)

The WHSIG has been extremely active in its advocacy role. This has included development and revision of PHAA policies and position statements, submissions to federal and state governments and ongoing stakeholder engagement and advocacy across different sectors and the community. Examples of work undertaken are detailed below.

National advocacy and networking:

The PHAA has been invited to become a partner of the ASHA the Australasian Sexual Health Alliance a multidisciplinary support network for the sexual health workforce. The WHSIG is contributing to the planning of the ASHA conference in November particularly through two symposia on abortion and adolescent reproductive health.

Submissions/letters to government:

- PHAA submission to the Senate Standing Committees on Community Affairs References Committee for inquiry and report: The number of women in Australia who have had transvaginal mesh implants and related matters.
- PHAA submission to the TGA to support amending the Schedule 3 entry for EllaOne® by including ‘ulipristal for emergency post-coital contraception’ in Appendix H to enable advertising of this product.
- PHAA submission to support of the LARC consensus statement Goal: To reduce unintended pregnancy for Australian women through increased access to long-acting reversible contraceptive (LARC) methods
- PHAA submission to the National Framework for Maternity Services

Abortion law reform activities:

- The PHAA send open letters to all MPs in QLD, NT and to NSW Members of New South Wales Parliament about the need to decriminalize abortion
- Letter sent to then Minister for Health Hon. Greg Hunt re. the need to introduce a Medicare Item Number for Early Medical Abortion

National Reproductive Health Strategy:

The WHSIG has begun work to advocate for a national policy with the ALP
International activities

PHAA have provided support for the Global Roadmap for Improving Data, Monitoring and Accountability for Family Planning and Sexual and Reproductive Health in Crises statement

Policies reviewed 2017:

- Contraception Policy
- Abortion
- Lesbian and Bisexual Women’s Health policy
- Position statements in development
- Long Lasting Reversible Contraception
- Emergency Contraception
- Female Genital Mutilation
- Work Life Balance policy
- Cervical screening

The WHSIG also contributed to the IH SIG’s Maternal Mortality, Social Determinants and Sustainable Development Goals Policy and undertook a review of all SIG policies to examine policy attention to gender equity.

WHSIG Membership

The SIG has updated its list of members’ expertise and opportunities.
PHAA Financial Statements

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 894 473

STATEMENT BY THE BOARD

Your Board members submit the financial report of the Public Health Association of Australia Incorporated for the financial year ended 30 June 2017.

Board Members
The names of Board members throughout the financial year and at the date of this report are:

Mr David Templeman (President from 20 September 2016)
Associate Professor Richard Franklin (Vice President – Finance from 9 September 2015)
Dr Christina Pollard (Vice President – Policy from 20 September 2016)
Professor Heather Yeatman (Vice President – Development from 20 September 2016)
Adjunct Associate Professor Carmen Parer (Vice President – Aboriginal & Torres Strait Islander from 9 September 2015) (on leave from 20 September 2016)
Ms Summer May Finlay (Vice President – Aboriginal & Torres Strait Islander (acting) from 20 September 2016)
Ms Gillian Mangan (Branch Presidents Representative from 10 March 2015)
Dr Paul Gardiner (Branch Presidents Representative from 6 September 2015)
Dr Peter Tait (SIG Convenors’ Representative from 22 October 2014)
Ms Yvonne Luxford (SIG Convenors’ Representative from 6 September 2015)

Principal Activities
The principal activity of the Association during the financial year was the provision of information relating to public health issues to members and advocacy on public health issues.

Significant Changes
No significant change in nature of these activities occurred during the year.

Operating Result
The deficit from ordinary activities amounted to $244,732 (2018: $356,341 surplus).

After Balance Date Events
No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the result of those operations, or the state of affairs of the Association in future financial years.

Declaration by the Board
In the opinion of the Board, the accompanying annual financial report is drawn up so as to give a true and fair view of the performance and cash flows of the Association for the year ended 30 June 2017 and the financial position of the Association as at that date. The accompanying annual financial report of the Association is set out in accordance with applicable Accounting Standards and the provisions of the Associations Incorporation Act of the Australian Capital Territory and the Australian Charities and Not for Profits Commission Act 2012.

