The Public Health Association of Australia is the major organisation advocating for the public’s health in Australia with more than 40 health related disciplines represented in its membership. The Association makes a major contribution to health policy in Australia and has branches in every state and territory. Any person who supports the objectives of the Association is invited to join.

We acknowledge the Traditional Owners of the land and pay our respects to Elders past and present.
I hope you’ll forgive me for offering a few end-of-year musings.

Firstly, I am keen to express my gratitude for the previous and current PHAA Board members for their ongoing support and confidence in me as I move into my 8th month in the role of CEO.

I’ve been telling anyone too slow to walk away how much I have enjoyed taking on the role at PHAA. Also, how grateful I am for the efforts of the dedicated and hard working crew at the national office, the constructive and thoughtful guidance of the Board and the energy and commitment of all PHAA office bearers. I remain in awe of SIG Convenors, Branch Presidents and their executives, and the active members who strive to put the interests of the community above their own as they contribute their time and expertise to advance public interest and public health. All in their own time – all for free!

Highlights for 2018, at least through my narrow prism, have been the many successes such as:

The excellent conferences – The first national Prevention Conference in Sydney in May attracted more than 300 attendees and was headlined by outstanding presentations - none better than former Prime Minister Julia Gillard.

Then the 16th National Immunisation Conference - wrestling with making the next strides in what is clearly one of Australia’s flagship public health successes (more of that later).

The Australian Public Health Conference in Cairns carried a strong and proud Aboriginal and Torres Strait Islander theme and highlighted the need for urgent action on climate and planetary health.

Food Futures in Brisbane in November was an outstanding gathering of the tuckerology clan which leaned heavily in the direction of food security and improved food systems. And a former Governor General with a big push on the importance of improving soils.

But we were not just about conferences. The release of the “Top 10 Public Health Successes Over the Last 20 Years” prompted lots of reflection on the outstanding impact of key public health programs and their contribution to the shape of modern Australia, with enormous health and economic benefits. A look in the rear-view mirror at where we have come from and celebrating progress got lots of brains spinning.

Confirmation of future funding from the Australian Government taking PHAA to 2022 has been a relief behind the scenes and the process has connected us with other NGOs working in the health policy sphere.

What has struck me the most are the opportunities created by the policy work PHAA does and the extent to which our Association makes a valuable and meaningful influence in public policy in Australia and beyond. We have 90 standing policy position statements and background papers and have contributed to another 79 government inquiries at state or national level on a broad range of public health topics in 2018.

Many of these result in appearances at inquiries by various governments. Be it members, office bearers or staff, we present the public health case in an evidence based, practical and relevant way in a bid to advance the health of the people we seek to serve.

And with a federal election looming we are often consulted and remain well placed to influence government decision making into the future in a manner that advances our goals of improving the health of the Australian population with a focus on equity while seeking to curb the influences of counter health industries.

I remain honoured and privileged to get out of bed each morning and represent the voices of the dedicated professionals of PHAA. Our members are a wonderful group of people, and I thank you all wholeheartedly for your ongoing support which allows PHAA to keep doing this important work. If you do know someone who should be part of our public health tribe – let them know about membership so they can start the new year off on the right note!

I look forward to launching headlong into 2019 and working with you all again next year after a battery-charging break. I am grateful that that opportunity is open to me in the new year ahead.

Terry Slevin, CEO
In November PHAA launched its new report the Top 10 Public Health Successes Over the Last 20 Years at Australian Parliament House. The report was officially co-launched by Health Minister The Hon Greg Hunt and Shadow Health Minister The Hon Catherine King, and attended by other government officials and health leaders. The report offers an insight into the power of public health and how smart, simple measures can dramatically improve the health of populations.

In no particular order, the Top 10 Public Health Successes are:

- Folate: reduced neural tube defects
- Immunisation and eliminating infectious disease
- Containing the spread of HPV and its related cancers
- Oral health: reduced dental decay
- Reduced incidence of skin cancer
- Tobacco control: reduced deaths caused by smoking
- Reduced the road death and injury toll
- Gun control: reduced gun deaths in Australia
- Contained the spread of HIV
- Prevented deaths from bowel and breast cancer

Minister Hunt commended the achievements of public health in the past and present, citing the recent example that flu infections dramatically declined this year following the boosted national immunisation campaign over the past 12 months. Catherine King noted that the Top 10 report should serve as a ‘call to arms’ for public health professionals and policy makers for making the next set of successes happen.

