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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 2018 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 2018)

President
David Templeman

Branch President Representative
Dr Paul Gardiner

Vice-President (Finance)
Associate Professor Richard Franklin

Branch President Representative (until May 2018)
Gillian Mangan

Vice-President (Policy)
Professor Christina Pollard

Branch President Representative (from May 2018)
Kate Kameniar

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

Special Interest Group Convenor Representative
Dr Peter Tait

Vice-President (Development)
Professor Heather Yeatman

Special Interest Group Convenor Representative
Dr Yvonne Luxford

Chief Executive Officer (Until May 2018)
Adjunct Professor Michael Moore

Chief Executive Officer (from May 2018)
Adjunct Professor Terry Slevin
Students and Young Professionals in Public Health Group (SYPPH)

Chair of SYPPH
Aimee Brownbill

Staff (as at 30 June 2018)

Chief Executive Officer (until May 2018)
Adjunct Professor Michael Moore

Chief Executive Officer (from May 2018)
Adjunct Professor Terry Slevin

Operations and Finance Manager
Anne Brown

Senior Policy Officer
Malcolm Baalman

Senior Policy Officer
Ingrid Johnston

Events and Capacity Building Manager
Nicole Rutter

Communications Officer
Karina Martin

Events Administration Officer
Eliza Van Der Kley

Executive Administration and Membership Officer
Rodrigo Paramo
President’s Report

In my second year as President, it is encouraging to see and know that PHAA continues to be the go to organisation and engaged in all debates on preventive and public health priorities for our nation.

Very importantly, all this work centres around PHAA’s strong advocacy in addressing the many social, cultural, ecological and environmental determinants that impact on our health—and we achieve this through our excellent Board combined with the capable PHAA staff team led by Michael Moore for the past ten years up until his retirement in late June 2018.

I want to take this opportunity to formally thank Michael on behalf of the PHAA Board, staff and membership for his outstanding leadership and commitment in positioning PHAA at the highest levels of the health agenda across many sectors and political interests, domestically and internationally. Michael’s service to PHAA was recognised at a farewell in early May 2018 where many dignitaries, current and former senior political representatives together with media all acknowledged Michael’s strong but even-handed approach in raising the profile and importance of Australia’s public health needs and investment.

PHAA has been very fortunate to recruit another outstanding candidate to replace Michael as CEO of the PHAA. Mr Terry Slevin commenced with PHAA on 21st May 2018. Terry has strong public health credentials having worked for Cancer Council, Western Australia for a significant period, and also has a well-established reputation nationally and internationally. We are delighted with Terry’s move from the West, and moreover his ability to be on top of the many priorities including significant media involvement from day one.

I extend my personal thanks and appreciation to the PHAA Board: to Richard Franklin for his oversight in keeping our financials in check; Heather Yeatman for providing that forward thinking and strategic perspective; Christina Pollard in refocussing PHAA’s approach in addressing our current and future policy direction; Carmen Parter together with Yvonne Luxford in maintaining our focus on the plight of Aboriginal and Torres Strait Islander health as a key PHAA priority; Peter Tait’s coordination of Special Interest Group activity together with his raising the bar on PHAA’s representation in respect of climate change’s health impact; a big thanks to Gillian Mangan (recently replaced by Kate Kameniar) and Paul Gardiner for their assistance in covering PHAA Branches’ requirements for and on behalf of the Board, and to Aimee Brownbill in accepting the inaugural young professional position on the Board, through her oversight of the Students and Young Professionals in Public Health Group.

As I mentioned last year, PHAA continues to call for increased investment in preventive health. We see over 50 percent of Australians living with more than one major chronic disease, a 35 percent rise in obesity in the last 25 years, and if this continues, our obesity rate will rise to 91 percent. The drain on our hospitals is becoming a major community problem, while the clear message on prevention requires greater momentum to reduce this pressure.

In tackling our key priorities for the PHAA, it is important I share and celebrate some of the following key PHAA achievements in the past year:

- Continued role as a leading advocate for important public health issues (seen through numerous submissions across a variety of topics throughout the year and appearances at six inquiry hearings)
- Nutrition - Lobbying for a health levy on sugary drinks (PHAA is part of the Rethink Sugary Drink Alliance and is highly active in the media on the issue), meetings with politicians and stakeholders on promoting the need for a National Nutrition Plan and National Obesity Strategy, strong support for improving the effectiveness of Health Star Rating (PHAA held a Health Star Rating Forum in 2017)
• Tobacco, alcohol and other drugs - Strong advocacy on e-cigarettes (PHAA’s submission called for a precautionary approach which resulted in an appearance at an inquiry hearing, media output and statements in support of the Federal Health Minister’s position on current regulations of e-cigarettes). PHAA continued to defend Australia’s strong tobacco control policies such as plain packaging and smoke-free zones. PHAA supported the booze-free sport campaign and advocated for increased preventive strategies to reduce alcohol harms such as volumetric taxes and restrictions on advertising. PHAA lobbied for pill testing which helped result in Australia’s first pill testing trial in Canberra. It also advocated for other drug harm reduction methods including the introduction of a Medically Supervised Injecting Centre in Melbourne.

• Aboriginal and Torres Strait Islander health - PHAA is currently developing its own Reconciliation Action Plan and has a continued role in the Close the Gap campaign. It advocates for culturally safe care, greater Indigenous health leadership, and supports the Uluru Statement and constitutional recognition of Australia’s First People. PHAA supported the launch of the World Federation of Public Health Associations Indigenous Working Group in Geneva which is now Co-Chaired by PHAA Vice-President Carmen Parter and Co-Vice Chaired by Summer May Finlay, Co-Convenor of the Aboriginal and Torres Strait Islander Health Special Interest Group.

• Environment - PHAA has met with Australian super funds to encourage them to divest from fossil fuels. PHAA has ensured that environment and planetary health issues are included in public health discussions at local and federal levels. PHAA supported David Pencheon’s important visit to Australia in May 2018 during which he shared with the health community lessons from his successful leadership of the National Health Service Sustainable Development Unit in the United Kingdom.

• PHAA conducted three major conferences and two forums – including the highly successful inaugural Public Health Prevention Conference in May 2018 which attracted over 300 delegates, and the National Immunisation Conference held in June which had nearly 600 in attendance.

• Significant and growing public profile – PHAA maintained a strong presence in the media and has a rapidly expanding number of social media followers and engagement on its platforms.

• Maintained a strong PHAA presence in states with active branches. For example, the SA Branch’s election campaign in partnership with a consortium of health and social service organisations was held for a sustained period and resulted in an election forum with PHAA’s asks clearly articulated to candidates. Other state branches also held various forums and events throughout the year.

• The Australian and New Zealand Journal of Public Health remained highly influential as PHAA’s journal, with a 78% increase in downloads in 2017 after it became open access. Other similar journals had an increase of just 31% in comparison.

The points above are illustrative of the efforts of a very cohesive PHAA. However, as this Annual Report will reflect, these important issues are just the tip of the iceberg. So many PHAA priorities arise from the participation of our members including the needs of community. Our approach involving PHAA members, Branches, Special Interest Groups, the National Office and the Board is set out in PHAA’s Strategic Direction, meaning that we always will continue to strive for the best possible health for all, and to meet the challenges of a changing society.

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

This year has been one of consolidation and progressing identified priorities in the Strategic Plan. Key activities have included self-review of the website, analysing and acting on the results of the member survey, ensuring member services, and reviewing and further building effective capacity building and conferencing activities.

The review of the website has resulted in the addition of fact sheets, the creation of an area of branch and SIG events, and a resource library in the secure member centre. The fact sheets on the public website include: What is Public Health? What are the Sustainable Development Goals? Determinants of Health; Careers in Public Health; and Internships at the PHAA. The resource library in the member centre is a work in progress, and will include information on events, public health research, the fact sheets, tools and templates, and webinars.

Approximately 20% of our active membership participated in the member survey, with most respondents satisfied and engaged with the work of the PHAA, while also identifying areas for greater attention. The respondents particularly wanted to be kept up to date with news and events in public health. Actions that have been implemented include changes to the format and content of the eBulletin, our inaugural (and very successful) Preventive Health Conference (Sydney, May 2018), our first webinars, changes to membership, events toolkits for branches and SIGs, more events with increased variation in the types of presentations and engagement opportunities, and more social media. There were many more wonderful suggestions in the survey and we continue to implement them.

Networking and being involved were also highly valued by respondents. Initial actions have included increasing opportunities through more and different events, such as the Health Star Rating Forum held in November 2017. Branches and SIGs are also exploring and offering opportunities for career development and networking to support our student members and early career professionals.

During the year the PHAA initiated webinars for members, which have been particularly successful. Our Aboriginal and Torres Strait Islander Terminology webinar informed PHAA staff and procedures and the many participants. There were over 100 registrations for this, our first webinar. In June 2018, our second webinar on Public Health Workforce Issues in the Pacific attracted over 150 registrations from 9 countries in the Pacific. It was livestreamed on YouTube, where it is still available for viewing on PHAA’s YouTube channel. The webinar discussed a number of key workforce issues in our region, including how to define the public health workforce, how to assess the needs and gaps, and education and training in the Pacific. These webinars continue to be available in the member centre of our website for member viewing.

Our conferences during the year included the Global Alcohol Policy Conference in October 2017, the Public Health Prevention conference in May 2018 and the 16th National Immunisation conference in June 2018. We continue to look to diversify our events offerings, both in contents and locations, so that we maximise the benefits to our members and also provide opportunities for others to update their knowledge and engage in public health actions.

The staff in the PHAA office have been extraordinarily active over the year and I’d like to thank them for their hard work and enthusiasm for supporting the on-going PHAA development agenda. 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

It has been a privilege to work with public health experts including our PHAA policy staff and members as well as others throughout Australia to provide relevant policy positions to assist governments, non-government organisations and the community to understand and prioritise actions to address a variety of important public health issues.

PHAA aspires to provide effective policy advice – that is, our advice must embody the highest standards of evidence-based analytical rigour, have a clear strategic perspective, be timely and be compelling. Many hours of work go into making sure they are evidence-based, current, and relevant. The comprehensive suite of nearly 90 policy statements are used daily by our national office, and used by our branches, by governments, politicians and their advisers and the media.

Policy relevance is ensured by the three yearly rigorous update processes which reviews a third of Policy Position Statements each year. This year, 33 reviews were undertaken, including 10 from the Food and Nutrition Special Interest Group (SIG), and a number from each of the Women’s Health, Mental Health, Ecology and Environment, and several others SIGS. Each policy review is an extensive undertaking incorporating literature and reference checking, rounds of drafting and consultation with PHAA members, and review by the national office, the Board and finally our members at the AGM.

Our SIGs cover a broad range of issues and may at any time recommend the development of a policy position. Consistent with the complexities of public health actions, a number of Policy Positions are co-produced across SIGs or in collaboration with outside organisations.

PHAA Policy Positions form the backbone of our advocacy work, referred to in submissions, media releases, tweets, advocacy campaigns, and as supporting evidence at inquiry appearances. Two examples show the link between policy, advocacy and impact. Firstly, the Alcohol, Tobacco and Other Drugs SIG Responsible Commercial Advertising Policy Position Statement highlights the need to protect vulnerable population subgroups from alcohol advertising, with specific advice that commercial advertising should be controlled, as industry self-regulation does not work.

PHAA used the information to submit to the NSW Inquiry into the Alcoholic Beverages Advertising Prohibition Bill in November 2017 and consequently appeared as expert witnesses before the Committee hearing. PHAA’s submission to the National Alcohol Strategy consultation in February 2018 incorporated the policy issue.

On a positive note, in June 2018 PHAA issued a media release to congratulate the Western Australian Health Minister for implementing a state-wide ban on alcohol advertising on public transport and transport waiting areas. Secondly, the Injury Prevention SIG’s Firearms Injuries Policy Position highlights the risk of firearm-related injuries and suicides and support for the National Firearms Agreement. In April 2018, PHAA wrote to the Prime Minister and followed up with a media release expressing concern about a proposed gun law advisory council representing the interests of gun manufacturers, importers and retailers.

On 3 August 2018, PHAA made a submission to the Inquiry into proposed firearms law reforms in Tasmania cautioning them to avoid changes inconsistent with the National Firearms Agreement and on 17 August the Tasmanian Government announced they would not be progressing the proposed changes and wound up the inquiry on 22 August 2018.

We would like to thank all those who have contributed in making PHAA policies relevant, timely and impactful over the past year, we have a strong team, including our membership, the Special Interest Groups and Branches and staff who enable us to respond to the challenging and complex issues facing public health in
Australia by assisting governments and other organisations 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 2017-18 and should be read in conjunction with the Association’s Financial Report for the year ended 30 June 2018.

The 2017-18 financial year while better for the Association, faced continued challenges to ensuring its financial viability and it is only due to the hard work of the office staff in keeping cost down that ensured the small surplus was made. The PHAA is a small to medium sized business and in 2016-17 had over $2.4m in revenue. Ensuring the financial security of the Association 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.

2017-18 saw a small surplus for the Association of $6,078 off the back of a net operating deficit of $244,732 in the 2016-17 financial year. This surplus was greater than the budgeted amount of $3,743.81. While heartening to see a surplus mainly due to excellent conference returns ($1.4 million in 2017-18 compared to $0.7 million in 2017-18), this boom and bust cycle of the Association is not sustainable. Together with the need to retain and increase membership, securing extra revenue sources (including the continuation of Government funding) and the timing of conferences both domestic and international, this cycle might be alleviated.

The largest expense for the Association is employee expenses, which increased by 13% between financial years from $908,435 in 2016-17 to $1,031,811 in 2017-18 and represents an ongoing challenge for the Association to balance the needs and deliver the professional services expected. Membership subscriptions were down by 5% ($302,332 in 2017-18 compared to 317,838 in 2016-17), government funding remained steady at $375,000 and income from the journal increased from $77,768 to $87,836, however there was an increase in the cost of publications from $174,827 to $258,515 mainly due to the final payment to Substitution (previous host of the journal) and the payment of an extra instalment to Wiley due to their delay in invoicing.

This is the second financial year where we have budgeted with a very conservative approach and a worst-case scenario (a budget which does not include any funds which have not been guaranteed such as grants or sponsorship). The initial budget developed by the Board for 2017-18 had a surplus of $3,743.80 and a worst-case scenario of a deficit of $273,745.61. The annual budget proved to be an accurate reflection of the finances for the Association; however, it was useful to see where the potential financial risks to the Association are. This process has proved useful from the perspective of developing the budget and I am proposing that this continues to be a normal process of how PHAA budgets are developed. As part of good governance it may also be useful in the future to have a finance committee as part of the board which reviews the income and expenditure of the Association including executive salary packages.

Total equity for the Association increased from $827,283 to $913,357 mainly due to an increase in cash and cash equivalents. In the near future, we need to move towards a larger operating surplus to be able to use these resources for one-off projects that help build the Association or grow revenue streams.

The 2018-19 financial year will be another challenging year for the finances of the Association, partly due to the lack of the immunisation conference. I also note that the government funding is due to run out in June 2019. Membership is one of our consistent and stable sources of income and while membership is strong there was a small drop in revenue from the previous financial year and further work needs to be undertaken to increase member numbers. The journal continues to be a flagship of the Association with good metric and demand for publishing high quality public health studies, and the change in the way the journal is being run as open access has had a small positive impact on the finances.
Please see a full copy of the audit report on page 66 for more details.