In the opinion of the Board, the Association will be able to pay its debts as and when they fall due.

Signed in accordance with a resolution of the Board:

[Signatures]

Mr David Templeman - President
Associate Professor Richard Franklin – Vice President Finance

Dated: 20 September 2017
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED


Opinion

We have audited the financial report of Public Health Association of Australia Incorporated (the Association), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the financial report gives a true and fair view of the financial position of Public Health Association of Australia Incorporated as at 30 June 2017 and of its financial performance and its cash flows for the period then ended in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, the Associations Incorporation Act 1991 of the Australian Capital Territory and the Australian Charities and Not for Profits Commission Act 2012.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the “Code”) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Board of Directors’ Responsibility for the Financial Report

The Board of the Association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, the provisions of the Associations Incorporation Act 1991 of the Australian Capital Territory, the Australian Charities and Not for Profits Commission Act 2012 and the constitution of the Association and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board are responsible for assessing the ability of the Association to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Association or to cease operations, or has no realistic alternative but to do so.
Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at The Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Ian Hollow
Director
Synergy Group Audit Pty Limited

Signed at Canberra on the 20th day of September 2017
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED  
ABN: 41 062 894 473

STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**CURRENT ASSETS**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>535,857</td>
</tr>
<tr>
<td>Receivables</td>
<td>5</td>
<td>79,864</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>153,441</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>769,162</td>
<td>1,118,250</td>
</tr>
</tbody>
</table>

**NON CURRENT ASSETS**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>625,587</td>
</tr>
<tr>
<td>Intangibles</td>
<td>8</td>
<td>6,667</td>
</tr>
<tr>
<td><strong>TOTAL NON CURRENT ASSETS</strong></td>
<td>632,234</td>
<td>653,714</td>
</tr>
</tbody>
</table>

**TOTAL ASSETS**

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**CURRENT LIABILITIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>9</td>
<td>215,823</td>
</tr>
<tr>
<td>Unearned income</td>
<td>10</td>
<td>251,680</td>
</tr>
<tr>
<td>Provisions for employee benefits</td>
<td>11</td>
<td>103,894</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>571,397</td>
<td>695,051</td>
</tr>
</tbody>
</table>

**NON CURRENT LIABILITIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions for employee benefits</td>
<td>11</td>
<td>2,716</td>
</tr>
<tr>
<td><strong>TOTAL NON CURRENT LIABILITIES</strong></td>
<td>2,716</td>
<td>2,898</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES**

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**NET ASSETS**

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**EQUITY**

<table>
<thead>
<tr>
<th>Description</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained surplus</td>
<td>283,883</td>
<td>530,832</td>
</tr>
<tr>
<td>Reserves</td>
<td>543,400</td>
<td>541,183</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>827,283</td>
<td>1,072,015</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue from ordinary activities</td>
<td>2,176,313</td>
<td>2,488,750</td>
</tr>
<tr>
<td>Conference expenses</td>
<td>(645,064)</td>
<td>(627,622)</td>
</tr>
<tr>
<td>Publications</td>
<td>(174,827)</td>
<td>(203,040)</td>
</tr>
<tr>
<td>Administrative employee costs</td>
<td>(608,435)</td>
<td>(953,464)</td>
</tr>
<tr>
<td>Other administrative costs</td>
<td>(292,404)</td>
<td>(258,236)</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>(28,955)</td>
<td>(37,594)</td>
</tr>
<tr>
<td>Branch expenses</td>
<td>(37,081)</td>
<td>(43,829)</td>
</tr>
<tr>
<td>Special interest group expenses</td>
<td>(12,541)</td>
<td>(9,647)</td>
</tr>
<tr>
<td>Bad debts expense</td>
<td>(8,748)</td>
<td>1,023</td>
</tr>
<tr>
<td>Net surplus / (deficit) from ordinary operations</td>
<td>(244,732)</td>
<td>356,341</td>
</tr>
</tbody>
</table>