The launch was also attended by former deputy opposition leader Michael Wooldridge, who provided a pinnacle turning point in Australia’s approach to immunisation, preventing disease and saving lives through the introduction of the Australian Childhood Immunisation Register. Many of those present were keen to hear of Dr Wooldridge’s experiences implementing these important changes to the public health system.

PHAA President David Templeman and CEO Terry Slevin both spoke at the launch, outlining the importance of translating public health evidence and research into comprehensive policy, and the need for governments at the state, territory and federal levels to be brave enough to make the sometimes difficult decisions to implement these policies.

Preventive policies being key to minimising health harms was highlighted, with the prevailing message that preventive programs and initiatives are often the simplest to implement, the most economically sound, and the most effective. As Terry Slevin put it, "In public health, we’re for birthdays" - if we can give every Australian five more years of high quality health so that they can enjoy more birthdays and other important milestones, we are doing well.

Another key point made at the launch was of the appalling amount of funding currently dedicated to public health, under 2% of the federal health budget. PHAA emphasised that this spending must urgently be boosted to at least 5% to really start putting the evidence on prevention into public health practice and policy.

It was noted that there are some obvious health topics missing from the current report, relating broadly to issues around prevention, Aboriginal and Torres Strait Islander health, food and nutrition, obesity, environmental health and health equity. It is now up to our political leaders to ensure these become our next successes.

Sincere thanks to those PHAA members and friends of the organisation who helped to compile the Top 10 report - it is an important marker of the progress of public health in Australia and we are grateful for your efforts to make it happen. Ultimately, the report helps to inform on what good public health policy is capable of providing to the population: more years of good health and wellbeing for all. Here’s to another great 20 years to come!
Australia is a laggard in spending on preventing health, according to OECD data.

Across the 35 OECD nations, Australia has among the lowest level of investment in preventing illness as a proportion of its overall national expenditure on health, including both government and private spending. In Australia only around 1.7% of health spending is on illness prevention activities.

The world leaders are Canada, New Zealand and Britain – all nations with comparable health systems – which commit 5-6% of their health spending to preventive health measures. Australia joined Turkey, Greece and Israel as the lowest spenders on illness prevention.

Most of the European nations were significantly more dedicated to illness prevention that Australia. The United States was in the upper-middle of preventive spenders, but the US famously has very high health service prices and a fragmented national approach resulting in significant social inequality in health outcomes.

The long-term impacts of preventive health spending are always hard to quantify and compare.

Australia’s preventive health spending significantly includes immunisation campaigns, one of our relatively good performances. But overall Australia’s preventive spending is remarkably low by world standards.

PHAA recently released a report on the top 10 public health successes of the past 20 years, and challenged federal and state governments to take action to determine the next generation of measures to protect our health into the future.
PHAA held its Food Futures 2018 conference in Brisbane on 20-21 November which included two full days of excellent discussion and presentations on leading food and nutrition issues. Highlights included the excellent line up of keynote speakers including Cassandra Goldie, Rosemary Stanton, Former Governor General Michael Jeffery, Amy Corderoy, Steve Hatfield-Dodds, Deanne Minniecon and Thea Soutar, to name just a few.

There was broad and vibrant discussion on food and nutrition as an essential component of public health, including topics such as food security (4 million Australians a year experience food insecurity), sustainable agriculture, social inequalities and access to food, food waste, food charities, corporate influence on food and nutrition policy, the Health Star Rating and other food warning and labelling systems, Aboriginal and Torres Strait Islander nutrition, food literacy and education, and building healthier food environments.

As with all PHAA conferences, there were plenty of networking and relationship building opportunities for delegates with young professionals freely mixing with experienced experts in the field, exchanging knowledge and ideas for how we can build better food systems in Australia and globally. While we definitely have our work cut out for us in tackling the issues listed above, the calibre of young people entering the field provides hope.

It was clear that some food and nutrition policy issues remain contentious among experts, but it was also clear that without unity we will fail as advocates. It is essential that public health professionals are able to coordinate and work together when advocating to governments so we can achieve those eventual public health successes we all want to see.

Altogether there were 208 people at the conference, a fantastic turnout and demonstrative of how core the issues of food and nutrition have become to health policy and practice. The conference included promotion and advancing planning for the World Public Health Nutrition Congress 2020, which PHAA will be co-hosting with the World Public Health Nutrition Association.

PHAA thanks all who attended the conference and helped to make it a great couple of days. We especially thank the Conference Advisory Committee for their hard work in putting this together, your efforts were well worth it and have set the bar very high for the next one!