Operating results

The Association’s Income Statement for the 2017-18 reports an audited operating surplus of $6,078 compared to an operating deficit of $244,732 in the 2016-17, a surplus of $356K in 2015-16, a deficit of $242K in 2014-15.

Historical View of PHAA budget over last seven years.

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Balance sheet

1. The PHAA’s Audited Net Assets at 30 June 2018 were $913,357 - up from the previous year when the net assets were $827,283. A copy of the statement of financial position as at 30 June 2018 with comparative 2017 figures is included in the Association’s Audited Financial Report attached at the end of this annual report.

All the best for a healthy 2018-19 financial year.

Associate Professor Richard Franklin PhD, Vice-President Finance.
Vice President (Aboriginal and Torres Strait Islander)

2017/18 saw the return of Carmen Parter after 12-months away from the role of Aboriginal and Torres Strait Islander VP. A huge thank you to Summer May Finlay for acting in the VP role during Carmen’s absence. The critical thing this year was keeping a watching brief on several national policy issues relevant to Aboriginal and Torres Strait Islander people and communities and these are summarized below.

- Continued participation on the Close the Gap (CTG) people’s movement campaign. This year it was 10 years since 2007 and we saw the release of a comprehensive review of the CTG initiative at a Parliamentary breakfast that highlighted some flaws and offered suggestions about a reset of the program
- PHAA’s continued support for the Redfern Statement
- Engaging where relevant including submissions to:
  - the Council of Australian Government’s Closing the Gap Refresh and its discussion paper
  - The Parliamentary Inquiry into the Cashless Debit Card legislation
  - the National Health and Medical Research Council’s Road Map 3 - Strategic Framework for Improving Aboriginal and Torres Strait Islander health
  - Cancer Council’s optimal care pathways for Aboriginal and Torres Strait Islander people with cancer
- Several media opportunities including media releases and interviews, with the most significant media interview being about the reaction concerning cultural safety for NSW emergency departments and incorporating cultural safety elements in nursing standards
- In collaboration with a PHAA working group, led the development of an Innovative Reconciliation Action Plan for PHAA that is likely to be released at the latest in early 2019
- Successfully ratified the establishment of the Indigenous Working Group of the World Federation of Public Health Associations with a live streamed launch of the IWG as a side-event to the World Health Assembly in May 2018. Carmen is an inaugural co-chair of this group, who will continue to meet to increase its membership followed by more work on its priorities for the next 12 months.
- There were two significant anniversaries this year, including 10-years since the national apology and 25-years since the 1967 referendum.

Carmen Parter, Vice-President (Aboriginal and Torres Strait Islander)
Students and Young Professionals in Public Health Group (SYPPH)

Chair: Aimee Brownbill

Committee: Siddharth Kaladharan, Cecilia Li, Hilary Murchison, Ian Epondulan, Kathryn Smith

The Students and Young Professionals in Public Health (SYPPH) Committee were officially established in August 2017. In the first instance, the Committee’s priorities were to develop a Terms of Reference and to promote the establishment of the committee to the PHAA membership and broader public health community. This included the development of a dedicated SYPPH page on the PHAA website and a Twitter account (with 151 followers as at 13th July 2018). Since establishment, the Committee have been actively working toward the establishment of numerous SYPPH dedicated initiatives.

National Public Health Student Think Tank Competition

The National Public Health Student Think Tank Competition was initiated in 2018 to encourage student engagement with the PHAA and to encourage innovation and critical thinking from the next generation of public health professionals. The prompt for the competition, “Describe an unmet need within the field of public health and describe how public health leadership is needed to address it,” was set in line with the theme of the Australian Public Health Conference 2018. The prompt was kept intentionally broad to encourage innovation and creative, original ideas which demonstrate future-mindedness in the field of public health. The competition was open to all students studying at an Australian tertiary institution. The competition comprised three rounds: a written response to the prompt (open call), a webinar presentation (4 highest scored applicants), and public presentation at the Australian Public Health Conference 2018 (highest scored applicant of the webinar).

The first phase of the competition was a great success, with 45 entries received from a wide range of undergraduate and postgraduate students. The webinar is set to occur in July.

Engagement with Conference Organising Committees

Australian Public Health Conference

The SYPPH Committee had dedicated representation on the organising committee for the 2018 Australian Public Health Conference. This was to ensure that student and young professionals’ needs were considered in the planning of the conference program. Outcomes have included: the development of the Early Career/Young Professional Award, inclusion of a SYPPH networking pod, securing a spot in a high-profiled session for the winner of the National Public Health Student Think Tank Competition to present, and several positions for students/young professionals to co-chair sessions.

Food Futures Conference

The SYPPH Committee have similarly had dedicated representation on the organising committee for the 2018 Food Futures Conference.

National Mentoring Program

The SYPPH Committee have begun development of a national mentoring program for the PHAA. The program looks to extend the successful PHAA SA Branch’s annual mentoring program. The program will help facilitate mentor relationships between students and early career public health professionals and experienced public health mentors.
SYPPH Directory

The SYPPH Committee are in the early stages of developing an online repository for student/early career members to access relevant resources and opportunities (e.g. volunteer positions, internships, scholarships, events, etc). The directory aims to build the capacity of public health students and young professionals through providing appropriate resources and opportunities for their engagement and professional development in public health.

Engaging Other Youth Networks

The SYPPH Committee have been working to engage with other public health youth networks. This includes the World Federation of Public Health Associations Students and Young Professionals Working Group, Youth Delegates to the World Health Organization, and the United Nations Association of Australia Young Professionals Group.

Aimee Brownbill, Student and Early Career Professionals Representative on the Board
CEO Report

I have been given the great privilege of taking on the role of Chief Executive Officer at the PHAA, commencing on 21 May 2018. Prior to that I had been a member for over 20 years and was honoured as a Fellow in 2008. I have served as a Branch President, as a Board member as Branch President representative and as the first Vice President Development. I am grateful to the current Board for placing their faith in me to carry the great work of the organisation forward into the future.

My observation on arrival is that the organisation is truly collaborative, resilient and strategic in its effort to advance the cause of public health in Australia. I am very grateful to Michael Moore and the current and previous PHAA leaders for leaving the organisation in such a strong and healthy state as a clearly respected and effective contributor to the health landscape. Members should understand that the PHAA brand is respected, opens doors and creates opportunities. I have noticed that particularly so here in Canberra, where our voice is not only welcome but actively sought out. That is the envy of many agencies in the health world.

The vast majority of the credit for successes in 2017/18 belong to those public health leaders so I thank them and applaud their efforts.

The resilience of the PHAA is much needed in the current political environment where too often it is the case that commercial interests win out in policy wars, and advice put forth by the civil society is overwhelmed or cast aside. It’s not an easy task to advocate for better public health policy when the downward spiral of preventive health funding continues, and remains at around 2% of the federal health budget. It’s now almost universally acknowledged in the health sector that preventive health policy and programs are key to overcoming the major problems we face. PHAA has persisted in calling for increased resourcing for effective population health efforts. One of the loudest calls was during the highly successfully inaugural Public Health Prevention Conference in May 2018, which was a clear demonstration of where the health sector’s core focus now lies.

Many of PHAA’s meetings throughout the year with health ministers and shadow ministers at the state and federal levels and with Members of Parliament had a strong focus on the issue of preventive health. PHAA also worked closely with organisations such as the Australian Prevention Partnership Centre, the Australian Health Policy Coalition and others to strengthen joint prevention efforts. While progress is sometimes frustratingly slow, it is a welcome change that the argument for preventive health is being acknowledged by some political leaders as a vital component of health policy. We must be ready to highlight and take advantage of these opportunities to influence future funding and policy decisions for the benefit of the health of Australians, with a clear focus on those in greatest need.

PHAA is a diverse organisation, both in its activities and its people, and the meetings and activities it participated in throughout the year confirm the wide reach and relevance of the organisation’s vision. PHAA continued to develop its focus on improving health in Pacific region, attending the sixty-eighth session of the World Health Organization Regional Committee for the Western Pacific in October 2017, where the first cooperation strategy between the WHO and Australia was launched to improve health in Australia and developing Pacific nations. PHAA also met with the Minister for Foreign Affairs to discuss how the Association can assist the Department of Foreign Affairs and Trade in increasing public health infrastructure and health security in the Pacific, and attended the launch of the Department’s health security initiative for the Indo-Pacific region.

Another key focus was PHAA’s advocacy for improving the health of Aboriginal and Torres Strait Islander people and to Close the Gap. The Association had a number of meetings with the Minister for Indigenous Health and other leaders in the sector where it supported the expansion of Indigenous health leadership
through increased support for Aboriginal Community Controlled Health Organisations and consultation with Aboriginal and Torres Strait Islander people on health issues affecting them. PHAA continued to support the goals of Reconciliation and is progressing on its own Innovative Reconciliation Action Plan in partnership with Reconciliation Australia.

Environmental health and climate change remain as leading public health issues. PHAA advocated for increased sustainability within the health sector and other sectors through working closely with HESTA superannuation to encourage fossil fuel divestment by super funds, and attending meetings between David Pencheon and state and federal leaders on building sustainable practices into healthcare systems. Supporting the ongoing work of the Climate and Health Alliance (CAHA) is another important part of this effort.

Working at its heart, the National Office continued to drive and support the PHAA’s objectives. The policy team led the PHAA’s fervent yet careful policy work together with the Branches and SIGs in the form of submissions to parliamentary committees and government inquiries at the federal, state and territory levels. My observation is that this a very productive and efficient process led by the Vice President Policy Dr Christina Pollard.

The National Office also kept sensible financial planning and operations on its agenda, as ensuring that the PHAA runs smoothly on a day-to-day basis takes considerable time and administrative effort. Like many in the not for profit sector we have financial “mountains to climb”. The static nature of membership numbers, the cyclic nature of events income and the challenge of retaining (let alone growing) government grant income are all issues that must command close ongoing attention. PHAA is strongest if we have a sound financial footing.

The PHAA events team was highly successful in organising some of Australia’s most significant public health events for the year, including the aforementioned Public Health Prevention Conference 2018 and PHAA’s long-running biennial National Immunisation Conference which had just under 600 delegates in attendance. Events continue to be an important source of income for the PHAA and it continues to expand in this domain through major conferences, smaller local events and assisting other organisations in organising their events through partnership agreements. It is a potential area of growth, and partnership building, as we maximise the benefits of the expertise that has been developed in this sphere.

PHAA maintained an energetic level of communications and media activity, which continue to strengthen PHAA’s profile and authority as a leading voice in public health. This is evident in the media coverage the PHAA received throughout the year, most notably on the topic of sugar-sweetened beverages regulation which resulted in national television interviews, radio interviews and articles by major news outlets. The social media presence of PHAA continues to expand rapidly, with PHAA’s following on social media increasing by over 30% during the year.

Membership engagement is a foundation of the PHAA through ongoing communications and outreach. We seek to ensure strong and enduring connections with our members as the core of the Association. Many members are actively involved in PHAA policy submissions, attend PHAA events and work closely with the Association at the academic and professional levels to advance public health. It is critical that the PHAA sustains and grows our membership as the lifeblood of the Association, and we are exploring multiple innovative options to further develop our membership base. We need all members to lend a hand to ensure our continuing strength by promoting others to join or remain as members.

David Templeman has continued to provide strong leadership for the PHAA in the role of President, and the other PHAA Board members have also continued to guide the Association in a knowledgeable, careful, constructive and strategic manner. I’ve been humbled and energised by the warm welcome to my new and exciting role. I’ve been “public health to my boot straps” for more than thirty years. So, I welcome input from
any and all members, new or long-standing, with thoughts as to how we can do better and do more to advance the cause of public health and the efforts of the Association and the members into the future.

On commencing the role, I promised to increase efforts to expand our membership and to seek new opportunities to expand our events activities. But at its core PHAA members pay money for the privilege of doing more work, for free, to advance the health of Australians. As the political seas churn, opportunities may arise and with the support and input of members, PHAA can be a powerful force to improve public health policy and practice.

The opportunities are enormous and I hope you, like me, are excited by the prospects of making a real difference to the public health landscape of Australia.

Terry Slevin, Chief Executive Officer
## Membership

Membership over the period 1 July 2017 to 30 June 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>2015-2016</th>
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<td>Dec-15</td>
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<table>
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<tr>
<td>Jun-16</td>
<td>1709</td>
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<td>32</td>
</tr>
</tbody>
</table>

Membership trend over the period 1 July 2017 to 30 June 2018

*Graph depicting membership trends across multiple months.*
Policy position statements

The PHAA has over 90 policy position statements on a variety of public health topics. The statements are revised and re-approved every 3 years, to ensure that they remain up to date and evidence-based. During the 2017 review process, 2 new statements were approved – on a health levy on sugar sweetened beverages, and on antimicrobial resistance and stewardship. Another 8 new statements were developed during 2018 and are due to be approved as part of the 2018 process.

All current policy position statements can be found on the PHAA website at https://www.phaa.net.au/advocacy-policy/policies-position-statements

2017 review process

The following is a list of the PHAA policies that were considered and/or endorsed in 2017.

**Alcohol, Tobacco and Other Drugs SIG**
- Exposure to Second-hand Smoke
- Tobacco Control

** Ecology and Environment SIG**
- Environmental Lead Exposure
- Environmental Noise
- Health Effects of Wind Turbines
- Low Emissions and Active Transport
- Nuclear Energy as a Response to Global Warming
- Public Health Impacts of Nanotechnology
- Safe Climate

**Food and Nutrition SIG**
- Health levy on Sugar Sweetened Beverages (NEW)
- Food and Nutrition Monitoring and Surveillance in Australia (DEFERRED TO 2018)
- Health Claims on Food (DEFERRED TO 2018)

**Health Promotion SIG**
- Illicit Drug
- Pharmaceutical Drug Misuse
- Physical Activity

**Injury Prevention SIG**
- Smoke Alarms in Residential Housing

**International Health SIG**
- Landmines and Cluster Ammunition
- Maternal Mortality, Social Determinants of Health and Sustainable Development Goals in Asia
- Biological and Toxin Weapons and Smallpox
- Nuclear Weapons

**Justice Health SIG**
- Prisoner health

**Mental Health SIG**
- Work and Mental Health

**One Health SIG**
- One Health
- Antimicrobial Resistance and Stewardship (NEW)
Oral Health SIG
- Oral Health

Primary Health Care SIG
- Gambling and Health
- Primary Health Care

Women’s Health SIG
- Abortion
- Contraception
- Lesbian and Bisexual Women’s Health

2018 review process
The following is a list of the policy position statements due for approval in 2018.

