PHAA welcomes its new CEO
Terry Slevin

The PHAA has been delighted to welcome its new CEO, Terry Slevin to the role in May, following the retirement of longtime CEO Michael Moore AM.

Terry has been an important part of the PHAA community for many years, being a Fellow of the Association and having previously served in the role of Vice President on the Board.

Many will already be familiar with Terry’s extensive work in public health through his previous long term role as Director of Education and Research at the Cancer Council of Western Australia. Terry first started at the Council in 1994 - making his move to PHAA all the more significant.

Just before commencing in the role, Terry attended PHAA’s highly successfully Public Health Prevention Conference 2018 in May. Here, the iconic moment occurred where Michael Moore AM gave his last opening address as PHAA CEO and Terry was introduced as its new leader.

In his first month as CEO Terry has energetically taken on his new leadership role, and is working to continue the PHAA’s work as a highly influential organisation advocating for the health of the Australian population.

In particular, Terry has continued driving the momentum for better preventive public health policy, which the PHAA Public Health Prevention Conference demonstrated to be Australia’s most pressing public health focus area.

From being PHAA spokesperson in media interviews on all the big prevention issues such as nutrition, alcohol and tobacco control, to meeting with health ministers and bringing the important preventive health issues for the upcoming federal election to the agenda, there has been no slowing of the PHAA’s progress in initiating change in this area.

The PHAA is lucky to have gained another exceptional leader for the organisation. We look forward to working together to meet the future challenges for public health in Australia. And we do say ‘together’ because we can’t do any of it without your steadfast support as our members, so for that, we thank you!
What a privilege it was to be at the PHAA’s first ever prevention conference in Sydney in early May. The event, for us, meant that every single keynote and concurrent session directly affected or aligned with our work. There was great pawing over the program to try to decide which sessions we should attend! Sydney was clearly the place to be – the team said hi to Bill Shorten whilst he was out for his jog, we saw President Macron and Prime Minister Turnbull arrive at the Art Gallery via a Police convoy and Julia Gillard was at #prevention2018!

The theme, which is so critical to setting the entire context for the conference was apt: ‘We can do more and we must’. Way back in 2010, Vos and colleagues who undertook a comprehensive evaluation of health prevention measures to identify the most effective and best value for money measures, stated in their report that “the cost to the Australian health care system [of non-communicable diseases] is large and growing. If we took prevention and health promotion far more seriously, we could do a lot better.” This theme was really useful to draw attention to the fragmented nature of prevention in Australia and the imperatives to move forward to strengthen systems and actions for prevention. The fact that the conference had to be extended to accommodate the interest really is a sign that this conference hit the nail on the head!

There were so many highlights throughout the 2.5 day conference. The keynotes were thoughtful, considered, challenging and inspiring. There were moments of us wanting to “touch the hem of the garment” especially as we waited for Julia Gillard to arrive. Having Sophie Scott, the award winning medical journalist from the ABC as the conference facilitator added a spark, some laughter and a sense of connectedness. The line-up of public health experts was truly amazing – some we had met and others where we had read their books or connected with on Twitter. People like Rob Moodie, Penny Hawe, Mike Daube, Roger Magnusson, Megan Williams and Andrew Wilson – to name but a few.

The concurrent sessions covered a diverse range of issues and topics ranging from rural and remote communities, nutrition, obesity, women’s health, community engagement, knowledge transfer and frameworks and systems. Presentations varied from the traditional, through to interactive sessions (one even played rock, paper, scissors!), with others showing the most amazing photos or Youtube clips. There really was something for everyone.

From our point of view it was impressive to see such a focus on advocacy. It was everywhere – people were talking about it, recommending we need more of it, demonstrating that it has worked...after such a tough period where advocacy was seen but rarely spoken of (nor funded), and where even PHAIWA briefly considered changing its name, it was satisfying to see it being ubiquitously spoken of.

PHAIWA had a strong presence at the conference with five papers and a Chairing role. We were keen to share key findings through Twitter and were pleased to be an important part of the tweeting team! We were both finalists for the most prolific tweeter for the first day and Mel Stoneham won that award for the Thursday, walking away with a copy of Sophie Scott’s book!

Overall, this conference was a cracker. Well done to the PHAA and to the lovely Helen Keleher, who was sorely missed at the event. In May 2019, the second prevention conference will be held in Melbourne and we recommend you all put that event in your diaries.
The sell-out success and first-of-its-kind PHAA Public Health Prevention Conference 2018 was held at the Sydney Boulevard Hotel between 2-4 May, and for a first-ever venture it will be a hard act to beat for future years!

As the PHAA bid farewell to much-respected CEO Michael Moore and prepared to welcome its new CEO, Terry Slevin, the conference was both an apt farewell and an iconic moment.