The first keynote speakers of the conference are pictured on the right. From the top: Dr Rosemary Stanton, Dr Cassandra Goldie, Former Governor General Michael Jeffery.
Reflections on a Global Health Field Experience at Curtin University

Alexis Pullia, B.S., CNP, CPH - Provisional
Masters of Public Health Student - University of South Florida
Field Experience with the International Health Programme
Faculty of Health Sciences, Curtin University
Intern, International Health SIG, Public Health Association of Australia

After attending the University of Kentucky and achieving my bachelors of science in health communications and certificate in non-profit organization leadership, I decided to pursue a two-year masters degree in public health (MPH). Specifically, a dual concentration degree in epidemiology and global health practice, at the University of South Florida.

As part of my masters program I was required to partake in an international field experience. Thus, in concordance with my MPH, I was granted the opportunity to partake in an international field experience at Curtin University under Professor Jaya Dantas.

Previous to coming to Curtin, my professional abilities consisted of conducting community-based participatory research, program development, health outreach and education, as well as epidemiological surveillance and analysis. Namely, these skills have developed from my experiences working on various research projects, as well as working within non-profit, academic, and government settings. The most influential experience that has shaped my field work was the research I conducted with the Congolese refugees residing in Tampa, Florida in regards to understanding their access to healthcare and how it is reflected in their health status. This project narrowed my field of interest to utilizing community-based participatory research to understand and address determinants of health to prevent infectious and chronic diseases.

This field experience really complimented my vested interest in determinants of health. I was able to address and get exposure to determinants of health through policy updates on international child and women’s rights which were submitted to the PHAA, partake in a reconciliation event, conduct community-based research which was a part of a larger two and a half-year funded study, and write a systematic review on culturally and linguistically diverse migrant women and physical activity. Notably, the community-based research and systematic review contributed towards my masters special project, which is comparable to a thesis. Therefore, the largest percentage of my time at Curtin University was spent working on the research project and systematic review.

This project involved culturally and linguistically diverse South Asian women who identified as migrants. Empirical evidence has found that these women are particularly vulnerable to social exclusion, which negatively impacts their health and well-being, while also limiting their participation in physical activity. Consequently, these women are at risk for various chronic diseases and a lower quality of health compared to their non-migrant counterparts.

I noticed that many of the socio-cultural barriers the South Asian women were facing were very similar to those that the Congolese refugee population faced and continue to have challenges with. Although populations are fundamentally different, both populations are confronted with intrapersonal, interpersonal, institutional, community, organizational, and policy challenges upon arrival in a new country. Overlapping themes between the populations included the fact that they were both of ethnic minority, faced discrimination and acculturation difficulties, lacked empowerment, and have cultural barriers, such as gender, age, views about health, and language.

These assessments truly depicted that health disparities are of global concern across all levels of the social ecological model of health and in various populations. Through global, national, regional, and local commitment to health disparities we can work towards better health equality and equity on a global scale.

The main lesson I can take away from this research experience is that addressing health disparities is crucial for the public health prevention measures across primary, secondary, and tertiary levels to ensure the limitation of disease and illness and protect the public’s health. Thus, it is critical that community-based participatory research is utilized to further consider the cultural, social, and environmental aspects of health when deploying public health measures to increase the quality, as well as quantity of life for populations globally.
Near the end of my time at Curtin University, I was also able to attend an event that supported PTSD and the recovery from extreme trauma with my supervisor Professor Jaya Dantas. The event was in Perth and held by the non-profit organization Angelhands. The event was on international PTSD day and raised awareness and supported for those who have experienced trauma. The event tried to break the Guinness world record for number of people at a non-profit event, and although it was not successful a grand total of approximately 800 supporters showed up.

Additionally, the research project surrounding physical activity and South Asian women also motivated me to finding physical activity opportunities around Perth. I was able to participate in a half marathon at the end of June. The event was to raise awareness for child protection and prevent child sexual assault, which also aligned with the topic of policy update I completed on international child’s rights.

As I begin my journey back to the United States, I reflect upon the all-encompassing opportunities I was able to experience during my time at Curtin University. This experience facilitated my ability to translate my academic knowledge in various settings, work on a global level, and strengthened my values as a public health professional.

The various opportunities also allowed me to investigate, determine, and address socio-ecological factors that affect the health of a community, which helped me to get a deeper understanding of health disparities and build my confidence in public health competencies such as surveillance, assessment, and evaluation. I am confident that I will be able to apply my experiences from this international field experience to continue working and developing as an individual and public health professional in my future endeavors.