Alcohol, Tobacco and Other Drugs SIG
- E-cigarettes
- Responsible commercial advertising
- Medicinal cannabis (DEFERRED TO 2019)

Complementary Medicine – Evidence, Research and Policy SIG
- Complementary medicine (NEW)

Ecology and Environment SIG
- Environmental chemical exposures and human health
- Health effects of fossil fuels
- Rare earth elements

Food and Nutrition SIG
- Ecologically sustainable diets (with EESIG)
- Climate disruption, the food system and food security (with EESIG)
- The food system and environmental impacts (with EESIG)
- Food and Nutrition Monitoring and Surveillance in Australia
- Health Claims on Food
- Marketing of food and beverages to children
- Involvement of food industry in nutrition policy
- National Nutrition Policy for Australia
- Health Star Rating (NEW)
- Added sugars labelling (NEW)

Health Promotion SIG
- Skin cancer prevention
- Health promotion and illness prevention (with Australian Health Promotion Association)

Injury Prevention SIG
- Firearms injury
- Fall injury prevention in older people (DEFERRED TO 2019)

International Health SIG
- Refugee and asylum seeker health
- Women’s health in overseas aid programs
Mental Health SIG
- Mental health
- Physical activity and mental health
- Suicide prevention (NEW – with Aboriginal and Torres Strait Islander Health SIG)

Political Economy of Health SIG
- Public funding of private health insurance
- Trade agreements and health

Women’s Health SIG
- Gender and health
- Long acting reversible contraception (NEW)
- Emergency contraception (NEW)
- Female genital mutilation (NEW)

General (no SIG)
- End of life choices (NEW)

Submissions

During the 2017-18 year, the PHAA made a total of 74 submissions to various Government, Parliamentary and community inquiries and consultations, and both national and state and territory levels. All submissions which can be made public are available on the PHAA website at https://www.phaa.net.au/advocacy-policy/submissions

Commonwealth

Submissions to Parliament (14)
- Inquiry into the Use of Electronic Cigarettes and Personal Vaporisers in Australia; House of Representatives Standing Committee on Health, Aged Care and Sports (July 2017)
- Inquiry into the Value and affordability of private health insurance and out-of-pocket medical costs; Senate Standing Committees on Community Affairs (July 2017)
- Inquiry into the Vaporised Nicotine Products Bill 2017; Senate Standing Committees on Community Affairs (August 2017)
- Inquiry into the Implications of Climate Change for Australia's National Security; Senate Standing Committee on Foreign Affairs, Defence and Trade (August 2017)
- Inquiry into the Social Service Legislation Amendment (Welfare Reform) Bill 2017; Senate Standing Committees on Community Affairs (August 2017)
- Inquiry into the Social Services Legislation Amendment (Cashless Debit Card) Bill 2017; Senate Standing Committees on Community Affairs (September 2017)
- Inquiry into the Political Influence of Donations; Senate Select Committee into the Political Influence of Donations (October 2017)
- Inquiry into the Electoral Legislation Amendment (Electoral Funding and Disclosure Reform) Bill 2017; Joint Standing Committee on Electoral Matters (January 2018)
- Inquiry into the Therapeutic Goods Amendment (2017 Measures no. 1) Bill 2017; Senate Community Affairs Legislation Committee (January 2018)
- Inquiry into the PACER Plus Trade agreement; Joint Standing Committee on Treaties (February 2018)
- Inquiry into the United Nations Sustainable Development Goals; Senate Standing Committee on Foreign Affairs, Defence and Trade (March 2018)
- Inquiry into the Social Services Legislation Amendment (Drug testing trial) Bill 2018; Senate Community Affairs Legislation Committee (April 2018)
• Inquiry into the TPP-11 Treaty; Joint Standing Committee on Treaties (April 2018)
• Inquiry into the Proposed comprehensive and progressive agreement for Trans-Pacific Partnership; Senate Foreign Affairs, Defence and Trade References Committee (May 2018)

Submissions to government agencies (29)

• Consultation on draft guidance to food regulators in conducting their compliance, monitoring and enforcement activities; Food Regulation Secretariat, Department of Health (July 2017)
• OPCAT in Australia - consultations with civil society; Australian Human Rights Commission (July 2017)
• Implementing reforms to the notification and assessment scheme - consultation paper 5; National Industrial Chemicals Notification and Assessment Scheme (July 2017)
• Five-year review of health star rating system; Department of Health (August 2017)
• National Health and Medical Research Council Public Statement 2017: Water fluoridation and human health in Australia; National Health and Medical Research Council (August 2017)
• Incarceration rates of Aboriginal and Torres Strait Islander peoples; Australian Law Reform Commission (September 2017)
• Third Review of National Gene Technology Scheme; Department of Health (September 2017)
• Consultation on alignment with European medical device regulatory framework - up-classification of surgical mesh and patient implant cards; Therapeutic Goods Administration (September 2017)
• Pre-budget submission; Treasury (December 2017)
• Review of National Gene Technology Scheme - Phase 2; Department of Health Office of the Gene Technology Regulator (December 2017)
• NHMRC draft road map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research; National Health and Medical Research Council through Nous Group (December 2017)
• NHMRC peer review for grant program - consultation paper; National Health and Medical Research Council (December 2017)
• Health in the 2030 agenda for sustainable development; Department of Health (January 2018)
• National Alcohol Strategy consultation; Commonwealth Ministerial Drug and Alcohol Forum (February 2018)
• Review of the Australian Charities and Not-for-Profits Commission legislation; Department of Treasury (February 2018)
• Inquiry into the National Road Safety Strategy 2011-2020; Department of Transport (March 2018)
• Prescription strong (Schedule 8) opioid use and misuse in Australia - options for a regulatory response; Therapeutic Goods Administration (March 2018)
• Better fuel for cleaner air draft regulation impact statement; Department of the Environment (March 2018)
• Review of fast food menu labelling schemes; Department of Health Food Regulation Secretariat (March 2018)
• The Closing the Gap Refresh; Department of Prime Minister and Cabinet (April 2018)
• Development of the National Action Plan for Endometriosis; Department of Health (May 2018)
• Review of labelling of fats and oils; Australia and New Zealand Forum on Food Regulation (April 2018)
• Food derived using new breeding techniques; Food Standards Australia-New Zealand (April 2018)
• Dental scope of practice registration standard and guidelines for scope of practice; Dental Board of Australia (May 2018)
• Industrial Chemicals exempted chemicals conditions; National Industrial Chemicals Notification and Assessment Scheme (May 2018)
• Pregnancy warning labels on packaged alcoholic beverages; Food Regulation Secretariat (June 2018)
• National Strategic Approach to Maternity Services; Department of Health (June 2018)
• Draft National Australian Breastfeeding strategy; Department of Health (June 2018)
• Complaints Handling - Advertising Therapeutic Goods to the Public; Therapeutic Goods Administration (June 2018)
Queensland

Submissions to state Parliament (1)

- Inquiry into Improving the Delivery of Respectful Relationships and Sex Education Relevant to the Use of Technology in Queensland State Schools; Education, Tourism, Innovation and Small Business Committee (August 2017)

Submissions to government agencies (1)

- Review of Termination of Pregnancy Laws; Queensland Law Reform Commission (February 2018)

New South Wales

Submissions to state Parliament (5)

- Inquiry into the Alcoholic Beverages Advertising Prohibition Bill 2015; Legislative Council Portfolio Committee No. 1 – Premier and Finance (November 2017)
- Inquiry into Support for New Parents and Babies in NSW; Legislative Assembly Committee on Community Services (November 2017)
- Inquiry into the Provision of Drug Rehabilitation Services in Regional, Rural and Remote NSW; Legislative Council Portfolio Committee No.2 – Health and Community Services (December 2017)
- Inquiry into the Adequacy of Youth Diversionary Programs in NSW; Legislative Assembly Committee on Law and Safety (January 2018)
- Inquiry into fresh food pricing in NSW; Legislative Council Portfolio Committee No. 1 – Premier and Finance (May 2018)

Submissions to government agencies (2)

- Proposed Firearms Regulation 2017 and Weapons Prohibition Regulation 2017; Department of Justice (July 2017)
- Evaluation of the Community Impact Statement Requirement for Liquor Licences; Liquor and Gaming section, Department of Justice (August 2017)

Australian Capital Territory

Submissions to the Legislative Assembly (2)

- Inquiry into the Future Sustainability of Health Funding in the ACT; Standing Committee on Health, Ageing and Community Services (February 2018)
- End Of Life Choices in the ACT; Standing Committee on Health, Ageing and Community Services (April 2018)

Submissions to government agencies (1)

- ACT Drug Strategy Action Plan; ACT Health Directorate (March 2018)

Victoria

Submissions to government agencies (2)

- Review of Closing the Gap and the Victorian Aboriginal Affairs Framework; Department of Premier and Cabinet (June 2018)

South Australia

Submissions to government agencies (5)

- A Disaster Resilience Strategy for South Australia; South Australian Government (January 2018)
- Consultation on Mandatory Assessment for Substance Dependence; South Australia Health (February 2018)
• The Way Forward - LGBTIQ report; South Australian Department of Communities and Social Inclusion (February 2018)
• State Public Health Plan for South Australia; SA Health (February 2018)
• State Public Health Plan for South Australia; SA Health (June 2018)

Western Australia

Submissions to government agencies (5)
• Western Australian Sustainable Health System Review; Department of Health (October 2017)
• First Interim State Public Health Plan for Western Australia; Department of Health (December 2017)
• WA Methamphetamine Community Consultation; Department of Health (March 2018)
• WA Sustainable Health System Review interim report; Department of Health (May 2018)

Northern Territory

Submissions to the Legislative Assembly (1)
• Inquiry into the Independent Commission Against Corruption; Social Policy Scrutiny Committee, Northern Territory (September 2017)

Submissions to government agencies (2)
• Alcohol Policies and Legislation Review; Northern Territory Government (July 2017)
• Review of the Liquor Legislation Amendment (Licensing) Bill 2018 and the Liquor Commission Bill 2018; Chief Ministers Department (February 2018)

Submissions to community groups (4)
• Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer; Cancer Council of Victoria (October 2017)
• Draft Infant Formula Position Statement; Australian College of Midwives email (January 2018)
• RACP Position Statement on Obesity; Royal Australian College of Physicians (March 2018)
• Reproductive Coercion White Paper; Marie Stopes International (March 2018)
Media and Communications

Overview

PHAA continued to focus strongly on its media and communications in 2017-18 as an essential part of its work. Through the use of media, social media and its publications PHAA engages with members and non-members on a range of health topics and the Association’s work such as policy submissions, campaigns and many advocacy activities. PHAA communications help to sustain PHAA’s strong public profile and reputation as a leading voice on health matters.

Media

PHAA distributed 45 media releases (listed below) between July 2017 and June 2018 as part of its advocacy on key public health topics. As a result of its media outreach and other communications PHAA was mentioned in the media approximately 900 times throughout the year; featuring in over 130 online articles, approximately 50-60 radio interviews and 5-7 television interviews. The majority of interviews featured the PHAA CEO as spokesperson, with a small number performed by PHAA Board members, SIG convenors and Branch presidents.

Media highlights

Sugar-sweetened beverages advocacy - PHAA’s sustained advocacy and communications for better regulation of the sale, promotion and availability of sugary drinks in Australia has resulted in its most successful media coverage throughout the year including:

- The Today Show on 8 June 2018 – national television interview with current PHAA CEO Terry Slevin on the benefits of a health levy on sugary drinks
- Four Corners on 30 April 2018 – national television interview with then PHAA CEO Michael Moore on industry lobbyists and a health levy on sugary drinks
- Numerous radio interviews on the regulation of sugar-sweetened beverages
- Articles on the regulation of sugar-sweetened beverages in ABC, The Guardian and Daily Telegraph reaching up to 11 million readers

Media Releases July 2017 – June 2018:

Health Promotion

- Budget 2018 – prevention focus goes missing
- 2018 Budget attempts to paint over deep social inequity
- New report uncovers deepening health inequities in Australia
- PHAA shines a spotlight on preventive health in Sydney this week
- The PHAA welcomes moves on Private Health Insurance
- Public health experts call for ‘health in all policies’ in lead-up to SA election
• PHAASA Welcomes Marshall Government

Food and Nutrition
• 20% sugar pledge lets sugar flow through the loopholes
• Health Star Rating – can they be improved?
• True health costs of sugar must be accounted for
• Public health coalition calls for sugary Christmas truck to be scrapped
• Sugary drinks erode more than tooth enamel – poor oral health brings knock-on effects

Aboriginal and Torres Strait Islander Health
• Reconciliation and health equity for Aboriginal and Torres Strait Islander people go hand in hand
• New framework lays the foundation for Indigenous mental health reforms
• New global Indigenous health working group launches
• Culturally safe healthcare starts in the waiting room
• Close the gap strategy continues to fall short
• Indigenous public health takes a leap forward on the international stage

Alcohol, Tobacco and Other Drugs
• WA alcohol ad ban on public transport driving change on alcohol harms
• Landmark victory for Australia’s tobacco plain packaging laws
• Effective drug policy means controlled availability
• Statement on Foundation for a Smoke Free World
• Inquiry report follows public health lead on e-cigarettes policy
• Update: New reports on e-cigarettes show risk to young users and lack of evidence on success as a quit method
• Northern Territory paves the way for national alcohol reforms
• Big Tobacco – time to tell Australians the truth
• E-cigarette debate clouded by industry lies; but the lack of evidence on their safety is clear
• Victorian safe injecting room trial: evidence-based drug policy wins out

Immunisation
• Getting vaccines to those in need, tackling influenza and improving Australian immunisation programs
• Immunisation in Australia – filling the vaccine gaps
• New ‘catch-up’ vaccines for young people and migrants help buffer Australia against infectious disease
• Australian leaders in immunisation awarded 80K in grants by GSK

Justice Health, International Health & Injury Prevention
• Royal Commission into NT child protection and detention highlights urgent health needs of vulnerable youth
• Manus detention centres present an urgent humanitarian and health crisis
• Australia doesn’t need a gun lobby to oversee its national firearms laws

Political Economy of Health
• PACER Plus: trade agreements must consider health impacts on developing countries and on Australia
• Health experts call for TPP11 to have independent impact assessment
• TPP revival without the US provides opportunity to remove unhealthy rules
• Global health community pleads, yet again, to be heard as TPP11 countries meet in Sydney
Women’s Health

- International Women’s Day: progressing the Sustainable Development Goals for the health of women
- Australia must take leading role in promoting zero tolerance for Female Genital Mutilation (FGM)
- Australia must take leading role in eradicating violence against women

PHAA

- PHAA to welcome new CEO Terry Slevin
- Public Health Association of Australia welcomes new CEO Terry Slevin
- PHAA to farewell long-time CEO Michael Moore
- Trailblazers of Australian public health honoured at prestigious annual awards

Social Media

PHAA’s social media is used to communicate on a daily basis about public health matters and PHAA’s activities. It supports PHAA’s media engagement, involvement in campaigns and is a leading tool for PHAA conference communications. PHAA’s social media following continued to expand throughout the year, with the number of Twitter and Facebook followers each growing by over 30% since 2017.

- Twitter – Twitter is PHAA’s primary social media platform and PHAA’s following continues to grow rapidly, with a total of 10,186 followers at the end of June 2018 - an increase of 34% since 2017. On average, PHAA’s tweets made between 100,000-200,000 impressions each month and made over 1.2 million impressions in total throughout 2017-18.

- Facebook – PHAA posts to Facebook several times a week about public health news and its activities. PHAA had a total of 2866 followers at the end of June 2018, an increase of 30% since 2017. PHAA’s Facebook posts frequently reach between 1000-3000 users, with popular posts reaching up to 18.3K users and receiving up to 3000 clicks on links.

PHAA SIGs, Branches and Groups also continued to expand their presence on social media during the year, with the Ecology and Environment SIG and the Students and Young Professionals in Public Health Group both starting Twitter accounts.

Some of the campaigns and topics PHAA has communicated about via social media during 2017-18:


PHAA Event Communications

PHAA focused strongly on communications before, during and after its conferences and events via social media, media releases and newsletters.