Other comprehensive income

<table>
<thead>
<tr>
<th>Items that will not be reclassified subsequently to profit or loss:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gains on revaluation of land and buildings</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
</tr>
</tbody>
</table>

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017

<table>
<thead>
<tr>
<th>Gordon Oration Biennial Awards Reserve</th>
<th>Mackay and Cliento Biennial Awards Endowment Reserve</th>
<th>Asset Revaluation Reserve</th>
<th>Retained Surplus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2015</td>
<td>24,043</td>
<td>59,137</td>
<td>455,582</td>
<td>170,912</td>
</tr>
<tr>
<td>Surplus attributable to members</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>356,341</td>
</tr>
<tr>
<td>Movements in reserves</td>
<td>709</td>
<td>1,712</td>
<td>-</td>
<td>(2,421)</td>
</tr>
<tr>
<td>Balance at 30 June 2016</td>
<td>24,752</td>
<td>60,849</td>
<td>455,582</td>
<td>530,832</td>
</tr>
<tr>
<td>Balance at 1 July 2016</td>
<td>24,752</td>
<td>60,849</td>
<td>455,582</td>
<td>530,832</td>
</tr>
<tr>
<td>Surplus / (deficit) attributable to members</td>
<td>-</td>
<td>-</td>
<td>(244,732)</td>
<td>(244,732)</td>
</tr>
<tr>
<td>Movements in reserves</td>
<td>649</td>
<td>1,588</td>
<td>-</td>
<td>(2,217)</td>
</tr>
<tr>
<td>Balance at 30 June 2017</td>
<td>25,401</td>
<td>62,417</td>
<td>455,582</td>
<td>283,883</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 854 473

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017

<table>
<thead>
<tr>
<th>Note</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CASH FLOW FROM OPERATING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from members, sponsors and others</td>
<td>1,814,100</td>
<td>2,917,102</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,093,059)</td>
<td>(2,493,228)</td>
</tr>
<tr>
<td>Interest received</td>
<td>7,476</td>
<td>7,207</td>
</tr>
<tr>
<td>Net cash generated / (used)</td>
<td>(272,383)</td>
<td>431,081</td>
</tr>
</tbody>
</table>

CASH FLOW FROM INVESTING ACTIVITIES

| Payments for property, plant and equipment | (7,475) | - |
| Net cash used | (7,475) | - |

Net movement in cash and cash equivalents

| (279,858) | 431,081 |

Cash and cash equivalents at beginning of year

| 815,715 | 384,634 |

Cash and cash equivalents at end of year

| 535,857 | 815,715 |

The accompanying notes form part of these financial statements.
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 894 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 1: Summary of significant accounting policies

Basis of Preparation

Public Health Association of Australia Incorporated ("the Association") applies Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the Associations Incorporation Act 1991 of the Australian Capital Territory and the Australian Charities and Not for Profit Commissions Act 2012. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial report of the Association was authorised for issue on the date of signing of the attached Statement by the Board.

Accounting Policies

(a) Income Tax

The Association is exempt from income tax under section 50 of the Income Tax Assessment Act 1997.

(b) Cash and cash equivalents

Cash and cash equivalents include cash on hand and deposits held at call with banks or financial institutions.

For the purposes of the statement of cash flows, cash includes cash on hand, cash at bank and bank bills maturing within one year.

(c) Financial Instruments

Recognition
Financial instruments are initially measured at fair value, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortised cost using the effective interest rate method.
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 1: Summary of significant accounting policies (continued)

Held-to-maturity investments
These investments have fixed maturities, and it is the Association’s intention to hold these investments to maturity. Any held-to-maturity investments held by the Association are stated at amortised cost using the effective interest rate method.

Financial liabilities
Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

(d) Property, plant and equipment

Property
Leasehold land and buildings are measured on the fair value basis, being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm’s length transaction. It is the policy of the Association to have an independent valuation every three years, with annual appraisals being made by the Board. Fair value increments are recognised by restating the gross carrying amount so that the net carrying amount of the asset after revaluation equals its revalued amount.

An independent valuation was performed by CB Richard Ellis on 13 April 2015. The increase in fair value has been recorded by the Association as at 30 June 2015.