Acknowledgements:

I would like to express my gratitude to Curtin University for allowing me participate in this International Field Placement in Perth, Western Australia and the SAMBA research team. I would also like to specifically acknowledge Professor Jaya Dantas for her support and guidance through this experience, as well as with my special project.
Aboriginal and Torres Strait Islander community and dog health
Dr Rosalie Schultz, PHAA NT Branch President

Dogs are important to almost all human communities; they are members of our families. Like people, dogs are social species and love close contact with other dogs and their owners. Dog ownership has measurable benefits for people both in good health and with a range of conditions. However close contact with dogs can contribute to disease transmission, and in communities with limited access to dog health services, there are risks of zoonoses. Unfortunately, despite anecdotes suggesting linkages, because of our disciplinary bounds, the extent of disease transmission between dogs and people in Aboriginal and Torres Strait Islander communities remains largely speculative. Human disease researchers may have limited understanding of complex cultural and social relationships between dogs and people, or of diseases of dogs, while veterinary researchers focus on animal health and can only hypothesise how their work may impact on human health.

High-profile research on scabies in the 1990s found evidence that human-type and dog-type scabies are genetically distinct. Other methodologies have not confirmed this, but conflicting research from different disciplines is difficult to reconcile. Regardless of whether dog-type scabies infestations lead to on-going transmission among people, dog-type scabies unquestionably causes people to itch, scratch and traumatising their skin. This can provide an entry point for pathogenic bacteria, which may lead to skin and deep infections and complications including rheumatic fever and kidney disease. Thus, even self-limited infestation with dog-type scabies may contribute to disease burden. Comprehensive management of dog-type scabies infestation includes treatment of both the person and their dogs.

One Health and veterinary professionals have drawn attention to the possibility of dog scabies contributing to the burden of disease in Aboriginal and Torres Strait Islander communities; and the need to investigate overall benefits of dog health programs in Aboriginal and Torres Strait Islander communities. However, resource constraints have led to prioritisation of human health and such research has yet to be undertaken. Medically trained clinicians may be unaware of research about dog-type scabies even when they are committed to evidence-based practice, because of the way that evidence is selected.

For many Aboriginal and Torres Strait Islander people, health includes the cultural and spiritual wellbeing of people, the community and the wider environment. Dog health programs are part of comprehensive primary health care and improve human health in many ways. Reduced injuries from dog attacks, improved community and workplace safety, reduced sleep disturbance from barking and fighting dogs, and enhanced appearance, behaviour and wellbeing of dogs are established benefits of dog health programs.

Comprehensive evaluation of dog health programs would promote interdisciplinary understanding and optimisation of outcomes.

Animal Management in Rural and Remote Indigenous Communities (AMRRIC) coordinates veterinary and education programs in remote Indigenous communities. AMRRIC works in partnership with regional councils, shires, Aboriginal corporations, universities, state and federal governments and AMRRIC member veterinarians and volunteers to enhance dog and other animal health outcomes in remote Aboriginal and Torres Strait Islander communities. AMRRIC members have been team players in programs delivered in remote communities, homelands and outstations all around Australia.

AMRRIC has been a corporate member of PHAA since 2016, and like PHAA’s One Health Special Interest Group, recognises the inextricable links between human, animal and environmental health and wellbeing. AMRRIC’s immediate objectives are stable and healthy companion animal populations for remote Aboriginal and Torres Strait Islander communities. In the long term, AMRRIC’s One Health approach aims to achieve sustainability and capacity building, so that communities can confidently and effectively manage their own companion animals. AMRRIC is calling for better collaboration in human and animal research, transcending disciplinary boundaries to contribute to better outcomes for both people and animals in remote Aboriginal and Torres Strait Islander communities.

For more information about AMRRIC or to explore collaboration opportunities, please visit www.amrric.org or email info@amrric.org
Saturday 1 December 2018 marked the 14th edition of the South Australian Population Health Conference. This year’s theme was ‘Embracing our diversity: working together to improve population health’. The conference is run in partnership between the SA branches of the Public Health Association of Australia, the Australian Health Promotion Association of Australia, the Australian Epidemiological Association and the Australasian Faculty of Public Health Medicine.

The event wouldn’t be possible without the financial support of SA Health, the University of Adelaide, Flinders University, Torrens University, the South Australian Health and Medical Research Institute, and the University of South Australia.

The conference welcomed 75 delegates from across the South Australian health sector, including representatives from SA Health, South Australian universities, Cancer Council SA, City of Onkaparinga and other related organisations.