- The use of social media during PHAA conferences continues to be dynamic and is increasingly used as the leading tool for communication about PHAA events. As an indication of the high level of social media activity, the conference hashtags for Public Health Prevention Conference 2018 and National Immunisation Conference 2018 both trended nationally during the events, with the Prevention 2018 hashtag trending in positions 1-3 on Twitter for the entire first day of the conference.
• The National Immunisation Conference 2018 was notably successful in its media coverage, with 5-8 radio interviews taking place during the conference and coverage via articles in major national news outlets such as the ABC and Herald Sun.

Tweets from the Prevention 2018 conference and National Immunisation Conference 2018:

Publications

PHAA communicates news through its member newsletters, the e-bulletin (re-named The Pump after the reporting period) and Intouch.

• E-bulletin – The weekly e-bulletin is emailed to members, NGOs and PHNs and contains an overview of PHAA’s current activities and important developments in public health. On average, 50-60% of recipients open the e-bulletin email which is a high open rate. The e-bulletin serves as a quick update for members on policy and submissions activity, state and branch events, PHAA events, jobs and education opportunities. A new template was adopted which has allowed for more in-depth news stories and policy updates to be included.

• Intouch – The Intouch is a longer bi-monthly newsletter sent to members and hosted on the PHAA website for public viewing. It has a 50-60% open rate. The Intouch features updates on PHAA activities, conference wrap ups and articles from public health professionals on current issues in public health. PHAA began to explore the concept of themed issues during the year, with the November 2017 Intouch focusing on planetary health. Articles from Intouch are sometimes republished by government departments and other news outlets.
Events

Commitment to sector capacity building

As part of 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 2017/18 financial year and have been held in relation to public health, alcohol policy, prevention and immunisation.

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

Global Alcohol Policy Conference 2017

Dates: Wednesday 4 to Friday 6 October 2017
Location: Melbourne, Victoria
Venue: Pullman Albert Park Melbourne
Conference Theme: Mobilising for change: Alcohol policy and the evidence for action

Delegates: 302
Countries Represented: 37
Total abstract submissions received: 300
Total abstract presentations: 153 (208 abstract presentations were offered a presentation)

The Global Alcohol Policy Conference in 2017 was hosted by the Public Health Association of Australia (PHAA), the Foundation for Alcohol Research and Education (FARE), National Alliance for Action on Alcohol (NAAA) and the Global Alcohol Policy Alliance (GAPA). The event was managed by the PHAA Events Team acting as the Professional Conference Organiser.

The conference’s theme of Mobilising for Change – Alcohol policy and the evidence for action built on earlier conferences’ translation of evidence into action and recognises the increasing momentum around the world to stop harm caused by alcohol.

Each day of the GAPC 2017 was designed to be distinct. A diverse range of speakers, provided opportunities for discussion about their research and experience and how these can be applied to alcohol policy environments and reinvigorate efforts to reduce alcohol-related harm worldwide.

The three day conference explored a range of themes, including:

- Advocacy and leadership
- Emerging and innovative research
- Vested interests

In order to make the event successful, a number of organisations were engaged in the event, they included sponsors and exhibitors. The 2017 Sponsors where:

- Melbourne Convention Bureau, Destination Supporter
- Alcohol and Drug Foundation, Welcome Reception Sponsor
- Australian Government, Department of Health, Satchel Sponsor
• Australasian College for Emergency Medicine, Support Sponsor
• FORUT, Development Sponsor
• International Development Research Centre, Scholarship Sponsor
• IOGT International, Scholarship Sponsor
• The Ian Potter Foundation, Scholarship Sponsor
• Foundation for Alcohol Research and Education, Oration Sponsor

The 2017 exhibitors were:

• Global Alcohol Policy Alliance;
• NOFASD Australia;
• Foundation for Alcohol Research and Education;
• SHORE & Whariki Research Centre;
• Alcohol and Drug Foundation;
• Pregnant Pause;
• Public Health Association of Australia

A communique was developed during GAPC in the regional meetings and presented at the closing plenary session to all delegates. The full communique can be located on the GAPC 2017 website.

Photos from the Conference:

Annual General Meeting and Symposia

Dates: Wednesday 25 to Thursday 26 October 2017
Location: Sydney, New South Wales
Venue: University of Technology, Sydney
Delegates: 36

The PHAA Annual General Meeting & Symposia was held in lieu of the PHAA Annual Conference, which was incorporated within the World Congress on Public Health that took place in Melbourne from 3-7 April 2017.
The PHAA Annual General Meeting & Symposia provided an opportunity to network with likeminded public health colleagues as well as hear the 2017 Basil Hetzel Oration, various symposium topics and partake in the PHAA Awards and launch of the 2018 Australian Public Health Conference.

Photos from the AGM & Symposium:

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**Health Star Rating Forum**

**Dates:** Monday 27 November 2017  
**Location:** Canberra, Australian Capital Territory  
**Venue:** Mercure Canberra  
**Theme:** Improving Health Star Rating - Exploring origins of the algorithm and where to from here  
**Delegates:** 46

The Forum was designed as a day of learning about the workings behind the HSR algorithm, expert assessment of how it might be developed, how it can be improved and broad discussion regarding the most effective way for the HSR to be modified and deployed. A key element of the discussion will be around consideration of how the HSR algorithm and the system as a whole can be more closely aligned with the Dietary Guidelines.

The prime focus of the day was on the algorithm upon which the HSR systems is based. It included an explanation of the origins, the development, the statistical methods that have been employed and the data bases that have been used to test the impact, the effectiveness and the outcomes of the system. The parameters set by the Australian and New Zealand Food Ministers meeting as the Food Ministers’ Forum that established the system, including alignment of the HSR with Dietary Guidelines, will be a key element to be considered through the day. Most importantly, the overall goal will be to consider ways that the HSR can be used to improve diets in Australia and New Zealand.

Photos from the Forum:
Public Health Prevention Conference 2018

Dates: Wednesday 2 to Friday 4 May 2018

Location: Sydney, New South Wales

Venue: Sydney Boulevard Hotel

Conference Theme: We can do more and we must

Delegates: 313 Conference

Total abstract submissions received: 230

The Public Health Prevention Conference was a newly established conference, convened by the PHAA. In 2018, the Public Health Prevention Conference focused on prevention and protection, consistent with the World Federation of Public Health Associations’ (WFPHA)’s Global Charter for the Public’s Health. The conference provided a platform to engage, challenge and exchange ideas, where pivotal issues for building prevention in Australia were discussed and where delegates learned from the experience, opinions and perspectives of sector leaders and their peers.

In 2018 the Conference vision was ‘We can do more and we must’. Three Conference Themes guided the program:

- Systems thinking;
- Translation of research and evidence into action;
- Advocacy and where our efforts should be focused in order to strengthen prevention.

The themes are designed to set the new prevention agenda for Australia. They draw attention to the fragmented nature of prevention in Australia and the imperatives to move forward to strengthen systems and actions for prevention.

As a first time Conference, the expected participation was around 100-150 delegates. However the Conference exceeded expectations and ended up reaching capacity at 300 delegates. Sponsorship and exhibition engagement was also high with the following organisations participating in the Conference.

The 2018 Sponsors:
- The Australian Prevention Partnership Centre, Principal Sponsor
- Foundation For Alcohol Research & Education, Associate Sponsor
- Australian Digital Health Agency, Conference Function Sponsor
- Social Marketing @ Griffith, Affiliation Sponsor
- University Of Tasmania, Affiliation Sponsor

The 2018 exhibitors:
- The Australian Prevention Partnership Centre
- Foundation For Alcohol Research & Education
- Australian Digital Health Agency
- Social Marketing @ Griffith
- Capital Health Network, ACT PHN
- Springer
- Public Health Association of Australia

Overall the first Public Health Prevention Conference ran very well and PHAA will be working towards continuing to run the successful event in 2019.
16th National Immunisation Conference 2018

Dates: Tuesday 5 to Thursday 7 June 2018

Location: Adelaide, South Australia

Venue: Adelaide Convention Centre

Conference Theme: Immunisation for all: Gains, gaps and goals

Delegates: 554

Total abstract submissions received: 238

The National Immunisation Conference has been held in Australia approximately every two years. The conference is an important vehicle for highlighting challenges relating to immunisation in Australia and the region.

In 2018 the Conference theme was ‘Immunisation for all: Gains, gaps and goals’.

The theme was established to reflect the importance of immunisation to prevent disease, disability and death in persons of all ages and from all backgrounds. Gains in this area include the increasing availability and effectiveness of vaccines for new diseases and for use from pregnancy - to protect the newborn infant - through to the very elderly. Equity in disease prevention that some vaccine programs are achieving, such as gender neutral HPV vaccination, as well as the recent establishment of the ‘whole of life’ Australian Immunisation Register and improvements in vaccine coverage in children are other recent accomplishments. Better understanding that the gaps in immunisation still exist, such as vaccination uptake by socially disadvantaged or medically at risk people, will be focus of this conference. Ensuring that future goals and the
path to achieving them are carefully designed and implemented are additional key objectives of the Conference.

During the Conference, the GSK Immunisation Grants were awarded, with 4 projects taking out a $20,000 prize supported by GSK. PHAA was again proud to run this grant program in conjunction with the Conference.

Overall the conference exceed expectations, receiving over 550 attendees in 2018. Sponsorship and exhibition engagement was high as well and the following organisations participated in the Conference.

2018 Sponsors:

- Adelaide Convention Bureau, Adelaide Convention Centre and Government of South Australia – Principal Partners
- Australian Government Department of Health – Principal Sponsor
- GSK – Associate Sponsor
- Pfizer Australia – Associate Sponsor
- Sanofi Pasteur – Associate Sponsor
- Seqirus – Associate Sponsor
- Australian Digital Health Agency – Welcome Reception Sponsor
- Medical Update – Professional Development Sponsor

2018 Exhibitors:

- Australian Government Department of Health
- GSK
- Pfizer Australia
- Sanofi Pasteur
- Seqirus
- Australian Digital Health Agency
- National Centre for Immunisation Research and Surveillance
- SA Health, Communicable Disease Control Branch
- University of New South Wales
- Public Health Association of Australia

The Conference will continue to be run bi-annually and held again in June 2020.
Photos from the Conference:
Australian and New Zealand Journal of Public Health (ANZJPH)

As we complete our first full year of being an online, open access journal the outcome has been extremely gratifying. In 2017, we had over 700,000 downloads of full articles, which is more than double that of any other year (e.g. in 2016, there were approximately 300,000 downloads of either abstracts or full manuscripts). While the majority of these downloads were from the Asia-Pacific/Australia/New Zealand region, it was pleasing to see more than 20% coming from the USA and Canada.

The number of submissions has maintained as we have gone from a paper Journal to an online, open access journal. Further, it is a pleasure to report that our citation index factor went from 1.69 in 2016 to 1.89 in 2017.

The table below shows the statistics for the past three years of the Journal. While the rejection rate has increased from 51% to 57%, it is well within the normal variant of the rejection rates for the past 10 years. We would not anticipate much change in this and will strive to maintain a 40% plus acceptance rate. A continued focus is making members aware of when the next issue is available online and keeping abreast of what is happening in public health in Australia and New Zealand.

I wish to thank my editors, Melissa Stoneham, Priscilla Robinson, Nikki Percival, Luke Wolfenden, Sandar Tin Tin and Hassan Vally. Special thanks to Peta Neilson for her work on the administration and production of the Journal. This group’s ongoing hard work and dedication ensures ANZJPH operates at the highest levels of integrity and quality that PHAA members and other users of the Journal have come to know and expect.
<table>
<thead>
<tr>
<th>Papers Received</th>
<th>1 July 2015 – 30 June 2016</th>
<th>1 July 2015 – 30 June 2016</th>
<th>1 July 2017 – 30 June 2018</th>
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<td>454</td>
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**Status @ 30 June**

| Rejected, Lapsed or Withdrawn | 306 (67%) | 170 (51%) | 195 (57%) |
| Live (In Review or Revision)  | 64        | 58        | 43        |
| Accepted                      | 84        | 105       | 104       |

**Source**

| Australia       | 347 | 239 | 235 |
| New Zealand     | 57  | 46  | 48  |
| Other Overseas  | 50  | 48  | 60  |

- Belgium, Canada (2), China (11), Cyprus, Egypt (3), Fiji, India (3), Iran (7), Korea, Malaysia, Saudi Arabia, Serbia (2), South Africa (2), Spain, Turkey (5), United States (8)
- Canada, China (21), Egypt, India, Indonesia, Iran (2), Japan (2), Malaysia (3), Poland (5), Romania, Saudi Arabia (2), South Africa, Sri Lanka, Taiwan (2), UK, United States (3)
- Afghanistan, Bangladesh, Canada (2), China (23), Egypt, Fiji, India, Iran (3), Korea (5), Malaysia, Pakistan (2), Saudi Arabia (2), Singapore, Taiwan (5), Turkey (4), UK (2), United States (5)

**Content of Issues Published (excluding Early View)**

| Editorial       | 5   | 4   | 4   |
| Commentary      | 9   | 8   | 8   |
| Articles / Brief Reports | 112 | 100 | 92  |
| Letters to the Editor | 13  | 11  | 26  |
| Book Reviews    | 12  | 2   | 5   |
| Total           | 151*| 125 | 135 |
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. Mrs Rebecca Roennfeldt commenced in the role of Executive Officer in May 2018, taking over from Dr Devin Bowles.

In 2017-18, NAAA released its Fizzer Awards that highlighted Queensland as the strongest and Tasmania as the weakest performers in alcohol laws and policy among the states and territories.

Last year NAAA co-hosted the Global Alcohol Policy Conference with PHAA, the Foundation for Alcohol Research and Education (FARE) and the Global Alcohol Policy Alliance in Melbourne in October 2017 and hosted “Australia: An Intoxicated Society, 40 Years on from the Baume Report” at Parliament House in November 2017.

Other highlights include meeting with Federal Minister for Health Greg Hunt and various State Government Ministers regarding the National Alcohol Strategy and policy submissions on the National Alcohol Strategy (co-badged with FARE), the review of alcohol policies and legislation in the Northern Territory and pregnancy warning labels on packaged alcoholic beverages.

Council of Academic Public Health Institutions Australia (CAPHIA)

PHAA developed its already strong relationship with CAPHIA, which had as one of its Executive Committee members during the year 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. The organisations co-hosted CAPHIA’s first webinar, on the subject of the public health workforce in the Pacific, which had 150 people registrations.

To acknowledge its recently-joined New Zealand member institutions, members changed the organisation’s name to end in Australasia rather than Australia. In April 2018, CAPHIA held a Teaching and Learning Forum in New Zealand at AUT University. This was in addition to the Teaching and Learning Forum held at the University of Sydney in late 2017. These Forums allow 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.

For the first time, CAPHIA held its AGM at Parliament House. Heads of Schools met with the Minister for Health and Sport, the Minister for Indigenous Health and Ageing, the Shadow Minister for Health and Medicare, the Leader of the Australian Green Party, and representatives of the Departments of Health, Education, and Foreign Affairs and Trade.

To support its increased scope of activity, CAPHIA created a part time policy and communications officer position. The role is ably filled by Susan Pennings, who is also on the Executive Committee of the ACT Branch of the PHAA.
Branch Reports

Australian Capital Territory Branch

President: Devin Bowles

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

Dr Charles Livingstone gave the 2017 Sax Oration on the topic of how the gambling industry subverts the research process and why a public health harm-minimisation approach is needed. The 2018 Sax Oration is planned for later in 2018.