Passionate and respected speakers from across the globe took to the stage to voice commentaries on preventative healthcare, with the resonating message and theme: We can do more, and we must.

Facilitated by the energetic and passionate Sophie Scott of the ABC, #Prevention2018 had delegates jumping out of their seats to greet each speaker with a standing ovation - an important reminder for us all that sitting is the new smoking!

Topics were varied, but linked by three broad themes; systems thinking, translation of research into action and finally, possibly most importantly – advocacy. Delegates were taken on a rollercoaster of information, evidence and inspiration to become enthusiastic, resilient public health advocates.

Systems thinking was a central topic; one that involves interrelationships, perspectives and boundaries. Rather than confining, boundaries pertain to the meeting of two worlds where something new can emerge. Systems approaches encourage holistic, cross-sectoral thinking, identify where to focus action and analyse which responses are likely to have the greatest impact. Dr Megan Williams drew attention to Aboriginal and Torres Strait islander health, where there are already holistic systems solutions relevant to all Australians. Dr Williams encouraged us to listen, learn and “fall in love with Aboriginal culture”.

Presentation of a rich variety of high-quality research demonstrated the need for a strong evidence base; for evidence drives advocacy, which in turn drives policy. However, broader community attitudes are also important and delegates were cautioned to bear this in mind when engaging in advocacy and allocating resources.

Partnerships in advocacy are important; it is vital that we create healthy partnerships for health populations including: connecting with sectors outside health, changing ways of engaging to maximise partnerships, engaging those people who experience barriers to health and ultimately disconnecting the unhealthy from the healthy.

Despite hostility, we must all remain fierce advocates and remember the three Ps of public health: “persistence, persistence, persistence”, for, as Professor Mike Daube revealed, politics is about the short-term, public health is about the long-term. Despite this, he informed us, funding for PH is neglected; “prevention is the Cinderella at the funding ball”.

Finally, Professor Roger Magnusson performed the honour of closing proceedings with the Douglas Gordon Oration, focusing on the need of prevention for healthy public policies, not merely individual lifestyle advice alone. Prevention needs policies that benefit the people not just the corporations; prevention needs emotion from society; prevention needs advocates. People of the future will surely ask why we didn’t act upon what we know about preventative health.

As events came to a close on Star Wars Day, the PHAA’s own answer to the great Obi Wan, Michael Moore AM was able to address delegates with a final “May the fourth be with you” where he received one last, well-deserved, standing ovation. Michael reminded us that each and every one of us is an advocate for public health, we should bravely go after what we seek, and we should be able to look back in fifty years and say “we knew we could do more, and we DID”.

Prevention 2018 - a rollercoaster of information

Dr Lea Merone, Co-Convenor, PHAA Ecology and Environment Special Interest Group
#Prevention2018 - in pictures
#Prevention2018 - in pictures
I had the privilege of being awarded a scholarship by the PHAA NSW Branch to attend the PHAA Prevention Conference in May, which allowed me to spend a few fantastic days learning about the breadth and depth of public health practice in Australia, from the experts and leaders of the field.

As I am relatively new to the world of public health, the Conference was a great way to get immersed in the issues that are currently at the forefront of the field. The plenary sessions were particularly inspiring and thought-provoking. Professor Rob Moodie’s talk on ‘supranational corporations, profits and pandemics’ presented an intriguing re-framing of food and beverage corporations as the most important vectors of disease in the 21st century. As with other vector-borne diseases, he highlighted that monitoring and surveillance, in this case of corporations’ activities, need to be a key part of the public health response. This concept of the ‘corporate determinants of health’ recurred throughout the conference, and various strategies to address them were raised, from large government actions to community-based interventions. It was repeatedly reinforced that advocacy by the public health community is vital in promoting the evidence-based policies required for good population health.

There were too many short-session highlights to mention, and the hardest part of the conference was deciding which sessions to go to.

On my first day, I opted for the ‘run around’ sessions strategy, trying to catch all the talks that caught my eye. I learnt about a multi-pronged approach to patient smoking that led to an 84 percent reduction in patients smoking on a hospital campus; targeted, culturally-specific programs that increased HPV vaccination uptake in hard-to-reach populations; and the threats to health of Pacific Island populations posed by climate change.

On the next day I tried the ‘stay put’ conference strategy, where you just pick a room and stay in it for the session. This strategy is great for discovering unexpected thought-provoking talks (or if you want to be guaranteed a seat!). I found the session on systems improvement particularly enlightening, as it highlighted the various ways we can use systems thinking to address the complex problems we face in public health.

It was great to hear the Conference themes of systems thinking, advocacy, and translation of evidence into action explored in so much detail throughout the conference, and I especially enjoyed hearing the myriad presentations by other students and young professionals. I left feeling inspired and motivated, and I thank the PHAA for the scholarship and opportunity to attend the conference.

