Welcome to 2019

Overview of year ahead for PHAA

Welcome to the first edition of InTouch for 2019. This promises to be a huge year for the PHAA – with elections in New South Wales and federally, and of course, our 50th anniversary.

The NSW State election will be held on 23rd March. It looks like being a close election, which tends to mean both parties will compete a bit more on local initiatives and to offer the best detailed health and social welfare policies, which is generally a good thing for many of our policy directions. One controversial issue running at the moment in the public health space relates to pill testing at music festivals, where Labor and the Greens are supportive of trials, but the incumbent coalition government is set against them. Following from their highly successful Great Debate on Health last year, the NSW branch will be running an art competition asking people to depict the public health issue that is most important to them or solutions to these issues. Stay tuned for details!

The Federal election is most likely to be in early May, and we’ll be advocating strongly for an increased focus on prevention, equity, climate health and addressing many issues in Aboriginal and Torres Strait Islander health and wellbeing. Thank you to all the members of PHAA who have contributed ideas to our election platform, letting us know the issues which are most important to you.

This year also marks the 50th anniversary of the PHAA. We’ve grown and prospered thanks to the enthusiasm and efforts of our members, since small state-based organisations in NSW, WA and Qld formed a national body in 1969. Find out more about our history in reflections in this edition of InTouch by Tony Adams AM, one of the key founders of PHAA, and Terry Slevin, our CEO and long-time member. Please join us as we celebrate our half century at the annual Australian Public Health Conference on 17-19 September in Adelaide.
The Public Health Association of Australia (PHAA) and the Australian Health Promotion Association (AHPA) have worked closely together to conceptualise, consult and finalise a joint policy statement on health promotion and illness prevention (Prevention Policy). The organisations, both strongly committed to health promotion and illness prevention, have combined their collective strengths and resources to develop this policy that clearly positions health promotion and illness prevention as a key contributor to population health and wellbeing.

The development of the National Health Promotion and Illness Prevention Policy has been guided by a joint steering committee with representatives from both organisations as well as a formal consultation process to ensure that many members’ voices shaped and informed the final Prevention Policy.

The consultation process began by seeking feedback on a Background Discussion Paper, prepared by Dr Toni Delaney-Crowe at the Southgate Institute, to capture the latest health promotion and illness prevention evidence, propose high level themes, key directions and identify issues for consideration and debate. The PHAA Prevention Conference in May 2018 provided the opportunity to workshop the ideas presented in the Background Paper with a group of public health and health promotion practitioners. Their feedback proved very helpful. The co-chairs of the Steering Committee Michele Herriot and Carmel Williams drew the background discussion paper, workshop feedback and steering committee guidance together into a draft Prevention Policy.

The draft policy was circulated to AHPA and PHAA members for a four week consultation period in August 2018 yielding a pleasing number of thoughtful and useful responses after which the Policy was endorsed by both governing bodies in line with organisational conventions.

The Prevention Policy is clear that investment in health promotion and illness prevention delivers significant social, health and economic benefits. The Policy documents the recent decline in funding to health promotion and illness prevention and calls on all Australian governments to reverse this trend by committing 5% of health expenditure to health promotion and illness prevention.

Health promotion and illness prevention action is most effective when it takes a whole of system approach, using multi-sectorial and multi-faceted strategies. Importantly these comprehensive and coordinated strategies need to be sustained at sufficient levels to produce health improvements over the long term and encompass a commitment to the prevention workforce.

To achieve such long-term and sustained investment the Policy calls on the Australian Government to establish a health promotion and illness prevention leadership structure whose role is to set strategic directions, determine priority actions and allocate resources.

We encourage members of AHPA and PHAA to familiarise themselves with the National Health Promotion and Illness Prevention Position Statement and use it when arguing for greater investment in prevention.
New Branch Presidents

Anna Nicholson, Victorian Branch President

Anna joined the PHAA in 2010 and has been an active member of the Vic branch committee for the past 2 years. Anna is about to take up a new Health Broker position with the City of Bendigo, starting in March. This year, she will lead the Vic branch from her new home in Castlemaine. In 2019, the Vic branch will continue to advocate for action on key public health priorities that were developed with partner organisations in the lead-up to the 2018 state election. In addition, the Vic branch aims to establish more proactive contact with members and to trial webinars to improve accessibility to seminars and events. Vic Branch will also help to host the 2019 PHAA Public Health Prevention Conference.