Prof Tom Calma, Prof Kerry Arabena, Dr Charles Massy and Dr Devin Bowles participated in a panel discussion entitled “Should non-Indigenous Australians have a connection with Country?”. The ACT Branch partnered with the Aboriginal and Torres Strait Islander Health SIG and the Environment and Ecology SIG, as well as the University of Canberra and the Frank Fenner Foundation to host this discussion at the National Press Club. The event was followed with the opportunity to network over refreshments, and received very positive feedback.

The Branch paired with Effective Altruism ANU to host a presentation on preventing climate change-associated conflict.

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

New South Wales Branch

Incoming committee (from November 2017):

President: Simon Willcox
Committee: Christine Harvey (Secretary), Alvin Lee (Treasurer), Patrick Harris (Vice President), Catriona Bonfiglioli, Sinead Boylan, Ed Jegasothy, Travers Johnstone, Sarah Neill and Heike Schutze.

Outgoing committee (to November 2017):

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

This year the NSW Branch continued to implement their strategic plan focused on a sustainable future, health equity, social determinants of health, evidence informed practice and promoting engagement of students in the activities of the PHAA and public health more broadly.

Scholarships

The branch awarded three scholarships to attend the Public Health Prevention Conference in Sydney that was held in May 2018. Two student scholarships and an Aboriginal scholarship were awarded. The scholarships funded the recipient’s attendance to the Congress.
Awards

The 2017 NSW Public Health Impact Award for significant achievement in public health was awarded to Professor Nicholas Zwar for his contribution to public health practice in general practice and primary health care.

A President’s Award for outstanding contribution to Aboriginal and Torres Strait Islander health was awarded to Jamie Newman.

A President’s Award for early career research in Aboriginal and Torres Strait Islander health was awarded to Mieke Snijder.

Strengthening engagement in public health

The PHAA NSW Branch partnered with the Australasian Epidemiological Association to host a debate in August 2017. The debate topic was “That observational studies are obsolete”. For the affirmative: Associate Professor Germaine Wong, Associate Professor Anne Cust and Professor Andrew Hayen. For the negative: Professor Mary-Louise McLaws, Professor Alexandra Barrett and Professor Anthony Rodgers.

The PHAA NSW Branch hosted an Aboriginal and Torres Strait Islander Health Symposium in November 2017. We were honoured by Jamie Newman’s address. An inspiring speech on how we can all contribute to Aboriginal and Torres Strait Islander Health. The event also recognised the achievements of graduates from the NSW Ministry of Health’s Aboriginal Population Health Training Initiative, Public Health Training Program and Biostatistics Training Program.

Advocacy

The NSW Branch was involved in providing advice and information to government and local populations on a range of public health issues including mental health, firearms regulation, fresh food pricing, provision of drug rehabilitation services, alcoholic beverages advertising, support for new parents and babies, adequacy of youth diversionary programs, and suicide prevention.

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

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

Queensland Branch

President: Paul Gardiner
Vice President: Sid Kaladharan
Secretary: Letitia Del Fabbro / Georgina Dove
Treasurer: Danette Langbecker
Committee: Peter Anderson, Brenna Bernadino, Rachael Brennan, Mohammad Kadir, and Rebecca Perkins.

We would also like to acknowledge Emmanuel Adegbosin, Kyoko Miura, and Keren Papier who served on the Committee for some of the past year.

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

1. Advocacy
We continued to advocate for decriminalisation of abortion in Queensland and worked with National Office and the Women’s Health SIG to write a submission to the Queensland Law Reform Commission’s review of the law on Termination of Pregnancy in Queensland. We wrote a submission with National Office on ‘Improving the delivery of respectful relationships and sex education relevant to the use of technology in Queensland state schools’. We partnered with the Queensland Branch of the Australian Health Promotion Association to gauge positions from the major political parties on a range of public health issues prior to the Queensland election.
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: Loren Brynat (James Cook University), Lacey Evans and Allison Wilson (The University of Queensland), Jamie Maloney (Queensland University of Technology), and Amanda Maykin and Selina Kemp (Griffith University).

Members of the Committee also attended a National Sunscreen Policy Summit, and a forum “Towards an Integrated Healthcare System”, the launch of resilience week at the University of Southern Queensland Institute of Resilient Regions, a Round Table on the Nuclear Ban Treaty, and were consulted on the establishment of a new Masters of Environmental Health at The University of Queensland, as well as presenting to student groups at universities in Queensland. Branch members attended workshops on a Climate, Health and Wellbeing Plan for Queensland.

3. Professional Development

In conjunction with the Queensland Branch of the Australian Health Promotion Association, the Branch ran a very successful Public Health Career Showcase in October 2017 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. In May 2018, the Branch partnered with the Centre for Health Services Research at The University of Queensland to host “mHealth: Opportunities and challenges for improving population health” which featured 19 speakers and 4 panels covering population surveillance, health promotion and clinical settings, as well as the future. There was overwhelming positive feedback on the event.

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

South Australian Branch

President: Kate Kameniar

Committee: Ashley Webb (Vice-President), Monica Cations (Treasurer), Aimee Brownbill (Member Secretary), Dannielle Post (Conference Chair), Rebecca Tooher, Teresa Burgess, Jude Hamilton, Natasha Howard, Alexandra Procter, George Tsourtos, Rushley Ebero, Adyya Gupta, Clare Rowley, Tassia Oswald

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. Most notably, the PHAA SA Branch led a public health advocacy campaign in the lead up to the 2018 State Election, seeking additional funding, support and resources for public health, prevention and health promotion. 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.

2018 SA State Election Campaign

The PHAA SA Branch, actively engaged with the relevant parties to advocate for strong state leadership and renewed investment in public health, health promotion and disease prevention. We developed a SA Public Health Consortium in partnership with the South Australian Council of Social Service, Australian Health Promotion Association, Anti-Poverty Network SA and People’s Health Movement Australia, to call on all parties to make the health of South Australians a key priority and demonstrate a visible commitment to preventive strategies and building capacity both within and beyond the health sector.
The Consortium developed an election document with three costed asks, which would provide a platform to rebuild the state’s public health, health promotion and disease prevention strategies:

- Establish a discrete, full-time position of Chief Public Health Officer to enable state level leadership with a mandate for prevention, health promotion and wellbeing (currently this position is combined with the Chief Medical Officer)
- Establish a state-wide community health promotion and disease prevention Connected Health for All Strategy to support coordinated public health programs and partnerships between NGOs, local government and the Department of Health
- Establish and evaluate two non-government primary health care centres to build community capacity through health promotion, partnerships and development

A media release went out and the platform was picked up by the Advertiser, Channel 9 News and several radio stations. This was followed by meetings with the local Health Minister, Shadow Health Minister, and Greens. A template letter was developed for members and supporters to send to local candidates in their electorate. And the team at Croakey Blog were very supportive, publishing several articles from the SA Branch in relation to the SA election.

The #HealthySA Forum, Beyond Hospitals: Who will keep our community healthy? was held on 1 March as part of the State Election Campaign. Speakers included the Hon. Christ Picton MLC (representing the then current SA Health Minister), Hon. Stephen Wade MLC (then Shadow Minister for Health), Hon. Kelly Vincent MLC (Dignity Party, Hon. Tammy Franks MLC (Greens) and Mr Peter Vincent (SA Best). Chaired by Health Journalist Brad Crouch, the forum attracted more than 60 thought-leaders in public health, eager to hear what commitments each party would make. A strong social media strategy developed by the Branch Executive team was highly successful, with a series of strategically released infographics promoting the forum to trend on Twitter.

The election result saw some positive strategies make their way through including the separation of the Chief Public Health Officer and Medical Officer positions into two discrete, separate positions to be staffed by two different individual employees. The Branch continues to engage with local ministers and decision makers in regards to the implementation of agreed to strategies and recommendations for future funding allocations to improve population health outcomes.

Advisory Committee

In 2017, the SA PHAA Executive established the SA PHAA Advisory Committee to ensure that extensive public health and corporate knowledge from local public health leaders is informing the Branch’s strategic directions and advocacy initiatives. The Committee meets twice a year and aims to:

- To work with the Executive Committee to provide input and advice to the Branch’s strategic planning processes, including advice regarding important topics of interest for PHAA member activities;
- To determine the recipient of the annual Basil Hetzel Leadership in Public Health Award; and
- To provide assistance where possible with the development of relevant submissions and responses to government policies or initiatives.

The Executive Committee is most grateful to the support of our dedicated advisory committee and in particular I would like to thank the following people for their ongoing support: Professor Fran Baum, Professor John Coveney, Dr Jackie Street, Dr Stephen Christley, Dr Wendy Scheil, Ms Christine Morris, Ms Wendy Keech, Mr Adrian Heard, Dr Lareen Newman.
Public Events 2017-2018

• October 2017 – State Population Health Conference – the SA Branch led the organisation of the conference, with Executive member Dannielle Proud as the Conference Convener. Melissa Sweet (Journalist, Croakey Blog) was our keynote speaker and a panel on public health advocacy was well received. There were over 20 speakers in our parallel sessions.

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 2017 recipient was Jacqueline Bowden.

2. The SA Community Health Association Primary Health Care Practitioner Award for 2017 (jointly awarded with AHPA) went to Carmel Williams for her extensive career and commitment to primary health care.

3. The Basil Hetzel Leadership in Public Health Award for 2017 was presented to Dr David Scrimgeour, Public Health Physician and general practitioner.

The Public Health Mentoring Program

Our mentoring program (now in its 15th year) is supporting early career public health researchers/practitioners in public health. The program was managed in 2017/18 by George Tsourtos with assistance from Rushley Ebero. In 2017 there were seven mentees paired with a mentor from a chosen area of public health. This is now run every two years and the next program is planned for 2019.

Networks

SA Branch continues to maintain ongoing links with other like-minded organisations, including AHPA, AFPHM, AEA, SACOSS, and SAHMRI, Anti-Poverty Network, People’s Health Movement, Health Consumers Alliance and the Heart Foundation. This year we were particularly pleased to establish the SA Public Health Consortium in partnership with AHPA, SACOSS, PHN, and APN.

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.

Submissions, consultations and collaborations:

• SA State Public Health Plan – second consultation (June 2018)
• State Election Priorities (March 2018)
• Mandatory assessment for substance dependence SA (Feb 2018)
• The Way Forward LGBTIQ Report (Feb 2018)
• SA State Public Health Plan – first consultation (Feb 2018)
• A disaster resilience strategy for SA (Jan 2018)
• Anti-Poverty Network Increase New Start Campaign (Oct 2017)

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 2018-2019
There are a range of events coming up in 2018-2019. We are currently finalising our first State Budget submission, planning for the 2018 State Population Health Conference in December, planning for a careers night in August and continuing to advocate to our local MPs and decision makers for increased prioritisation of Public health, health promotion and disease prevention.

Tasmanian Branch

President: Gillian Mangan, Kim Jose (May 2018)
Committee: Kim Jose (Secretary), Silvana Bettiol (Treasurer), Julie Williams, Michael Bentley, Siobhan Harpur, Emily Mauldon

Gillian and Kim would like to thank all the Tasmanian Branch members for their support during 2017-18, 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. We would also like to thank the PHAA National Office staff for their ever-willing help and assistance this year. Kim would like to acknowledge Gillian’s contribution to the Tasmanian branch over the past 4 years as President and thank her for continuing to support the branch in her new role as Secretary.

In the past year we held an open meeting with the newly appointed Professor of Public Health, Professor Roger Hughes and other staff at the University of Tasmania where the current course offerings in public health at the University of Tasmania were outlined. This event was well attended and generated discussion between University staff and attendees about planned changes to the course.

On May 7th, retiring CEO of the PHAA, Michael Moore visited Hobart and the branch held a public talk where Michael provided his perspective on public health advocacy, and some reflections on successes, failures and future work to be done. This event was well attended by members and non-members. Michael also attended the AGM and contributed to discussions about future directions and plans for the branch. The Tasmanian Branch was pleased to host Michael and to have the opportunity to thank him for his years of service to the PHAA.

Victorian Branch

President: Rebecca Lee
Secretary and Treasurer: Bronwyn Carter
Committee Members: Anna Nicholson, Jade Northcott, Jayde Cesarec, Julia McCusker, Hilary Murchison, Rose Bell, Muhammad Aziz Rahman, Jill Waddell,
Co-opted Committee Members: Veronica Perera, Adyya Gupta, Nyssa Hadgraft, Trish Ritchie

Much of the work of the Victorian branch committee this year has focused on planning for the upcoming state election. We hope that we will be able to engage our members in advocacy in their local communities as this draws near.

Seminars
The seminars team are working on planning the Annual Careers seminar. This seminar, a hallmark of the seminar calendar year, will be held in October/November this year and is run in partnership with AHPA, AEA and AFPHM.
Currently the seminars team are working with the Victorian branch committee more widely to plan a pre-election event to launch scorecards tracking the key public health policies that are of interest to our members. As always, the annual AGM will be held in November. As part of the AGM, we are also planning to run a short seminar to engage members on a topic of VIC member interest.

Advisory Group Liaison

As a part of the 2018-2019 Strategic plan, the Victorian Branch committee agreed to form an Advisory Group. The role of the advisory group is to provide knowledge and expertise from various areas of public health. The support and advice provided by the advisory group will be called upon for submission requests, letter writing and in particular, in the lead up and follow-up of the 2018 state election.

The committee is currently made up of four professionals from the field with a fifth member to be recruited in due course. Those invited to join the advisory group were nominated by the members of the Victorian branch committee. The first meeting held focused on the role the branch committee and the broader Victorian membership should play in the state election.

Strengthening Links

This year the Victorian branch has grown its focus on strengthening links to other organisations, as well as regional members. It was identified that there was an opportunity to build the committee’s capacity, by better understanding our links and shared foci with peer or partner organisations. Through the portfolio, we have established a list of current PHAA partnerships, relevant to Victoria, and are planning ways to better link with other organisations and opportunities that align with our work.

Contact has been made with regional Victorian members to identify opportunities for engagement. It was identified that it is difficult to keep create meaningful opportunities without dedicated capacity in regional areas. The committee are trialling an increased number of virtual ‘Zoom’ meetings and reduced face-to-face meetings, which has increased opportunities for regional members’ participation in the committee.

Policy and advocacy

Over the year, the Victorian Branch has continued to take a proactive approach to policy and advocacy activities. We are now focusing our advocacy prominently on Victorian issues, which as always is driven by our biannual members survey. Current priorities for Victorian members are prevention funding, mental health, alcohol/substance abuse, Aboriginal health and obesity.

The majority of the Victorian Branch’s work this year has been focused on the upcoming state election. The branch has been planning key activities around the election including; letters to politicians to advocate for key issues, with requests to meet; development of a policy ‘scorecard’ and a member event to launch the scorecard.

The Branch has also consulted with the PHAA National office on the submission on the Refresh of the Victorian Aboriginal Affairs Framework and the Review of the Family Violence and Victims of Crime Assistance Act 1996 in Victoria.