Dr Anthea Katelaris is a Master of Philosophy in Applied Epidemiology student at ANU and a Public Health Medicine registrar based in Sydney.
In May 2018, hundreds of delegates from around Australia and a handful of other countries joined together for the first Public Health Prevention Conference in Sydney.

I am a Master of Health Promotion student at Deakin University and was lucky enough to receive a scholarship from the PHAA Victoria Branch to attend the conference.

The conference was held just 500 metres from one of Sydney’s famous landmarks...The Kings Cross Coca-Cola billboard. This was ironic as many of the speakers delivered powerful messages on the negative impact that big food, beverage, alcohol and tobacco companies have on public health.

Many of the discussions focussed on what we can learn from our past and how we need to move forward. To quote the recently retired PHAA CEO Michael Moore AM, “the theme of the conference is ‘we can do more and we must’. We are at a crisis point in public health, we can no longer afford to keep doing things the same way”.

As a young person entering the field of Public Health I look forward to being a part of this future. Thank you to the PHAA and their Victorian Branch for this amazing opportunity. I have left feeling very inspired to continue my future studies and work!

Lydia Kearney, Deakin University
PHAA is an organisation concerning health promotion at the population level. PHAA approaches practitioners, students, and leaders across sectors to respond to public health issues and challenges. One of the ways it does this is by holding several events each year, including the Public Health Prevention Conference which I attended in May.

As an international student from Indonesia who has had limited exposure to Australian health prevention programs and policies, this conference taught me a great deal at all levels and how to engage in a meaningful and deeper discussion with my peers at university. When I was studying psychology in the past, curative treatments were the approach I learnt without the inclusion of teachings on prevention programs and policies. Through this conference I gained insights into successful prevention programs in Australia which can be used to improve health programs back in my country.

The particular subject discussed at the conference that I am concerned about is child obesity. Recently, it has become a major problem in Australia, and it is also a complex health burden in developing countries such as Indonesia. There are many prevention programs that are being developed in Indonesia, but unfortunately the coverage of these programs is not far-reaching enough and their progress is unclear. In Indonesia, every region has its own version of preventive programs. For example, Smart Eating and Healthy Activity is one obesity prevention program that is only developed in Yogyakarta.

Through Christine Innes-Hughes’ presentation on the NSW Healthy Children Initiative, we saw that a coordinated state-wide approach can have a positive impact towards reducing the prevalence of child obesity in Australia. Local health district officers can report on the progress of such programs at the state level, and they can thus be routinely monitored and evaluated. The success of prevention programs is highly dependant on the level of coordination on a wide scale.

Another issue I saw highlighted was how human resource management in early childhood services is essential for obesity prevention and improving the daily healthy habits of children that will continue throughout their lives. Based on the presentation given by Anthea Leslie concerning Early Childhood Education and Care (ECEC) services, human resource management is the crucial point in the system that will sustain long-term prevention programs. Their future plans which include creating workshops for ECEC cooks and increasing staff competency in preparing a healthy menu will improve capacity, knowledge and upgrade staff skills.

Early Childhood Education and Care services is a new area of consideration for me, since I have never known of such services providing nutritious meals for Indonesian children. Several private elementary schools in major Indonesian cities have implemented healthy canteen policies, but I believe these programs may not be sustainable in the long term as they often taper off after a year or two. This could be partly due to the canteen staff lacking the appropriate knowledge and skills to respond to the challenges related to updated food and nutrition regulations. Therefore, better training in the provision of healthy food programs for school canteens is clearly needed as a preventive health measure in Indonesia.

Learnings for Indonesia from Australian preventive health programs

Moya Aritisna, Master of International Public Health, University of Sydney
The PHAA said a final farewell to retired CEO Michael Moore AM at an event at the National Press Club in May. The farewell event was attended by a number of close colleagues, friends and Michael’s family. Many paid homage to Michael’s major contribution to the PHAA and the field of public health, as well as reflecting on his long and significant career in politics as former ACT Minister of Health and Community Care and the first Independent Member of the Australian Capital Territory Legislative Assembly for four terms from 1989 to 2001.

The event included a personal video message from current Federal Health Minister Greg Hunt who expressed his thanks to Michael for his extensive work and continuing involvement in improving public health in Australia. Former ACT Chief Minister Kate Carnell who served during Michael’s time as ACT Health Minister sent her personal acknowledgement of the outstanding support that Michael provided to her in the role, describing it as "putting her Government’s trust in him as the first Independent Member of the Assembly".