Letitia Del Fabbro, Queensland Branch President

At the recent PHAA Qld AGM (Feb 2019) a new Qld branch committee was ushered in, including Cheneal Puljevic as Secretary, Paige Preston as Treasurer, Sid Kaladharan as Vice President and Letitia Del Fabbro as president. Letitia is currently a Lecturer in Nursing at Griffith University and her MPH is from Menzies School of Health Research (Charles Darwin Uni); her research interests include health promotion, preventative health workforce capacity, and the examination of multi-disciplinary and multi-sectoral working and learning.

In 2019 the PHAA Qld branch activities will kick-off with a planning meeting in March and go on to include the biennial Elkington oration, our annual careers event in partnership with AHPA Qld, and ongoing stakeholder engagement and advocacy activities.

Public Health Prevention Conference 2019
Smashing the Silos

Wednesday 12 to Friday 14 June 2019
Melbourne Convention & Exhibition Centre, VIC

New SIG Convenors

Penny Love, Co-Convenor Food and Nutrition SIG

I am delighted to be co-convening FANSIG given my career as a community and public health nutritionist. An early interest into the impacts gained through a population-wide approach of environmental and policy changes led to my PhD research developing country-specific food-based dietary guidelines for South African adults and young children. In Australia, I worked in Queensland as Director Public Health Nutrition (2007-2012), with an extraordinary team, focusing on nutrition in the early years, Indigenous nutrition, healthy lifestyles, and food security. In 2013 I re-joined academia at Deakin University – initially as a Knowledge Broker, delivering a national knowledge translation and exchange platform to build capacity and a community of practice to support obesity prevention efforts across Australia; and in 2016 as a Research Fellow within the Institute for Physical Activity and Nutrition (IPAN) where my research is focused on translational research for the early prevention of childhood obesity, investigating elements of intervention implementation and sustainability.

During 2019, some of the activities FANSIG will be focussed on include opportunities to contribute to the development of the National Obesity Strategy, review and development of policy statements, and preparation for the World Public Health Nutrition Congress 2020.

Michael Doyle, Co-Convenor Aboriginal and Torres Strait Islander Health SIG

Michael Doyle is a Bardi person who has worked in Aboriginal health for around 20 years. He began his career as an Aboriginal Health Worker in his home Community of Djarindjin in the Kimberley and moved into research in 2009. Michael has a Master of Public Health and a PhD which researched prison-based alcohol and other drug treatment for men and continues to work in that field. He is based in the Centre of Research Excellence in Aboriginal health and alcohol at Sydney University.
New Diversity, Equity and Inclusion Special Interest Group

Dr Brahm Marjadi MPH PhD, DEI-SIG Interim Convenor

Introducing the brand new PHAA Diversity, Equity and Inclusion Special Interest Group

On 14th February PHAA Board approved the establishment of a new Special Interest Group named Diversity, Equity and Inclusion (DEI-SIG). (Not a bad date for a birthday!)

The idea for the DEI-SIG started from a discussion at the PHAA symposium in Sydney on 26th October 2017 between Dr Brahm Marjadi (International Health SIG Co-Convenor), Dr Paul Gardiner (then Queensland Branch President) and Michael Moore (then PHAA CEO). With four other PHAA members – Dr Tinashe Dune, Dr Virginia Mapedzahama, Dr Vanessa Lee, and Dr Lea Merone – joining the core team, and the support from 19 other PHAA members, the momentum was reached to establish the DEI-SIG.

The DEI-SIG was born from a shared concern about diversity-related issues impacting on health and well-being of Australians, including (but not limited to): ethnicity including indigeneity; racism; culture; religion and spirituality; gender and sexuality; physical and mental (dis)ability; socio-economic status; and ageing. Most of these issues are cross-cutting in public health, and many intersect with each other.