Plant and Equipment
Each class of plant and equipment is carried at cost less, where applicable any accumulated depreciation. Plant and equipment are measured on the cost basis. All other non-current assets are carried at cost.

The carrying amount of property, plant and equipment is reviewed annually by management to ensure it is not in excess of the remaining service potential of these assets.

Depreciation
The depreciation rates used for each class of depreciable assets are:

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Depreciation rates</th>
<th>Depreciation basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings at fair value</td>
<td>3.75%</td>
<td>Diminishing Value</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>15% - 50%</td>
<td>Diminishing Value</td>
</tr>
</tbody>
</table>

(e) Intangible Assets

Expenditure on initial scoping and planning is recognised as an expense in the period in which it is incurred.

An intangible asset arising from development is recognised if, and only if, all of the following are demonstrated:
- the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- the intention to complete the intangible asset and use or sell it;
- the ability to use or sell the intangible asset;
- how the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Intangible assets are stated at cost less accumulated amortisation and impairment, and are amortised on a diminishing value basis over their useful lives as follows:
- Purchased computer software – 3-4 years
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 1: Summary of significant accounting policies (continued)

(f) Leases

Leases of fixed assets where substantially all of the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Association, are classified as finance leases. Finance leases are capitalised recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(g) Employee Benefits

Short-term employee benefits

Provision is made for the Association’s obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Association’s obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as a part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

The Association classifies employees’ long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Association’s obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligations is recognised in profit or loss classified under employee benefits expense.

The Association’s obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Association does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the Association receive defined contribution superannuation entitlements, for which the Association pays the fixed superannuation guarantee contribution (currently 9.5% of the employee’s average ordinary salary) to the employee’s superannuation fund of choice. All contributions in respect of employee’s defined contributions entitlements are recognised as an expense when they become payable. The Association’s obligation with respect to employees’ defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Association’s statement of financial position.
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED  
ABN: 41 062 894 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 1: Summary of significant accounting policies (continued)

(h) Revenue recognition

Membership fees
Revenue from membership fees are recognised progressively over the period to which the membership relates. Membership fees are levied on a rolling basis. The portion of membership fees received that relates to the following financial year is brought to account at balance date as income in advance, (other current liability).  

Government grants
Government grants are recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the grant. Government grants received or invoiced prior to the balance date but unexpended as at that date are recognised as grant income in advance (liabilities, unearned revenue).

Conference, function and workshop income
Revenue and expenses in respect of events are recognised when the event has been held. Prior to the event being held, event receipts and payments are recognised as unearned revenue and prepayments respectively.

Bequests, donations and royalties
Bequests, donations and royalties are recognised as revenue in the period of receipt.

Sponsorship revenue
Sponsorships are recognised as revenue on a proportional basis over the financial period to which it relates.

Interest revenue
Interest income is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other revenue
All other sources of income are recognised as income when the related goods or services have been provided and income earned.

(i) Comparative Figures
Where necessary, comparative figures have been adjusted to conform to changes in presentation in this financial report.

(j) Goods and Services Tax (GST)
All revenue and expenses are stated net of the amount of goods and services tax, except where in the amount of goods and services tax incurred is not recoverable from the Australian Taxation Office. In these circumstances the goods and services tax is recognised as part of the cost acquisition of the asset or as part of an item of the expense. Receivables and payables in balance sheet are shown inclusive of goods and services tax.

(k) Critical accounting estimates and judgments
The Board evaluates estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Association.

Key estimates - Impairment
The Association assesses impairment at each reporting date by evaluating conditions specific to the Association that may lead to impairment of assets. Should an impairment indicator exist, the determination of the recoverable amount of the asset may require incorporation of a number of key estimates. No impairment indicators were present at 30 June 2017 or 30 June 2016.
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 894 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 1: Summary of significant accounting policies (continued)

(l) Impairment

At each reporting date, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. As a not-for-profit entity, value in use for the Association according to AASB 138 Impairment of Assets, is depreciated replacement cost. Any excess of the asset's carrying value over its recoverable amount is written off as an expense in the statement of comprehensive income.