Western Australian Branch

President: Jillian Abraham (to December 2017), Hannah Pierce (from January 2018)

Vice-President: Stephanie Godrich

Treasurer: Tegan Reilly (to December 2017), Kaashifah Bruce (from January 2018)
Secretary: Cory Gray

Committee: Anastasia Atzemis, Danica Keric, Samantha Bradder (from January 2018), Jessica Matthews (from January 2018), Louella Monaghan (from January 2018), Emily Moore (from January 2018), Kevin Stork (from January 2018), Lisa Wood (from January 2018), Nicolette Zingerle (from January 2018), Emma Douglas (to December 2017), Tracy McRae (to December 2017), Ainslie Sartori (to December 2017), Sanjee Senanayake (to December 2017)

Achievement against our strategic objectives in 2017-18

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

- In October 2017 we provided a joint submission with PHAA National office to the Sustainable Health Review with the primary message, ‘a sustainable health system is one that keeps people out of hospital and supports them to maintain good physical and mental health in their community’. We provided feedback on the Review’s Interim Report on May 2018.

- On 15 November 2017, we met with the Deputy Premier; Minister for Health; Minister for Mental Health, the Hon Roger Cook MLA. A key point raised with the Minister was the need for increased and sustained investment in prevention to address the main risk factors contributing to chronic disease. We took the opportunity to congratulate the Government on their continued commitment to maintaining the current restrictions on poker machines in WA and queried progress against the Government’s election commitment to ban alcohol advertising on public transport.

- In March 2018 we provided a joint submission with the Australian Health Promotion Association WA Branch to the Methamphetamine Action Plan Taskforce.

- In March 2018, we wrote to the Minister for Health and Shadow Minister for Health supporting the amendments to the tobacco legislation being debated in the Legislative Council. In June 2018 we followed this up with letters of support to all Upper House MPs.

- Healthway, WA’s health promotion foundation, has been amalgamated with Lotterywest. In April 2018 we wrote to the Minister for Health seeking assurances that the core health promotion mandate of Healthway and its legislated functions will be retained and its funding allocation will be maintained following the merger. The letter was signed by five other public health organisations in WA.

- In May 2018 Hannah Pierce (President) and Samantha Bradder (general committee member) spoke to the WA Labor Party Health Policy Committee about prevention strategies the WA Government could introduce to address chronic disease risk factors, including smoking, alcohol and obesity.

Strategic objective 2: Continue to build capacity in public health through knowledge, skills and information exchange

- We partnered with the Australian Health Promotion Association (AHPA) WA Branch to deliver a successful Student Careers Night in August 2017 with 96 attendees.

- Our AGM (held in November 2017) included Professor Mike Daube AO as the guest speaker discussing ‘Not a spectator sport: Challenges for Contemporary Public Health Advocacy’.

- In February 2018 we undertook a competitive process to support a PHAA WA member to attend the Advocacy Short Course facilitated by the Public Health Advocacy Institute of WA.

- In May/June 2018 we undertook a competitive process to support two Aboriginal and/or Torres Strait Islander public health students or trainees to attend the Australian Public Health Conference to be held in September 2018.
Strategic objective 3: Increase membership and enhance engagement with current members

- We regularly promoted membership in communications, the Intouch in WA newsletter and at PHAA WA Branch events.
- We reviewed our awards nomination strategy in 2017. We received a large number of high quality nominations and winners for the following Awards were announced at the AGM in November 2017:
  - **Community Award**: Getting Your Messages Out to Remove Communities Program - partnership between the Public Health Advocacy Institute of WA, Nirrumbuk Aboriginal Corporation & the Environmental Health Directorate (WA Department of Health).
  - **Policy/research translation award**: Banksia Hill Team, Telethon Kids Institute.
  - **Significant Contribution to Public Health Award**: Chicky Clemens. Chicky is an Aboriginal Environmental Health Worker based in Broome who has made a significant, yet unrecognised contribution to the Aboriginal people who live in Kimberley.
- Published the In Touch in WA newsletter in December 2017 and June 2018
- Continued to manage the PHAA WA Branch Twitter account. Our number of followers has grown to 1,422. You can follow us @_PHAA_WA.

Strategic objective 4: Strengthen PHAA WA Branch operations

- Conducted a planning day in February 2018.
- Created a ‘Buddy System’ for the 2018 committee. New committee members were matched up with a returning committee member to provide a point of contact for queries relating to committee activities.
- Initiated a comprehensive partnership mapping exercise, to identify key public health organisations across topic areas that the branch could partner with.

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

Close the Gap Committee

The Aboriginal and Torres Strait Islander SIG Co-Conveners continue to participate in the Close the Gap Steering Committee.

Indigenous Working Group of the World Federation of Public Health Associations

Summer May Finlay is the Co-Vice Chair of the Indigenous Working Group of the World Federation of Public Health Associations. The Group was formally ratified in November 2017 and launched in Geneva alongside the World Health Organisation’s World Health Assembly in May 2018. Summer was in attendance at the World Federation of Public Health Associations’ General Assembly and the World Health Assembly in Geneva as part of this group and on behalf of the PHAA. Since the group was ratified it has held fortnightly meetings with the aim of developing the group’s processes.
Aboriginal and Torres Strait Islander Terminology Webinar

In March 2018, Yvonne Luxford and Summer May Finlay facilitated a webinar for members to promote and explain the Aboriginal and Torres Strait Islander Terminology Guide developed for the PHAA the previous year. The webinar was attended by over 60 people from around the country, and is available to view on the PHAA Members’ site.

Panel: “Should non-Indigenous people have a connection to Country?”

In collaboration with the University of Canberra, the ACT Branch and the Ecology and Environment SIG, the Aboriginal and Torres Strait Islander SIG held a panel event at the National Press Club titled “Should non-Indigenous people have a connection to Country?”. The panel members included Professor Kerry Arabena from Melbourne University, Professor Tom Calma AO, Co-Chair of Reconciliation Australia, Dr Charles Massy from Australian National University and Dr Devin Bowles, Council for Academic Public Health Institutions Australia. The event was attended by over 90 people and was viewed online via Periscope by almost 900 people.

Reconciliation Action Plan

With Carmen Parter, the Aboriginal and Torres Strait Islander Vice President, the Aboriginal and Torres Strait Islander Special Interest Group is continuing to develop the Innovate Reconciliation Action Plan (RAP). The RAP has been circulated to members who had identified they wanted to be involved in its development and the Board. We expect to finalise the RAP during late 2018 - early 2019.

Submissions

The SIG has provided advice to national inquiries and input into a range of written submissions including Aboriginal and Torres Strait Islander specific submissions, and have supported the inclusion of Aboriginal and Torres Strait Islander perspectives in other submissions.

Aboriginal and Torres Strait Islander specific submissions

June – Closing the Gap and the Victorian Aboriginal Affairs Framework

Oct – Optimal care pathways for Aboriginal and Torres Strait Islander people with cancer

Other submissions

March - Reproductive coercion white paper (Marie Stopes Australia)

March – United Nations Sustainable Development Goals

Feb – National Alcohol Strategy

Feb - Liquor Legislation Amendment (Licensing) Bill 2018 (NT)

Jan – Inquiry into the adequacy of youth diversionary programs in NSW

Dec - Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW

Dec – Pre-budget submission 2018-19

Dec – WA Interim State Public Health Plan

Nov – Support for new parents and babies in New South Walks

Aug – Social Services Legislation Amendment (Welfare Reform) Bill 2017

July – Northern Territory review of alcohol policies and legislation
July - OPCAT in Australia – consultations with civil society

Reference Committee

This year, we re-established the SIG Reference Committee. The focus of the Committee is to assist the co-conveners to identify priorities and provide advice. We held our first teleconference in March 2018.

The SIG Reference Committee has identified several key areas of focus for the SIG in the coming year. Closely complementing the priorities identified by surveyed SIG members, these include:

- Food and nutrition security
- Mental health and suicide
- Community infrastructure
- Workforce
- Alcohol and other drugs
- Family violence

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

Co-Convenors: Jane Frawley & Ruth Wallace (from June 2018)

• New Co-Convenors and committee formed in June 2018 - Jane Lockton, Ari Kurzeme, Lubna Razak, Katharine Noonan, Jane Frawley, Ruth Wallace

• New Co-convenors Jane Frawley and Ruth Wallace

• Collaborating with Women’s Health SIG on Breastfeeding Strategy

• Involvement in the submission on implementation of convention on the rights of the child

Complementary Medicine – Evidence, Research & Policy

Convenor: Distinguished Professor Jon Adams

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

The PHAA SIG in 'Evidence, research and policy in Complementary Medicine' has continued to be active on the national and international stage over the last 12 months. In November 2017 a delegation of SIG Committee members attended the American Public Health Association Annual Conference in Atlanta Georgia, US – a number of oral presentations around the PH of CM were delivered and a special meeting between PHAAS SIG and our APHA equivalent was held at an evening function.

The SIG organised and hosted an International Public Presentation from Professor Eva Skillgate, Karolinska Institute, Sweden outlining issues on the epidemiology of sports science and manual therapy research. In April 2018 Distinguished Prof Jon Adams (SIG National Convenor) and Dr Jon Wardle (SIG member) represented the SIG as plenary speakers at the First International Congress of Complementary and Integrative Medicine in Public Health held by the Brazilian Ministry of Health and ABRASCO (Brazilian Collective Health Association). The Congress was attended by over 4,000 delegates and the PHAA SIG representatives met with Ministry of Health delegates from Peru, Brazil and Chile to help develop ties and collaborations.

Ecology & Environment

Co-Conveners: Peter Tait & Lea Merone

EESIG has continued to be active on many topics particularly:

• Promoting a Planetary Health approach to protect and promote good ecosystem functioning as a determinant of human wellbeing;

• Furthering action on environmental chemical toxins:
  o Active input to the National Industrial Chemicals Notification and Assessment Scheme, Strategic Consultative Committee and the chemical regulation review.
Undertaking, with ANU Medical School, a review of the health effects of waste to energy incinerators;
- Defending a Safe Climate particularly by supporting the National Strategy for Climate Health and Wellbeing, and the Divestment Campaign (with Healthy Futures);
- With Medical Association for Prevention of War, Australian Conservation Foundation, Australian Nuclear Free Alliance & Beyond Nuclear Initiative we supported proper assessment for nuclear waste management in Australia;

This entailed close collaborations with several PHAA branches and other SIGS.

Several EESIG Members were recognised in the 2017 annual awards:
- Peter Tait awarded Sidney Sax Medal
- Fiona Armstrong awarded the 2017 Tony McMichael Public Health Ecology and Environment Award
- Liz Hanna and Peter Sainsbury received President’s Awards.

The EESIG continued to represent PHAA on several external committees: Dr Joe Hlubucek on the National Industrial Chemicals Notification and Assessment Scheme Strategic Consultative Committee and Standing Committee on Chemicals Stakeholder Forum; Michael Fonda for his representation on ANFA and the Rare Earth’s working group; and Rosalie Schultz as media advisor for climate change health issues for Climate Council in NT.

We launched the EESIG Twitter account - @PHAA_Eco.

We would like to thank the Core Group: Fiona Armstrong, Michael Bentley, Anna Bethmont, Devin Bowles, Tim Cummins, Liz Hanna, Melissa Haswell, Adrian Heard, Michael Fonda, Rosalie Schultz, Glenda Verrinder, Jo Walker and Andrew Waters for their support and efforts this year. Thanks also to Ben Ewald for convening the Air Quality group, other SIG members who have responded to calls for help during the year, other SIG Conveners and Branch Presidents for collaborations, and our stalwart national office team.

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 wellbeing.*

**Food & Nutrition**

**Co-Convenors:** Amanda Lee and Kathryn Backholer

FANSIG has had a very busy twelve months. We have increased membership, and membership engagement through volunteer activities 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, with a focus on promoting health and wellbeing, equity, and environmental sustainability. This would ensure a more strategic approach to evidence based and co-ordinated nutrition infrastructure and policy actions in Australia. We have had a concerted effort to develop policy positions in key areas. Our proactive and reactive work over the past year has supported a wide range of complementary activities.

We revised the following policy positions:
• Food and Nutrition Monitoring and Surveillance, development led by Judy Seal, Sarah Marshall and Mathew Dick
• Marketing of Food and Beverages to Children, development led by Wendy Watson, Helen Dixon, Kathryn Backholer and Phillip Baker
• Australian food security policy (Household level), development led by Danielle Gallagos, Rebecca Lindberg, Cassie Winter, Nikki Boswell, Tanya Lawlis, Joanna Russell and Suzanne Kleve
• Nutrition Content and Health Claims on Foods, development led by Wendy Watson and Tara Boelsen-Robinson
• Added sugar labelling for foods and beverages, development led by Ali Jones, Jason Wu, Katinka Day and Kathryn Backholer
• Food, Nutrition and Health Policy, development led by Amanda Lee, Kathryn Backholer, Phillip Baker, Helen Vidgen, Tanya Lawlis and Ju Lin Lee

Together with the Ecology and Environment Special Interest Group, we revised three policies on environmental sustainability and food led by Paige Preston, Lea Merone, Peter Tait, Kaye Mehta, Sandra Murray and others:

• Ecologically sustainable diets
• The Food System and Environmental Impacts, and
• Global warming, the Food System and Food Security Policy

We reviewed and extended the following policy positions for revision by July 2019:

• Health Levy on Sugar Sweetened Beverage, development led by Kathryn Backholer, Deanne Wooden, Alexandra Jones and Yosefine Deans in 2017
• Health Star Rating System, development led by Mark Lawrence, Julie Woods, Alexandra Jones, Amanda Lee, Christine Pollard in 2017
• Palm oil, led by Julie Woods in 2016 and 2017

We scoped the development of a proposed policy position on nutrition science and evidence-based food, diet and dietary pattern recommendations led by Beth Meertens and Amanda Lee.

We contributed to the following PHAA submissions:

• P1028 the regulation of infant formula products for special dietary use
• Senate Select Committee on the Political Influence of Donations
• Closing the Gap Refresh
• Food derived from new breeding techniques
• Review of labelling of fats and oils
• The Healthy Food Partnership Portion Size Working group consultation
• Inquiry into fresh food pricing in NSW
• Inquiry into the national breastfeeding strategy
• The obesity epidemic in Australia- the prevalence of overweight and obesity among children in Australia and changes in these rates over time

We contributed to the development of the following letters:
• To the Australia and New Zealand Ministerial Forum on Food Regulation on added sugar labelling for foods and beverages
• To Senators regarding concerns about the TGA 2017 measures no 1 Bill.

We developed the following internal informal briefing papers:
• FANSIG discussion points, for meeting with new PHAA CEO Terry Slevin
• FANSIG Priority food and nutrition “asks” for next election

We alerted members to over 20 key reports, publications and advocacy opportunities in public health nutrition.

All FANSIG members on Healthy Food Partnership working groups meet regularly with CEO Michael Moore and representatives from other health organisations.

FANSIG members attended Food Regulation activities including: Food Policy Think Tank (Melbourne March 2018), Health Star Rating five year review consultations, and targeted consultation on sugar labelling.

FANSIG members are involved in the development of a decadal plan for nutrition science by the Nutrition Committee of the Australian Academy of Science.

Several FANSIG members presented at the first PHAA Preventive Health Conference in Sydney in May.

The FANSIG Co-convenors are members of the Conference Advisory Committee of the third Food Futures Conference: Food-Shaping our Future, to be held in Brisbane in November 2018. Several FANSIG members have volunteered and reviewed abstracts for the meeting.