PHAA President David Templeman chaired the event, and noted Michael has been "a driving force for health prevention, protection and promotion" and "an outstanding leader and visionary whose impact on health nationally has been described as inspirational". David also noted the steadfast support of Michael's wife Helen Moore throughout his career, as well as that of his three children Heidi, Jason and Brenton. PHAA Vice-President Heather Yeatman similarly thanked Michael for his exceptional leadership of the PHAA and for his tireless dedication to public health over the years.

Rohan Greenland of the Heart Foundation was involved in Michael's appointment as PHAA CEO (as well as the selection of new CEO Terry Slevin). Rohan spoke at the event, saying that if he had to think of the best word to describe Michael it would be 'disruption' - due to his ability to stimulate change and challenge the existing order of health and social policy. Rohan said Michael's work has left "a lasting legacy of progressive social change in the ACT and nationally, not least in the area of drug reform". Rohan also acknowledged Michael's "effervescent and energetic" leadership as now Immediate Past President of the World Federation of Public Health Associations.

Professor Mike Daube AO, Past PHAA President (and also involved in Michael's appointment as CEO), gave his reflections on Michael's career. Mike spoke of how in 2008 he and Rohan knew it was time for a renewal of PHAA, and that the Association needed a particularly strong leader. Michael more than exceeded in this role due to his understanding of the needs of the PHAA, his ability to "articulate a clear vision in all the key areas", his unique skill for engaging with people at all levels, and the fact he could keep "all the policy plates spinning". Mike noted that PHAA's current standing as a major influencer in health policy is in large part due to Michael’s leadership. Mike praised Michael’s work across the gamut of public health issues, with his work on major achievements such as tobacco plain packaging, drug reform, nutrition policy and the establishment of the National Alliance for Action on Alcohol noted. Mike also commented that in his time serving as CEO Michael became a respected and sought-after mentor for many emerging public health professionals and advocates in Australia and internationally.

The PHAA gives its wholehearted thanks to Michael for his tremendous work with the Association during his time as CEO and for his major hand in progressing public health as a policy priority for Australia. We wish him and his family the very best in his retirement and look forward to hearing about his new adventures still to come.
Michael Moore - teacher, politician, public health leader

Malcolm Baalman, PHAA Senior Policy Officer, former Chief of Staff to Michael Moore AM

Michael’s first vocation was as a teacher, in which capacity he taught at Daramalan College and Dickson College in North Canberra during the 1980s. During this time Michael also developed an interest in the urban environment and the community values of Canberra’s streetscapes, and served as President of the Residents Association for the suburb of Reid in which he and Helen were raising a family. It was this latter capacity that led Michael ultimately into local politics, as a leading founder of the Residents Rally political party. The party, which existed from 1989 until 1992, won four places in the inaugural ACT Legislative Assembly, with Michael being one of those four founding MLAs. Michael would go on to serve four terms as an elected MLA, winning re-election in 1992, 1995 and 1998 before retiring from the Assembly in 2001. Sitting after 1991 as an Independent MLA, during his first and second terms Michael became increasingly involved in social policy issues – prominently including drug law reform – which led him to develop his thinking on population health. During his second and third terms he completed a Masters Degree in Public Health at the ANU National Centre for Epidemiology and Population Health.

By the time of his fourth election campaign in 1998, his campaign was built around his ‘healthy society’ principle, applying concepts that he would later recognise as ‘prevention’, ‘wellbeing’ and the integrated nature of the ‘social determinants of health’. All of which then neatly coincided with the governing imperatives of the ACT Liberal Government of the time, led by Chief Minister Kate Carnell. Seeking to broaden her minority government’s support in the Assembly, and the talent depth of her ministry, Carnell appointed Michael as Minister for Health and Community Care – a role she had formerly held herself and retained a strong interest in. While most political analysis thought Carnell’s move was about burdening an independent with the famous ‘poisoned chalice’ of the health portfolio, the two politicians had actually developed a strong joint interest in seeing Canberra’s health system improve from the traditional focus on hospital budgets and waiting lists.

Moore’s ministerial period saw the city’s health system emphasise a range of new focusses including reforms to disability and mental health care, investment in drug and alcohol prevention and treatment (including the drawn-out attempt to establish Australia’s first medically supervised injecting centre), and expansion of community care services. Late in the term Michael was also handed the two additional portfolios of Housing and Corrections, allowing him to work on cross-over issues in the social determinants of wellbeing raised by those policy domains. Moore decided, however, to give himself and his family a break from active politics, choosing not to nominate for a 5th election. Michael went on to establish a small café business as well as develop his skills as a consultant in the health policy sector during the 2002-2008 period, the latter providing an appropriate lead-up to taking on the demanding role of CEO of the PHAA in 2008.
Farewell to Michael Moore event photos
What can physicians do for smoking cessation?