(m) Fair value of assets and liabilities

The Association measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

“Fair value” is the price the Association would receive to sell and asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As far value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liability that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximised the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant’s ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity’s own equity instruments (if any) may be values, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED  
ABN: 41 062 894 473  

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017  

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Note 2: Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIONAL OFFICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Membership subscriptions</td>
<td>317,838</td>
<td>311,174</td>
</tr>
<tr>
<td>- Conferences</td>
<td>716,922</td>
<td>1,117,839</td>
</tr>
<tr>
<td>- Intouch advertising</td>
<td>518</td>
<td>-</td>
</tr>
<tr>
<td>- Journals</td>
<td>77,768</td>
<td>25,729</td>
</tr>
<tr>
<td>- Funding from Government</td>
<td>375,000</td>
<td>319,576</td>
</tr>
<tr>
<td>- Other</td>
<td>234,305</td>
<td>659,620</td>
</tr>
<tr>
<td></td>
<td>1,722,351</td>
<td>2,433,938</td>
</tr>
<tr>
<td>BRANCHES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sponsorship</td>
<td>4,545</td>
<td>6,000</td>
</tr>
<tr>
<td>- Conferences</td>
<td>10,798</td>
<td>2,422</td>
</tr>
<tr>
<td>- Functions</td>
<td>2,560</td>
<td>16,308</td>
</tr>
<tr>
<td></td>
<td>17,933</td>
<td>24,730</td>
</tr>
<tr>
<td>SPECIAL INTEREST GROUPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Membership</td>
<td>15,060</td>
<td>22,087</td>
</tr>
<tr>
<td>- Workshops</td>
<td>493</td>
<td>743</td>
</tr>
<tr>
<td>- Other</td>
<td>-</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>15,553</td>
<td>22,875</td>
</tr>
<tr>
<td>Total operating revenue</td>
<td>1,755,837</td>
<td>2,481,543</td>
</tr>
<tr>
<td>Non-operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIONAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest</td>
<td>7,476</td>
<td>7,207</td>
</tr>
<tr>
<td>Total non-operating revenue</td>
<td>7,476</td>
<td>7,207</td>
</tr>
<tr>
<td>Total revenue</td>
<td>1,763,313</td>
<td>2,488,750</td>
</tr>
</tbody>
</table>
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 984 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note 3: Surplus / (deficit) from ordinary activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net surplus / (deficit) has been determined after:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation of non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Buildings</td>
<td>16,657</td>
<td>17,306</td>
</tr>
<tr>
<td>- Plant and equipment</td>
<td>5,630</td>
<td>6,953</td>
</tr>
<tr>
<td>- Intangibles</td>
<td>6,668</td>
<td>13,335</td>
</tr>
<tr>
<td></td>
<td>28,955</td>
<td>37,594</td>
</tr>
<tr>
<td>Employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Salaries and wages</td>
<td>83,163</td>
<td>87,370</td>
</tr>
<tr>
<td>- Defined contributions superannuation plan expense</td>
<td>70,742</td>
<td>79,714</td>
</tr>
<tr>
<td></td>
<td>908,435</td>
<td>953,464</td>
</tr>
<tr>
<td>Note 4: Cash and cash equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand and at bank</td>
<td>283,601</td>
<td>518,185</td>
</tr>
<tr>
<td>Deposits at call</td>
<td>252,256</td>
<td>297,530</td>
</tr>
<tr>
<td></td>
<td>535,857</td>
<td>815,715</td>
</tr>
<tr>
<td>Note 5: Receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade debtors</td>
<td>85,703</td>
<td>50,749</td>
</tr>
<tr>
<td>Less: Allowance for impairment of other receivables</td>
<td>(8,748)</td>
<td>-</td>
</tr>
<tr>
<td>Other debtors</td>
<td>79,955</td>
<td>42,001</td>
</tr>
<tr>
<td>(i) Allowance for impairment of other receivables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current trade debtors are generally on 30 day terms. These receivables are assessed for recoverability and an allowance for impairment is recognised when there is objective evidence that an individual trade debtor is not recoverable. These amounts have been included in other expense items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movement in the allowance for impairment of receivables is as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening balance</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Allowance charged as expense for the year</td>
<td>8,748</td>
<td>-</td>
</tr>
<tr>
<td>Amounts written off</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Closing balance</td>
<td>8,748</td>
<td>-</td>
</tr>
<tr>
<td>Note 6: Other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments - conference</td>
<td>138,003</td>
<td>213,230</td>
</tr>
<tr>
<td>Prepayments - other</td>
<td>17,438</td>
<td>15,665</td>
</tr>
<tr>
<td></td>
<td>153,441</td>
<td>228,904</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 7: Property, plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land at fair value</td>
<td>188,500</td>
<td>188,500</td>
</tr>
<tr>
<td>Buildings at fair value</td>
<td>461,500</td>
<td>461,500</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(33,964)</td>
<td>(17,305)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>427,536</strong></td>
<td><strong>444,194</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment at cost</td>
<td>131,060</td>
<td>123,585</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(121,529)</td>
<td>(115,900)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,531</strong></td>
<td><strong>7,685</strong></td>
</tr>
</tbody>
</table>