FANSIG Co-convenors are contributing to planning for the international public health Nutrition Congress to be held in Australia in 2020, with the support of PHAA.

Health Promotion

Convenor: Carmel Williams

The Health Promotion Special Interest Group (SIG) elected a new Committee in May 2018 and the SIG is pleased to welcome back Anne-Maree Parrish and Aziz Rahman to the Committee.

The Public Health Association of Australia (PHAA), and the Australian Health Promotion Association (AHPA) and the have agreed to jointly develop a National Policy Statement on Promoting Health and Preventing Illness, that clearly positions health promotion and illness prevention as key contributors to population health and wellbeing (Prevention Policy). The Health Promotion SIG has been leading and jointly funding this work in partnership with AHPA on behalf of the PHAA.

Consultation on the background scoping paper and policy was undertaken at the Prevention Policy workshop, held as part of the Prevention Conference in May 2018. The feedback and ideas from the Workshop is being used to inform the development of the draft Prevention Policy. The Policy will be endorsed by both governing bodies in line with organisational conventions and once adopted will be used to form the foundation of a joint
Prevention Position Statement to argue for greater investment in prevention. It is hoped the Prevention Policy will be ready for endorsement at the PHAA Annual General Meeting later this year.

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 range 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 the PHAA policy on Skin Cancer.

Immunisation

Co-Convenors: Angela Newbound and Michelle Wills

Since the introduction of the No Jab No Pay Legislation on 1st January 2016, the Australian Government Department of Health “Historical coverage data tables for all children” report indicates immunisation coverage for all children increased by 1.72% for the 1-year old cohort, 1.15% for the 2-year-old cohort and 1.37% for the 5-year-old cohort from end of 2015 to end of 2017. At March 2018, immunisation rates for these cohorts had further slight increases. The PHAA acknowledges immunisation providers who have worked hard to increase immunisation coverage within their practices and organisations, but barriers remain.

Additional strategies to assist parents to overcome barriers to immunisation are needed to prevent children remaining under vaccinated and at risk of vaccine preventable disease. The introduction of Zostavax vaccine on the National Immunisation Program on 1st November 2016 was tremendously successful however uptake has stalled over the past 6 months. Concentrated efforts are now required by General Practices to actively contact individuals who have not received the recommended dose and to initiate strategies that will target the 70-year-old cohort. The Australian Immunisation Register (AIR) became a ‘whole of life’ register on 1st October 2016 and has continued to expand with additional fields and reports now available.

All providers are encouraged to ensure adult vaccines, especially significant vaccines such as Zostavax and pneumococcal vaccines, are reported to the AIR. This crucial data allows policy makers and program developers to measure the success of immunisation programs and better target at risk individuals. The Commonwealth Government has committed to providing all 12-month-old children a free dose of Meningococcal ACW135Y quadrivalent vaccine from 1st July 2018. This is, in part, in response to the rising serogroup W (MenW) notifications since 2013. The PHAA held the very successful 16th National Immunisation Conference in Adelaide on 5 – 7 June 2018. This year the three-day event focused on the current “Gains, Gaps and Goals” in the current immunisation landscape.

The highly-respected Michael Moore, who has officially retired as CEO of the PHAA, was given a final farewell while Terry Slevin, the new CEO was formally introduced. The PHAA Immunisation SIG will continue to advocate for increased adult vaccination awareness and for re-evaluation of funding for vaccines recommended, but not currently funded for individuals with significant medical risk factors.

Injury Prevention

Co-Convenors: Richard Franklin and Lyndal Bugeja

The 2017-2018 year was a busy year for the Injury Prevention SIG, which saw them contribute to a number of parliamentary enquires, bid for the world safety 2020 conference, update policies and contribute to the Australian Injury prevention Conference.
The Injury Prevention SIG continued to advocate for injury prevention policies and programs in Australia. A significant announcement in May was the allocation of $0.9 million over three years to develop a new National Injury Prevention Strategy in the 2018-19 budget. The current National Injury Prevention and Safety Promotion Plan, 2004-2014, requires revision and this funding will assist these efforts. This is a significant opportunity for injury prevention in Australia and there is a need for those working in injury prevention to use this opportunity to address the burden of injury.

The Injury Prevention SIG contributed to a number of policy submissions and updates including Firearms and falls and saw the revision of the smoke alarms policy accepted by PHAA members for another 3 years.

A lot of work has been going on in the background to prepare and submit a bid to the World Health Organization to host the 2020 World Injury Prevention and Safety Promotion Conference. It is intended that if successful, the conference will be hosted in Adelaide at the Convention Centre in Nov 2020. This bid has been successful due to the strong injury prevention partnership with Australasian Injury Prevention Network (AIPN) and others working in the area of injury prevention and also the South Australian Convention Bureau. A decision will be made later this year and if successful will be an excellent spring board for advocating for injury prevention.

Parliamentary submissions and letters to ministers on road safety, firearms and fire safety were made with varying degrees of success. There is always a need to be vigilant around the regulation we currently have in safety to ensure that we do not lose the gains already 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. The Injury Prevention SIG will work to contribute to the National Injury Prevention Strategy in collaboration with the AIPN and other areas public health to maximise opportunities to reduce the risk of injury at the population level.

Yours in safety

Dr Lyndal Budeja and A/Prof Richard Franklin Co-convenors IP SIG.

International Health

Convenor: Professor Jaya Dantas

Co-Convenor: Dr Brahm Marjadi

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

National SIG meetings

- The Convenor and/or Co-convenor have attended the SIG conveners’ meetings via teleconference during the year 2017 and continue to do so in 2018.

Conference contributions

- Several IH SIG members peer-reviewed the abstract submissions to PHAA conferences in 2017 and 2018.

Sponsorship & Scholarships

- IH SIG will provide two student scholarships for the Public Health Conference in Cairns in September 2018.
Policy update in 2018

The following policies have updated:

- Refugee and Asylum Seeker Health Policy
- Women’s Health in Overseas Aid Programs 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:
  - Status of the human right to freedom of religion or belief;
  - Strengthening multiculturalism in Australia;
  - Climate Change and security
  - PHAA submission to WA First Interim State Public Health Plan
  - PHAA submission on the SDGs
  - PHAA submission on reproductive coercion white paper along with the Women’s Health SIG.

Media Releases

In partnership with the Australian Federation of Graduate Women, released a media statement on:

- Violence against Women in December 2017
- Female Genital Mutilation along with the Women’s Health SIG in February 2018.

Other Activities

- The IH SIG continues to contribute three to four articles to Intouch 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 2018.
- 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.
- Co-convenor Dr Brahm Marjadi has started a 2-year project to improve sexuality and gender education in Indonesian primary and secondary schools and youth groups using a Community of Practice approach.
- The IH SIG commenced an international internship program with two MPH students from the University of South Florida undertaking an Internship and field placement at the International Health Programme, Faculty of Health Sciences, Curtin University and the West Australian Centre for Rural Health, between April to July 2018.

Justice Health

Convenor: Tony Butler
The SIG had input into the following submissions:

- Inquiry into the adequacy of youth diversionary programs in NSW
- Inquiry into incarceration rates of Aboriginal and Torres Strait Islander peoples
- Optional Protocol to the Convention Against Torture (OPCAT) in Australia - consultations with civil society

**Mental Health**

**Co-Convenors:** Mike Smith & Samantha Battams

**Committee:** Fiona Robards, Sally Morris, Ian Muchamore.

**Changes to committee**

We wish to acknowledge the contribution of Mike Smith who has stepped down as mental health SIG co-convenor. We welcome Ian Muchamore to the exec committee.

**PHAA Submissions**

- Input into PHAA submission to the NSW Mental Health Commission suicide prevention policy
- PHAA submission, input into The Way Forward, SA LGBTIQ Report
- Input into PHAA submission on the SA State Public Health Plan

**Policy**

- Working on revisions of Insurance & Mental Health Policy (discussions with BeyondBlue & SANE)
- Developed Draft Suicide Prevention Policy (discussions with Suicide Prevention Australia, also involved Aboriginal and Torres Strait Islander SIG)
- Revised Mental Health Policy
- Developed Physical activity and Mental Health Policy

**Advocacy**

- Advocacy on mental health issues through attendance at three local SA state election forums (mental health, PHAA and youth mental health election forum)

**One Health**

**Co-Convenors:** Van Joe Ibay and Simon Reid

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

The SIG had its new Antimicrobial Resistance Position Statement accepted as part of the 2017 policy review process.

**Oral Health**

**Co-Convenors:** Bruce Simmons and Tan Nguyen

Advocacy for better oral health has increased momentum over the last year or so with the mobilisation of the National Oral Health Alliance. PHAA is a contributing partner organisation with Bruce Simmons as the representative. There is also increasing activity through the re-invigoration of the Victorian Oral Health Alliance, which PHAA is poised to join. The retention of the Child Dental Benefits Scheme is a big win for
integrating oral health within the Australian healthcare system. However, more needs to be done to evaluate its cost-effectiveness, and broader promotion is required to increase utilisation.

The OHSIG have noted the final report of the Productivity Commission Inquiry into Competition and Choice in Human Services, in particular, the recommendations for public dental services. Whilst the discussion paper is ambitious, there is optimism that governments will trial key recommendations acknowledging that public dental care requires adequate funding in order to reduce oral health inequalities. Key issues raised include increasing accountability of dental service providers and moving towards a preventively person-centred oral health care.

More recently, PHAA has contributed to other advocacy fronts including supporting correspondence to pressure local councils in New South Wales and Queensland to expand water fluoridation. There has been advocacy for introduction of a 20% levy on sugar sweetened beverages and contributions to the Senate Inquiry into the Obesity Epidemic in Australia. The OHSIG has also sent a submission to the Dental Board of Australia supporting the recommendations of the revised scope of practice standard. Essentially, this will enable all dental practitioners to be treated equally, maintain continuity and potentially increase access to dental care.

There has been an increase in OHSIG membership since last year of 25%. Agreed activities have been outlined in the 2018 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; NSW – Claire Phelan, Clive Wright, Bushra Khan, Alice Kucera; VIC – Natalie Savin, Jamie Robertson, Adyya Gupta, Martin Hall, Kayla Savory; TAS – Jenny McKibben; SA – Kostas Kapellas; WA – Linda Slack-Smith, Hope Alexander

Best wishes go to all our members for their participation with the OHSIG advocacy, research and the promotion of public oral health, big or small. Every piece of the puzzle our members create makes a difference to the community.

OHSIG Membership: As at 20th June 2018, there were 78 members.


**Political Economy of Health**

**Co-Convenors:** David Legge and Deborah Gleeson

Political Economy is about money and power. The political economy of health is about how economic dynamics and political forces shape health care and population health and are in turn shaped by health trends. The purpose of the Political Economy of Health (PEH) Special Interest Group is to provide a community of interest within PHAA within which we are able to share our concerns, analyses, and experiences and work together to strengthen our practice.

One of the most prominent areas where politics, economics and health come together in the present era is in the negotiation of trade and investment agreements. Members of PEH SIG, led by Deb Gleeson have been active over the last year following, researching and lobbying in relation to various trade agreements, including in particular the TPP (now only 11 partners after the US withdrawal) and the Regional Comprehensive Economic Partnership (RCEP). PEH SIG coordinated a review of PHAA’s Trade and Health Policy earlier this year.

Another area where politics, economics and health meet is in relation to health care funding. Over the past 30 years health care financing policy has been deeply impacted by sweeping prescriptions for privatisation and marketisation of health care funding and delivery. While this is rationalised in terms of an ideology of ‘market
knows best’, there are also very real political pressures driving these trends. Massive tax payer funded subsidies to the private health insurance industry and through them to private health care providers is a reflection of these pressures. Led by Paul Laris, members of PEH SIG undertook a review this year of PHAA’s policy on the public funding of private health insurance.

The politics of global health are nowhere more visible than at the annual World Health Assembly where the high-income countries maintain a tight financial chokehold over the WHO to ensure that it does nothing to offend their interests. The attempt by the US in May of this year to water down WHO’s breast feeding policy illustrates. Led by David Legge and Bel Townsend, members of the PEH SIG, are actively involved in WHO Watch which is a global civil society network tracking WHO governing body debates and commenting and lobbying as appropriate.

2018 is the 40th anniversary of the Alma-Ata Declaration on Primary Health Care, a policy framework which has inspired public health practitioners around the world since its adoption in 1978. Led by Fran Baum, the PEH SIG, working with the People’s Health Movement, is organising a two day workshop in early September entitled “Health for All or Health for Some? Impacts of neoliberal globalisation on health in Australia and beyond” to mark this event. This event will also serve as a lead up to the 4th global People’s Health Assembly to be held in Bangladesh in November 2018.

Members of PHAA, who are not yet members of the PEH SIG, are warmly invited to make contact to explore the application of the political economic perspective to your fields of interest.

Thanks for the continuing energies of the PEH Committee and members!

Primary Health Care

Co-Convenors: Jacqui Allen and Gwyn Jolley

During the financial year 2017-2018, the main activities of the Primary Health Care SIG were:

Policies
- Primary Health Care policy was updated
- Gambling and Health policy was updated
- Planning started for a new policy on community participation in primary health care services and policy development

Newsletter
- Newsletter sent to all PHC SIG members in July and December 2017
- Planning for first 2018 newsletter

Submissions
- Contributed to PHAA submission re electronic gaming machines in NSW.
- Contribute to PHAA submission re obesity

Conference presentations
- In a joint venture with Angela Dawson (Women’s Health SIG) and Deb Wildgoose (Health Promotion SIG), Gwyn Jolley, Jacqui Allen and Russell McGowan presented five linked papers at a table top session at the Preventative Health conference 2-4th May 2018. The session was well attended with six tables of 8-9 delegates. The presentations covered various modes of participation including experience-based co-design, collaborative pairs, co-design for women’s’ health and co-designing healthy public policy. Drawing on the outcomes of the presentations it is planned that a community participation policy will be prepared in time for the 2019 PHAA AGM.

Scholarship
• Scholarship to support attendance at the 2018 National PHAA conference was offered
• Four committee meetings held for 2017-18
• AGM was held on 21st November 2017
• Jacqui attended the face-to-face forum in October in Sydney

Partnerships
• PHC SIG continues to be a member of the National Alliance for Gambling Reform with regular updates re advocacy activity sent to members

Women’s Health

Co-Convenors: Angela Dawson and Tinashe Dune

Committee: Louise Johnson/ Julie Hassard (Vic), Mischa Barr (Vic), Angela Taft (Vic), Jenny Ejik (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), Brigida Coombe (SA) Mearon O’Brien (Qld), Tinashe Dune (NSW)

The WHSIG welcomed Dr Candice Colbran to the co-convenor role in April 2018. We thank Dr. Tinashe Dune for all her efforts in this role. She will remain on the committee. The SIG 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 continued it work as a partner of the ASHA the Australasian Sexual Health Alliance a multidisciplinary support network for the sexual health workforce. The WHSIG contributed to the successful delivery of two symposia on abortion and adolescent reproductive health at the ASHA conference in November 2017. The WHSIG provided a scholarship for Anisa Assifi to attend this conference whose report can be found in the February issue of the Intouch magazine.
The SIG is now involved in the development of the Global sexual and Reproductive symposium at the November 2018 conference in Auckland New Zealand.