Dr. Muhammad Aziz Rahman, MBBS, MPH, CertGTC, PhD, Senior Lecturer, La Trobe University

Australia just got the landmark victory against the tobacco companies in the trade case on Tobacco Plain Packaging on 28th June 2018. The World Trade Organization (WTO) issued a long-awaited ruling that Australia’s pioneering law requiring plain packaging for tobacco products does not violate international trade and intellectual property agreements. Such victory is an exemplary for other countries globally. Due to such sustained efforts of tobacco control activists and strong political commitment, there is a steady decline of smoking rates in Australia over the last 20 years. The latest data arising from the 2016 National Drug Strategy Household Survey showed that smoking prevalence amongst 18+ years was 13%; 15% among males and 11% among females. However, smoking prevalence is still quite high amongst the people living in remote and regional settings (20.9%), people from low socioeconomic status (21.4%) and Indigenous population (40.6%) in Australia.

Offering help to quit tobacco use is a cost-effective intervention for tobacco control, although such strategy is less effective than interventions focusing on price or image or exposure. Evidence suggests that three-quarters of smokers want to quit smoking, but need several cessation attempts for successful quitting. Although nicotine replacement therapy (NRT) including Varenicline improves likelihood of quitting, those are not appealing to smokers. Behavioural counselling combined with medications are evidenced to improve success rate of quitting.

Physicians working either in General Practice, hospital or other settings, can contribute significantly for providing support to the smokers for their quit attempts. They can educate and motivate smokers to quit, assess dependency to nicotine and provide assistance to quit. Smoking cessation guideline for Australian General Practice suggests following the simple 5A’s approach for smoking cessation: Ask, Assess, Advise, Assist and Arrange.

Asking the simple question whether the patient smokes or not, assessing for nicotine dependence, advising to quit in a non-confrontational way, assisting the smokers with intervention such as medicine or referral to Quitline, and finally arranging follow up to monitor their status of quitting. While more than 4 out of 5 Australians consult a General Practitioner (GP) at least once in a year, it is an excellent opportunity to involve GPs actively for smoking cessation. Evidence suggests that even when doctors merely provide brief, simple advice about quitting, this increases the likelihood that a smoker will successfully quit and remain a non-smoker 12 months later. The website of Royal Australian College of General Practitioners (RACGP) included the guidelines for the GPs to follow and presented an interesting table showcasing barriers for smoking cessation, which has been reproduced here:

<table>
<thead>
<tr>
<th>Beliefs of GPs</th>
<th>Scientific evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance with smoking cessation is not part of my role</td>
<td>Most patients think smoking cessation assistance is part of your clinical role</td>
</tr>
<tr>
<td>I have counselled all my smokers</td>
<td>Only 45–71% of smokers are counselled</td>
</tr>
<tr>
<td>Smokers aren’t interested in quitting</td>
<td>Nearly all smokers are interested in quitting although some are temporarily put off by past failures. More than 40% of smokers make quit attempts each year and more think about it</td>
</tr>
<tr>
<td>I routinely refer patients for smoking cessation assistance</td>
<td>Referrals to Quitline are low (10–25%)</td>
</tr>
<tr>
<td>I’m not effective</td>
<td>Clinicians can achieve substantial quit rates over 6–12 months, 12–25% abstinence, which have important public health benefits</td>
</tr>
<tr>
<td>Smokers will be offended by enquiry</td>
<td>Visit satisfaction is higher when smoking is addressed appropriately</td>
</tr>
<tr>
<td>I don’t have time to counsel smokers</td>
<td>Effective counselling or referral can take as little as a minute</td>
</tr>
</tbody>
</table>

In summary, smoking cessation is the best option for the people and patients to avert the preventable causes of deaths and disability. Physicians, both GPs and Specialists, have crucial roles in this regard to ask about smoking history and assist for smoking cessation, as their counselling is quite influential to have an impact on changing behaviours of smokers. Physicians along with other health professionals can contribute further to create an environment, where smoking will be regarded as a socially unwanted behaviour and everyone will be able to breathe fresh smoke-free air.
On 13 June the PHAA hosted an event at the National Press Club in Canberra in partnership with the University of Canberra Collaborative Indigenous Research Initiative and the Frank Fenner Foundation titled ‘Should non-Indigenous Australians have a relationship with Country?’. Organised between the PHAA Aboriginal and Torres Strait Islander Health SIG, Ecology and Environment SIG and the PHAA ACT Branch, the event included a panel discussion on the question between leaders and experts in Aboriginal and Torres Strait Islander affairs, environmental health, climate change and public health. The event was attended by almost 100 people and through periscope has been viewed online nearly 900 times. You can also watch the live recording of the event here.

The following two articles offer two perspectives on the event, one from Aboriginal woman Summer May Finlay and one from non-Indigenous Australian woman Susan Pennings.