Mr Ross Womersley, CEO of the South Australian Council of Social Services, provided the key note speech, focusing on the ‘Gifts and challenges of diversity’. Ross explored topics including the NewStart allowance, immigration policy and asked us all to consider working on improving diversity through overcoming some of our own deep-seated, unconscious prejudices and biases.

The afternoon of the conference gave us insight into collaboration for better health and wellbeing outcomes with our panel session, chaired by Dr Dean Whitehead of Flinders University. Dr Whitehead was joined by Karen Peterson from SA Health, Lui di Venuto from the City of Onkaparinga, and Dr Tim Henwood from Southern Cross Care.

For the 2018 conference, the Conference organising committee included a specific abstract template for program and policy work, in addition to the academic research template. The committee was very pleased to see the uptake by practitioners, who submitted abstracts for review.

The conference’s program included nine posters, and 23 oral presentations across four themes: Social Determinants of Health, Prevention and Management, Health and Data Systems, Healthy Settings and Policies.

Presenting authors ranging from early-career researchers through to experienced health promotion professionals, and everyone in between.

The conference provided an opportunity to present the following awards:

- Best Poster presentation to Joshua McDonough
- Best Oral presentation to Sally Goetz
- Most Popular presentation to Magdalena Moshi.

The PHAA SA branch Conference Organising Committee would like to thank everyone involved in the development and running of the conference, including:

- Mickey Kumatpi Marrutya O’Brien for welcoming us to the traditional lands of the Kaurna people on which we met
- Dr Stefania Velardo who chaired the conference
- representatives from each of the funding bodies who formed the Scientific committee
- representatives from the conference partners who provided behind-the-scenes support
- the Session Chairs and Special Rapporteurs who volunteered their time on the day
- the PHAA student volunteers
- everyone else who helped make the conference a success.
Achievements inspire at student conference showcasing public health initiatives

School of Allied Health, Faculty of Health Sciences, Australian Catholic University

Tales of hope and dignity energised guests across four campuses as Orange Sky chief executive Jo Westh delivered the keynote speech at the School of Allied Health Final Year Student Conference on 1 November.

More than 20 soon-to-be public health graduates from Australian Catholic University (ACU) demonstrated how their years of study would translate to the workplace at the National School of Allied Health student conference on 1 November.

“It’s my most enjoyable and proudest day of the year,” Head of School Professor Christine Imms said. “This conference is all about celebrating the achievements of our soon-to-be-graduates, and to acknowledge the contributions they have already made and will continue to make as graduates from our multi-disciplinary school.”

The attendees were inspired by the work of Orange Sky Australia, a mobile laundry and shower service for the homeless that was created four years ago by 2016 Young Australians of the Year Nicholas Marchesi and Lucas Patchett.

Ms Westh shared powerful stories about “friends on the street” Dave and Nev whose experiences underline Orange Sky’s importance for people experiencing homelessness.

“I like to think that I’ve encouraged you to think about people, whether they be homeless or not, as individuals and unique,” she said.

“Each of them has its own shape and colour, texture and fabric, each with its own tears or stains or imperfections. But each of us has a story that’s unique and worthy of respect and being listened to.”

Public health project oral presentations were among the wide range of work showcased on the Melbourne, Sydney and Brisbane Campuses.

Students presented case study data from placements undertaken at public sector and non-profit community organisations, where they worked to enhance the dignity and wellbeing of people and communities, especially those who are the most marginalised and disadvantaged.

Sarah Fishley from ACU’s Melbourne campus presented on her placement project at the Asylum Seeker Resource Centre in Dandenong, where she was part of the empowerment program aimed at providing sporting and recreation opportunities to members.

“The role fitted my double degree well,” said Sarah Fishley who is completing ACU’s Bachelor of Exercise Science/Bachelor of Public Health.

“Part of my work at the Centre included promoting sporting and recreation events to members, such as the Sports Festival in Keysborough.”

“Knowing that I had made a positive difference in the lives of people was rewarding. The positive connections I made with volunteers, staff and members are some of the best experiences I will take away from this placement.”

ACU prepares future public health practitioners with specialised knowledge to improve population health. For more information, visit acu.edu.au.
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- Networking and mentoring through access to senior public health professionals at branch meetings, as well as through SIGs and at conferences and seminars
- Eligibility to apply for various scholarships and awards
- The ability to participate in, benefit from, or suggest and promote public health advocacy programs

Additional Benefits of Organisational Membership*

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

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

How to join PHAA
ONLINE MEMBERSHIP is available at: www.phaa.net.au
or enquiries to:
Public Health Association of Australia
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
e-mail: phaa@phaa.net.au
twitter: @_PHAA_