Contributed to “Setting the Agenda” consultations run by Labor’s Status of Women Committee throughout 2017

Prepared two press releases with the International health SIG
• International Day of Zero Tolerance for FGM
• International Women’s Day

In Touch contributions
• Associate Professor Suzanne Belton, Adjunct Menzies School of Health Research & Dr Rosalie Schultz, Central Australian Rural Practitioners Association How the NT Reformed the Abortion law Vol 46, No 24 December 2017
• Anisa Assif Report on the ASHM Australasian Sexual Health Conference Vol 47, No 25 February 2018

Submissions:
• National Framework for Maternity Services (June 2018)
• Australian National Breastfeeding Strategy 2018 and Beyond (June 2018)
• Development of the National Action Plan for Endometriosis (May 2018)
- Reproductive coercion white paper (Marie Stopes Australia) (March 2018)
- Medical Devices Consumer Workshop Meeting summary transvaginal mesh implants (March 2018)
- Australian Health Ministers Advisory Council (AHMAC) independent review of the Australian breast screening program (March 2018)
- Review of termination of pregnancy laws (Qld) (Feb 2018)
- Support for new parents and babies in New South Wales (Nov 2017)
- TGA consultation on up-classification of surgical mesh & Patient implant cards (August 2017)

The Public Health Prevention Conference (Sydney May 2018)

The WHSIG contributed to a cross SIG Table Top Presentations on Community Engagement. Angela Dawson presented a segment on “Approaches to Participatory research for women’s health prevention: Co-designing tools for shared decision making (SDM) at the point of care”

International activities

PHAA have provided input into the Interagency Working Group on Reproductive Health in Crises Workforce Committee.

The PHAA is also represented on the working group to develop an Asia Pacific Consortium on Emergency Contraception that will form part of the International Consortium.

Policies reviewed 2018:
- Gender and Health

Policies developed 2018
- Long Lasting Reversible Contraception
- Emergency Contraception
- Female Genital Mutilation

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

PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41062 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 2018.

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

Mr David Templeman - President
Associate Professor Richard Franklin – Vice President Finance
Dr Christina Pollard - Vice President Policy
Professor Heather Yeatman - Vice President Development
Ms Summer May Finlay – Vice President Aboriginal & Torres Strait Islander (1 July - 25 October 2017)
Adjunct Associate Professor Carmen Parter - Vice President Aboriginal & Torres Strait Islander (from 26 October 2017)
Ms Gillian Mangan - Branch Presidents Representative
Dr Paul Gardiner - Branch Presidents Representative
Dr Peter Tait - SIG Convenors’ Representative
Ms Yvonne Luxford - SIG Convenors’ Representative

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 surplus from ordinary activities amounted to $6,078 (2017: $244,732 deficit).

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 2018 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 Profit 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:

Mr David Templeman - President

Associate Professor Richard Franklin - Vice President Finance

Dated: 31 August 2018
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 2018, 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 2018 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.

Signed at Canberra on the 31st day of August 2018

Eric Hummer
Audit Director
Synergy Group Audit Pty Limited
# Public Health Association of Australia Incorporated

**ABN: 41 062 894 473**

**Statement of Financial Position**

**As at 30 June 2018**

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>781,838</td>
</tr>
<tr>
<td>Receivables</td>
<td>5</td>
<td>62,060</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>102,495</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>946,393</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>7</td>
<td>688,820</td>
</tr>
<tr>
<td>Intangibles</td>
<td>8</td>
<td>3,333</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td></td>
<td>692,153</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>1,638,546</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>9</td>
<td>133,169</td>
</tr>
<tr>
<td>Unearned income</td>
<td>10</td>
<td>449,480</td>
</tr>
<tr>
<td>Provisions for employee benefits</td>
<td>11</td>
<td>138,045</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>720,694</td>
</tr>
<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for employee benefits</td>
<td>11</td>
<td>4,495</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td></td>
<td>4,495</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>725,189</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>913,357</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td></td>
<td>289,961</td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td>623,396</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>913,357</td>
</tr>
</tbody>
</table>

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

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Revenue from ordinary activities</td>
<td>2</td>
<td>2,416,669</td>
</tr>
<tr>
<td>Conference expenses</td>
<td></td>
<td>(785,411)</td>
</tr>
<tr>
<td>Publications</td>
<td></td>
<td>(258,515)</td>
</tr>
<tr>
<td>Administrative employee costs</td>
<td>3</td>
<td>(1,031,811)</td>
</tr>
<tr>
<td>Other administrative costs</td>
<td></td>
<td>(270,972)</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>3</td>
<td>(24,458)</td>
</tr>
<tr>
<td>Branch expenses</td>
<td></td>
<td>(33,522)</td>
</tr>
<tr>
<td>Special interest group expenses</td>
<td></td>
<td>(3,020)</td>
</tr>
<tr>
<td>Bad debts expense</td>
<td></td>
<td>(2,872)</td>
</tr>
<tr>
<td><strong>Net surplus / (deficit) from ordinary operations</strong></td>
<td></td>
<td><strong>6,078</strong></td>
</tr>
</tbody>
</table>

Other comprehensive income
Items that will not be reclassified subsequently to profit or loss:
Gains on revaluation of land and buildings | 79,996 | - |
Other comprehensive income for the year | 79,996 | - |
Total comprehensive income for the year | **86,074** | **(244,732)**

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th>Gordon Oration Biennial Awards Reserve</th>
<th>MacKay and Ciento Endowment Biennial Awards</th>
<th>Asset Revaluation Reserve</th>
<th>Retained Surplus</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2016</td>
<td>24,752</td>
<td>60,849</td>
<td>455,562</td>
<td>530,832</td>
</tr>
<tr>
<td>Surplus attributable to members</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Movements in reserves</td>
<td>549</td>
<td>1,555</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>455,562</td>
<td>263,883</td>
</tr>
<tr>
<td>Balance at 1 July 2017</td>
<td>25,401</td>
<td>62,417</td>
<td>455,562</td>
<td>263,883</td>
</tr>
<tr>
<td>Surplus / (deficit) attributable to members</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6,078</td>
</tr>
<tr>
<td>Movements in reserves</td>
<td>-</td>
<td>-</td>
<td>79,996</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2018</td>
<td>25,401</td>
<td>62,417</td>
<td>535,578</td>
<td>269,961</td>
</tr>
</tbody>
</table>

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

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>2018</th>
<th>2017</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>2,632,192</td>
<td>1,814,100</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(2,388,023)</td>
<td>(2,093,559)</td>
</tr>
<tr>
<td>Interest received</td>
<td>6,193</td>
<td>7,476</td>
</tr>
<tr>
<td>Net cash generated / (used)</td>
<td>250,362</td>
<td>(272,383)</td>
</tr>
<tr>
<td>CASH FLOW FROM INVESTING ACTIVITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(4,381)</td>
<td>(7,475)</td>
</tr>
<tr>
<td>Net cash used</td>
<td>(4,381)</td>
<td>(7,475)</td>
</tr>
<tr>
<td>Net movement in cash and cash equivalents</td>
<td>245,981</td>
<td>(279,858)</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>535,857</td>
<td>815,715</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>781,838</td>
<td>535,857</td>
</tr>
</tbody>
</table>

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 2018

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

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

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 30 June 2018. The increase
in fair value has been recorded by the Association as at 30 June 2018.

 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
PHAA ANNUAL REPORT 2017-18

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

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 2018

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 2018 or 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 136 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 an 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 fair 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 minimised 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: 41 692 894 473

# NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Operating revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIONAL OFFICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Membership</td>
<td>$302,332</td>
<td>$317,838</td>
</tr>
<tr>
<td>- Conferences</td>
<td>$1,373,947</td>
<td>$716,622</td>
</tr>
<tr>
<td>- Intouch advertising</td>
<td>$759</td>
<td>$518</td>
</tr>
<tr>
<td>- Journals</td>
<td>$87,856</td>
<td>$77,768</td>
</tr>
<tr>
<td>- Funding from Gov</td>
<td>$375,000</td>
<td>$375,000</td>
</tr>
<tr>
<td>- Other</td>
<td>$240,879</td>
<td>$234,305</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td>$2,380,783</td>
<td>$1,722,351</td>
</tr>
<tr>
<td>BRANCHES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sponsorship</td>
<td>$9,908</td>
<td>$4,545</td>
</tr>
<tr>
<td>- Conferences</td>
<td>$2,741</td>
<td>$10,798</td>
</tr>
<tr>
<td>- Functions</td>
<td>$9,854</td>
<td>$2,590</td>
</tr>
<tr>
<td></td>
<td>$22,514</td>
<td>$17,933</td>
</tr>
<tr>
<td>SPECIAL INTEREST GROUPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Membership</td>
<td>$7,159</td>
<td>$15,060</td>
</tr>
<tr>
<td>- Workshops</td>
<td>-</td>
<td>$493</td>
</tr>
<tr>
<td></td>
<td>$7,159</td>
<td>$15,553</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td>$2,410,456</td>
<td>$1,755,637</td>
</tr>
<tr>
<td>Non-operating activities: NATIONAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest</td>
<td>$8,193</td>
<td>$7,476</td>
</tr>
<tr>
<td><strong>Total non-operating revenue</strong></td>
<td>$8,193</td>
<td>$7,476</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>$2,418,659</td>
<td>$1,763,313</td>
</tr>
</tbody>
</table>
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED  
ABN: 41 062 894 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</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>16,033</td>
<td>16,657</td>
</tr>
<tr>
<td>- Plant and equipment</td>
<td>5,691</td>
<td>5,630</td>
</tr>
<tr>
<td>- Intangibles</td>
<td>3,334</td>
<td>6,668</td>
</tr>
<tr>
<td></td>
<td>24,658</td>
<td>28,956</td>
</tr>
<tr>
<td>Employee benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Salaries and wages</td>
<td>949,145</td>
<td>831,693</td>
</tr>
<tr>
<td>- Defined contributions superannuation plan expense</td>
<td>82,666</td>
<td>76,742</td>
</tr>
<tr>
<td></td>
<td>1,031,811</td>
<td>908,435</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>589,263</td>
<td>263,601</td>
</tr>
<tr>
<td>Deposits at call</td>
<td>122,675</td>
<td>252,256</td>
</tr>
<tr>
<td></td>
<td>711,938</td>
<td>415,857</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</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>58,856</td>
<td>85,703</td>
</tr>
<tr>
<td>Less: Allowance for impairment of other receivables</td>
<td>(2,624)</td>
<td>(8,748)</td>
</tr>
<tr>
<td>Other debtors</td>
<td>5,728</td>
<td>2,809</td>
</tr>
<tr>
<td></td>
<td>62,600</td>
<td>79,864</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. Movement in the allowance for impairment of receivables is as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening balance</td>
<td>8,748</td>
<td>-</td>
</tr>
<tr>
<td>Allowance charged as expense for the year</td>
<td>2,624</td>
<td>8,748</td>
</tr>
<tr>
<td>Amounts written off</td>
<td>(8,748)</td>
<td>-</td>
</tr>
<tr>
<td>Closing balance</td>
<td>2,624</td>
<td>8,748</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>70,814</td>
<td>136,003</td>
</tr>
<tr>
<td>Prepayments - other</td>
<td>31,881</td>
<td>17,438</td>
</tr>
<tr>
<td></td>
<td>102,495</td>
<td>153,441</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

<table>
<thead>
<tr>
<th>Note 7: Property, plant and equipment</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land at fair value</td>
<td>197,200</td>
<td>188,500</td>
</tr>
<tr>
<td>Buildings at fair value</td>
<td>482,600</td>
<td>481,500</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>-</td>
<td>(33,964)</td>
</tr>
<tr>
<td></td>
<td>482,600</td>
<td>447,536</td>
</tr>
<tr>
<td>Plant and equipment at cost</td>
<td>135,441</td>
<td>131,060</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(128,621)</td>
<td>(121,529)</td>
</tr>
<tr>
<td></td>
<td>9,820</td>
<td>9,531</td>
</tr>
<tr>
<td>Total property, plant and equipment:</td>
<td>688,620</td>
<td>625,567</td>
</tr>
</tbody>
</table>

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

(a) Movements in carrying amounts

Movements 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>Buildings</th>
<th>Land</th>
<th>Plant &amp; equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Carrying amount at 1 July 2017</td>
<td>427,537</td>
<td>188,500</td>
<td>9,530</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
<td>4,381</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(16,033)</td>
<td>-</td>
<td>(5,691)</td>
</tr>
<tr>
<td>Revaluation</td>
<td>71,296</td>
<td>8,700</td>
<td>-</td>
</tr>
<tr>
<td>Carrying amount at 30 June 2018</td>
<td>462,800</td>
<td>197,200</td>
<td>8,820</td>
</tr>
</tbody>
</table>

Note 8: Intangibles

Computer software at cost:
- Purchased - in use: 30,350 30,350
- Accumulated depreciation: (27,017) (23,083)

Total: 3,333 6,667

There were no indications of impairment of intangibles at year end.
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 8: Intangibles (continued)
(a) Movements in carrying amounts
Movement in the carrying amounts for each class of intangible assets between the beginning and the end of the current financial year.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Intangibles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 2017</td>
<td>5,667</td>
<td>13,335</td>
</tr>
<tr>
<td>Amortisation expense</td>
<td>(3,334)</td>
<td>(6,666)</td>
</tr>
<tr>
<td><strong>Carrying amount at 30 June 2018</strong></td>
<td>3,333</td>
<td>6,667</td>
</tr>
</tbody>
</table>

Note 9: Payables
CURRENT
Unsecured liabilities
Supplier creditors and accrued expenses 84,211 176,656
Employee benefits payable 48,666 39,167
133,169 215,823

Note 10: Unearned income
CURRENT
Funding income in advance 40,688 -
Conference income in advance 208,603 83,591
Membership fees in advance 199,584 168,089
449,800 251,680

Note 11: Provision for Employee benefits
CURRENT
Annual leave 60,346 55,930
Long service leave 57,597 47,984
118,045 103,914

NON-CURRENT
Long service leave 4,495 2,716
4,495 2,716

Provision for employee benefits represents amounts accrued for annual leave and long service leave.
The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Association does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Association does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(g).
PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED
ABN: 41 062 894 473

NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 12: Key management personnel

(i) Board members of the Association during the financial year:
Mr David Templeman Adjunct Associate Professor Carmen Parer
Associate Professor Richard Franklin Ms Summer May Finlay
Dr Christina Pollard Ms Gillian Mangan Dr Peter Tait
Professor Heather Yealman 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 $296,789 during the financial year (2017: $267,025)

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>Financial Assets</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>4 761,838</td>
<td>535,857</td>
</tr>
<tr>
<td>Loans and receivables</td>
<td>5 62,060</td>
<td>78,864</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>843,898</td>
<td>514,721</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Liabilities</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial liabilities at amortised cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- trade and other payables</td>
<td>9 133,169</td>
<td>215,823</td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td>133,169</td>
<td>215,823</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.
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

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.

<table>
<thead>
<tr>
<th>Recurring fair value measurements</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Land</td>
<td>197,200</td>
<td>188,500</td>
</tr>
<tr>
<td>Buildings</td>
<td>482,800</td>
<td>427,536</td>
</tr>
<tr>
<td>Total</td>
<td>680,000</td>
<td>616,036</td>
</tr>
</tbody>
</table>

(i) For land and buildings, the fair values are based on an independent valuation performed by C3 Richard Ellis as of 30 June 2018.

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.