Summer May Finlay, Yorta Yorta Woman, Co-Convenor of the Aboriginal and Torres Strait Islander Health Special Interest Group

Should non-Indigenous people have a connection to Country? This was the question asked of Professor Tom Calma AO, Professor Kerry Arabena, Dr Charles Massy and Dr Devin Bowles on Wednesday the 13th of June at the National Press Club.

The resounding answer was YES. I was nervous about the question when we first framed it. I was wondering if people would think we overstepped. That as Australians we aren’t ready to have this conversation.

This was apparently not the case. The topic quickly shifted from “should” to “why” and “how”. As one of the Co-Facilitators with Dr Yvonne Luxford, I saw this shift as reconciliation in action. We saw the pairing of Indigenous and non-Indigenous perspectives for the common good. The earth.

“What we choose to do with this connection is the key question. Do we nourish it or continue to exploit our earth to the detriment of humans globally” – Professor Kerry Arabena

The event was opened by Dr Peter Tait who asked the audience to consider for a minute the people around them, then extend that consciousness to the whole earth and then the universe. This reminded us that we are all connected to each other and beyond.

The speakers explored their personal and professional views on the topic. Professor Calma who is an elder of the Kungarakan tribal group and a member of the Iwaidja tribal group in the NT shared his views on how language is integral to Culture and land. Professor Calma outlined that for Indigenous Peoples the land is more than about ownership, it’s a relationship, whereas for non-Indigenous people it’s often a commodity. Dr Massy, a non-Indigenous man who is a regenerative farmer, doesn’t see the land as a commodity and through his experience has demonstrated that when Aboriginal and Torres Strait Islander peoples’ knowledge of Country is coupled with scientific knowledge the benefits are immense.

Dr Bowles talked about the human response when the “share of the resource pie” gets smaller is to try and claim a larger share than before. This leads to conflict for people leaving the earth in a dire situation.
The audience was asked to think of the damage we are doing to the earth for future generations. Professor Arabena, a Meriam woman from the Torres Strait, said it is educational malpractice to not teach young children about the environment. And by teaching them, they will hopefully take care of the land so it can take care of them. She encourages teachers and parents to take their children outside and explore nature in the pivotal first 1000 days of their lives. Dr Massy also called for children to be removed from behind the “electronic curtain” and explore nature. Only then will they fully appreciate it and work with it.

There were so many take-home messages from the event, yet mine was non-Indigenous people can and should have a connection to Country as we all have a responsibility to care for the land as we all live and walk on the earth. In saying that we need to respect that Indigenous Peoples have an ongoing Connection and that our knowledge needs to be valued and paired with scientific knowledge for the betterment of all people.

Susan Pennings, PHAA ACT Branch Committee Member

On a cold Canberra night in June, nearly 100 people came to the National Press Club to hear a panel discuss the question ‘Should non-Indigenous Australians have a relationship with Country?’.

The Forum was organised by the PHAA, the University of Canberra and the Frank Fenner Foundation and included diverse perspectives on Aboriginal and Torres Strait Islander peoples’ relationship with Country, modern Australians’ alienation from the natural environment, the risks of the current disregard for the changing climate, and many other issues. Panel members included both Aboriginal and Torres Strait Islander and non-Indigenous Australians. The panel included Professor Kerry Arabena of the University of Melbourne, as well as Professor Tom Calma AO of the University of Canberra, a tireless and inspirational campaigner for the health equity and human rights of Aboriginal and Torres Strait Islander people. They were joined by Dr Charles Massy, an ecologist and sheep farmer who has regenerated the ecosystem of his land outside Canberra, and Dr Devin Bowles, an epidemiologist and President of the PHAA ACT Branch.

All panellists expressed their respect for the unique, enduring, and spiritual connection between Aboriginal and Torres Strait Islander peoples and their traditional lands, while affirming that non-Indigenous people can and should also have an important connection to Australian land.

Professor Calma commented on the stark distinction between the traditional Aboriginal and Torres Strait Islander concept of being a custodian of Country as compared to the modern notion of Country as commodity that can be divided and exploited for commercial use. Professor Calma argued that traditional languages are a crucial medium for the connection between Aboriginal and Torres Strait Islander people and the land, and that reviving the teaching and speaking of these languages, among both Indigenous and non-Indigenous people, is essential for renewing and continuing this connection to Country.

Dr Massy commented that as a farmer that he has moved from seeing the environment in mechanistic terms to seeing it as an alive, interconnected system, and deeply regrets the damage to the land that he did unknowingly earlier in his career. He described the powerful emotions that he feels now as he watches the land regenerate and expressed concern that modern people are increasingly alienated from the environment around them.