There were no indications of impairment of property, plant and equipment at year end.

(a) Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year.

<table>
<thead>
<tr>
<th></th>
<th>Buildings</th>
<th>Land</th>
<th>Plant &amp; equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at 1 July 2016</td>
<td>444,104</td>
<td>188,500</td>
<td>7,685</td>
<td>640,379</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>7,475</td>
<td>7,475</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(16,657)</td>
<td>-</td>
<td>(5,630)</td>
<td>(22,287)</td>
</tr>
<tr>
<td>Carrying amount at 30 June 2017</td>
<td>427,537</td>
<td>188,500</td>
<td>9,530</td>
<td>625,567</td>
</tr>
</tbody>
</table>

Note 8: Intangibles

Computer software at cost:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased - in use</td>
<td>30,350</td>
<td>30,350</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(23,683)</td>
<td>(17,015)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,667</strong></td>
<td><strong>13,335</strong></td>
</tr>
</tbody>
</table>

There were no indications of impairment of intangibles at year end.
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 894 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

Note 12: Key management personnel

(i) Board members of the Association during the financial year:
Mr David Templeman Adjunct Associate Professor Carmen Parter
Associate Professor Richard Franklin Ms Summer May Finlay
Dr Christina Pollard Ms Gillian Mangan Dr Peter Tait
Professor Heather Yeatman Dr Paul Gardiner Ms Yvonne Luxford

No Board members receive any remuneration from the Association or any related entities in connection with the management of the Association.

(ii) Compensation of Key Management Personnel

Key management received compensation in the form of short term benefits totalling $267,028 during the financial year (2016: short term benefits totalling $351,583).

Note 13: Financial Risk Management

The Association’s principal financial instruments comprise cash at bank, receivables and accounts payable. These financial instruments arise from the operations of the Association.

The carrying amount for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>4 535,857</td>
<td>815,715</td>
</tr>
<tr>
<td>Loans and receivables</td>
<td>5 79,864</td>
<td>71,631</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>615,721</td>
<td>887,346</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Liabilities</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial liabilities at amortised cost</td>
<td>9 215,823</td>
<td>216,057</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td>215,823</td>
<td>216,057</td>
</tr>
</tbody>
</table>

Refer to Note 14 for detailed disclosures regarding the fair value measurement of the Association’s financial assets and financial liabilities.
Note 14: Fair Value Measurements

The Association has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after their initial recognition. The Association does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

Recurring fair value measurements

Property, plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>188,500</td>
<td>188,500</td>
</tr>
<tr>
<td>Buildings</td>
<td>427,536</td>
<td>444,194</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>616,036</strong></td>
<td><strong>632,694</strong></td>
</tr>
</tbody>
</table>

(i) For land and buildings, the fair values are based on an independent valuation performed by CB Richard Ellis on 13 April 2015 and subsequent re-assessments by the Association.

Note 15: Subsequent Events

The financial report of the Association was authorised for issue on the date of signing of the attached statement by the Board.