Dr Massy encouraged listeners to reject the paradigm that sees land as a possession and a commodity. Dr Bowles took up this theme of emotional connection with the environment in relation to the growing dangers of climate change, which threatens our food, resources, health and security. Dr Bowles argued that we need greater international cooperation on the basis of our shared humanity. To achieve this, individuals should enhance their emotional attachment to the land and Country around them, which can then be extended globally.
Professor Arabena spoke about the need for both Indigenous and non-Indigenous people’s connection to the land to inform our responses to health problems. Professor Arabena elaborated that Aboriginal and Torres Strait Islander people, as well as other Indigenous peoples around the world, are often the first to experience the negative health effects of modern damage to planetary systems. She encouraged listeners to engage in grassroots activism to address these problems, especially through local councils, and emphasised the need to develop a stronger sense of place and an awareness of the environment through educational programs. Professor Arabena suggested that urban Australians can also connect with the land through practices such as gardening, and in this way experience caring for the soil, native plants and animals in their own backyards.

Through exploring these issues together, the panel argued persuasively that not only can non-Indigenous Australians have a relationship with Country, but that we need this connection to address the public health and planetary health problems that we currently face. As Professor Arabena put it: ‘If you can’t care for country, then country can’t care for you. It is that simple, and that complex.’
Fundamental to all species’ prosperity and survival is the concept of carrying capacity. This article seeks to explain the factors that affect carrying capacity for humanity in an ecological frame. It assumes that humans are a species embedded in the ecosystem of this planet.

Carrying capacity is the number of a species that can be supported, sustainably, by the local ecosystem. It depends on the availability of resources, particularly the resource in least supply. The carrying capacity affects the numbers of a species (that is its population) through a dynamic feedback onto the number of new individuals being added to the population.

The number of new individuals being added is driven by, amongst other things, the difference between the actual population and the population that can be supported by that carrying capacity. As the difference narrows it inhibits population increase. Figure 1 demonstrates this dynamic relationship (the carrying capacity-population difference is labelled the K-P Gap).

Figure 1 also demonstrates the other factors in the system that affect change in population. The level of population itself directly reinforces an increase. The level of consumption of resources also drives an increase in population. The level of population reinforces the level of resource consumption, which in turn reinforces the amount of essential resources used. The level of essential resources is then a balance between the amount of use and renewal (at least for renewable resources). The level of resources then feeds back onto carrying capacity, closing the loop.

The first key understanding here is that carrying capacity is the critical factor in this dynamic system, for as carrying capacity changes, so does population. Importantly for our current circumstance, as the level of essential resources reduces, so does carrying capacity, and so the population will also inevitably reduce. However there is often a delay in the feedback so overshoot (and overshoot and collapse) scenarios are both possible.

In the case of Homo sapiens our neurological and cultural abilities permit us to affect the carrying capacity of our own species. We have developed technology that allows us to change our level of consumption and so the amount of resource use, particularly energy. While this has allowed an increase in population, it has also increased the rate of resource use, reducing the level of resources, and so introducing a balancing feedback on carrying capacity.

A further aspect not shown in the Figure, is the capacity of the ecosystem to manage our waste. This is a particular type of resource use. For instance, the fossil fuel energy technological revolution that permitted an explosion in technological capacity has at the same time enhanced the natural greenhouse effect. Simultaneously our appropriation of resources for ourselves is reducing the carrying capacity of other species, driving many to extinction. Along with these, depletion of soils, depleting ground water, disrupting climate and other effects on our ecosystem are further reducing carrying capacity.

Our unique human capabilities enable us to adjust several elements of this system to relieve the pressure on carrying capacity.
Technological advances can help reduce the amounts of resource consumption by facilitating more efficient use of energy and resources. But this will also require social changes so that the increased availability of freed-up resources isn’t translated into a population increase that will just negate any benefit on carrying capacity, leaving the situation unimproved. Further, no technological advance can ever reduce resource use to zero, and so other factors are important for maintaining carrying capacity.

The first of the other factors we have control over are non-technological aspects of resource consumption. Level of resource consumption has two components: basic (essential for survival) and discretionary (extra). Avoiding discussion of socio-economic changes needed for reducing discretionary consumption here, suffice it to say that an equitable level of base consumption is required for all people on Earth, and for other species with whom we share the planet. Therefore, there is a minimum level of consumption below which we cannot go.

Secondly we can control population change. We have women’s health and reproductive services, including contraception, and we understand to some extent the socio-economic and political factors that affect birth rates. What is lacking is a coherent political policy for fairly implementing what we have and know.

So the second key understanding from this article I offer is that, at optimum technological use, and at the fairest level of resource consumption, operating in the best socio-economic circumstances, the only other affecter of carrying capacity we can control is the level of population. Ecologically, assuming humans are a part of this planet’s ecosystem, it is population level that we need to have the conversation about, so that we can promote and protect human and other species’ wellbeing into the future.

Ecology and Environment SIG

If you’re a PHAA member and have an interest in the ecological and environmental determinants of health, have you considered joining the PHAA Ecology and Environment Special Interest Group?

The aim of the Ecology and Environment SIG is to help create a fair, ecologically sustainable, health promoting humane society in Australia and around the world through strong advocacy and collaborative partnerships.

Email phaa@phaa.net.au today to enquire about becoming part of the EESIG.
Last night, I dined in a family restaurant. Despite their common occurrence, two scenarios remain with me. A family comprised of parents and a child of about eighteen months in a high chair caught my interest. The child was oblivious to her surroundings and totally distracted by the flashing lights and buzzing emanating from the device on the tray of her high chair. Later, I spied a family at an adjacent table. There were parents and two primary school-aged children. The children were eating their meal while each was enthusiastically playing an interactive game on his iPad.

Allowing children frequent exposure to electronic devices in lieu of social interaction would seem likely to affect social development. Consider the child in the high chair. Potentially, she was in a rich social environment with the two most important people in her life. Having a meal with her parents was an opportunity for her to develop rapport and delight at their attention and company. It could also be an opportunity for her to begin learning how people interact and socialise by observing both her parents and other patrons. Instead, her entertainment was at the basic level of lights and buzzes. A valuable opportunity for social learning had been missed. Now consider the two primary school-aged children. They were well-behaved and happy. But by allowing their children to play with electronic games during a family meal, their parents were unwittingly denying them the opportunity to develop both family relationships and social skills generally.

I was left with the question: Are we providing our children with adequate opportunities to develop socially?

Certainly, due to the proliferating use of mobile electronic devices in situations which are potentially social, today’s children have fewer opportunities to develop their interpersonal skills than previous generations. I wondered what research into the effect of the use of these devices on child social development had found. It was sparse. In 2015, Radesky et al. reported in the journal Pediatrics that while children can acquire concrete knowledge from interactive media, self-regulation and other important social skills are primarily learnt from their natural environment. In a review, published last year, also in Pediatrics, Coyne et al. described how on average children spend from six to nine hours per day engaged with some form of digital media. Now that is more than a full-time job!

Due to the possible negative effects of reduced social exposure due to high use of digital media in children, it seems important that research is funded into its effect on social development in children. If negative effects are evident, parents must be alerted and encouraged to limit the use of digital media in lieu of social interactions and observations.
My Health Record - the next step in Australia's digital health evolution

In this era of rapid technological advances, digital health has emerged as a critical new area of health care which enables electronic connections of care to be made for the benefit of providers and patients. Australia’s Digital Health Agency is at the helm of delivering these connections, most recently through its launch of Australia’s National Digital Health Strategy.

The strategy will help deliver improved services to all Australians accessing health care – from new parents needing advice on caring for their newborn, to people dealing with chronic illness who are in need of coordinated real time care. It will identify gaps in patient care, help with early disease detection, reduce hospital admissions, help with prescription medicine monitoring and prevent duplication of medical tests. The strategy lays out the framework for efficient and secure sharing of digital health information and will aid health organisations in managing patient records.

A top priority for the Digital Health Agency is the creation of a My Health Record for every Australian unless they choose to opt-out during the opt-out period which commenced on 16 July. To support the Agency in this endeavour, the PHAA has formed a partnership with it to provide information to the public health community about the My Health Record Expansion Program.

The partnership aims to provide information about My Health Record and its benefits for all Australians, and to advise those who choose not to have one how to opt out of the process.

By the end of 2018, the Agency will have a digitised My Health Record for all Australians except those who opt out. Doctors, pharmacists and authorised healthcare providers will be able to access individual records to assist in their treatment of patients.

The benefits for patients are significant and compelling. Having a My Health Record means that important health information such as allergies, current conditions and treatments, medicine details and pathology and diagnostic imaging reports can be digitally stored in one place. This gives patients increased control over and knowledge of their own treatment, an important part of patient wellbeing.

My Health Record is a vital e-health initiative that will be a highly useful tool for medical practitioners, health service providers, patients and public health workers in Australia. But beyond the initial benefits of helping doctors and patients keep more accurate and detailed medical histories in electronic form, it also holds great potential for preventive health – something for which the PHAA advocates strongly. Better management of chronic disease through preventive health measures is crucial for public health in Australia, and My Health Record will allow for significant data collection that will help public health practitioners to map out hotspots of chronic disease. The identification of high-risk areas will demonstrate further the importance of the social determinants of health and health equity for which PHAA also highlights as a top priority.

People who choose not to have a My Health Record will be able to register not to have one during a three-month opt-out period occurring between 16 July and 15 October.

For further information on My Health Record go to www.myhealthrecord.gov.au
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