Discussions among the inaugural members have revealed wide-ranging public health issues that the DEI-SIG would like to address such as:

- Equity for vulnerable and marginalised groups in the delivery of and access to health services;
- Human rights based approaches in public health;
- Recognising and responding to diversity, inclusivity and intersectionality in public health and health promotion, such as creating more culturally-appropriate food representation in nutrition messages;
- Developing a PHAA policy on in-migration;
- Negative sentiments in the media and Australian society which vastly impact the health of young and diverse peoples, such as non-evidentiary projection and treatment of people with sexuality and gender diversity;
- Innovative ways to promote knowledge and awareness around diversity, changing hostile attitudes and promoting pro-social bystander intervention and support;
- Translating health messages to be encouraging and building on the strengths of marginalised groups, instead of highlighting their flaws;
- Improving diversity education in health professional curricula including public health;
- Improving inclusivity and accessibility of PHAA website, documents, events, conferences and meetings;
- Ensuring a fair representation of diversity among invited speakers in PHAA events and conferences, as well as in conference presentation streams; and
- Pooling the wisdom and expertise of PHAA members whose work is related to any aspect of diversity.

Clearly there is ample room for collaboration between the DEI-SIG and existing PHAA SIGs. Join us and help undertake the most-needed works in Diversity, Equity and Inclusion!
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“Relational pedagogy underpins our approach – building relationships through dialogue and working through differences to come to a shared space where we can work together.”

– Wendy Madsen,
Head of Course – Public Health

A new call to action from health professionals: will you act?

The World Health Organization has called climate change the biggest and most urgent public health challenge of our times. The “biggest” because it fundamentally undermines the very foundation of our societies and what we need to stay healthy, such as clean air, clean water, food security and of course a stable climate.

The “most urgent” for if we don’t act effectively and decisively right now, then it is today’s children and future generations who will pay the biggest price with their health, and it will be too late to deal effectively with the catastrophic health impacts of climate change.

This is a great injustice, as it is our future generations who have least contributed to climate change, yet who will suffer the greatest impacts and be unable to do stop it. It is really intergenerational inequity or theft.

The most recent IPCC special report published in October 2018 makes this abundantly clear. We must reduce our greenhouse gas emissions by at least 45% by 2030 and 100% by 2050 if we want to have a “reasonable” chance of staying below 1.5°C global warming. Going above 1.5°C global warming means millions more deaths related to climate change and the end of the civilizations of many island nations around the world.

Beyond 2°C warming, the impacts are almost unthinkable, with the erosion of civilisations as we know them, including conflict, famine and mass displacement of people.

The technical and economic solutions to the problem exist and there are many health co-benefits of action on climate change (such as improved air quality, improved physical fitness, and mental health), yet greenhouse gases are continuing to rise.

So what is the real problem?
The real problem is a lack of political will.

Doctors for the Environment Australia has therefore launched a new campaign to harness the energy of health professionals and focus on children’s health: No Time for Games.

This campaign is based on the report of the same name and an updated summary.

The aim is to empower health professionals to speak up for those who do not yet have a voice but whose health will be most affected: children and future generations.

No Times for Games aims to take the politics out of climate change and remind politicians and key policy makers in Australia that this is primarily an urgent public health issue.

With the support from the Royal Australasian College of Physicians, paediatricians, and highly regarded health leaders such as Professor Fiona Stanley and Professor Kerryn Phelps, health professionals right across Australia are being asked to pledge support for four key recommendations, which would result in effective action on climate change.

DEA will present all collected pledges of support to the Prime Minister and Health Minister in April this year before the federal election. A united voice for action on climate change from health professionals will help give our political leaders a mandate to act for the health and well-being of Australia’s children and future generations.

The pledge supports the following recommendations:

1. An urgent effective and pro-active whole of government bipartisan approach to climate mitigation including a rapid and just transition to renewable energies

2. Strengthening our primary emergency services, rural and mental health services to increasingly be able to respond to children affected by climate change

3. Greening our health care systems, in which health professionals are well placed to be a driving force to significantly reduce greenhouse gas emissions and waste

continued on next page
‘No time for games’ continued

Dr Ingo Weber and Marion Carey

4. Consider divestment as an effective tool for divesting funds from fossil fuel related activities, similar to health sectors divesting funds from tobacco industries.

Pledge your support today by going to https://notimeforgames.nationbuilder.com/ and signing the pledge.

But there’s more.

Tell to your colleagues about this initiative and ask them to sign as well. Declare your pledge on Twitter, Facebook, Instagram and other social media. We do need to build a groundswell public health movement around this campaign by encouraging all health professionals to join in. This we can only do with YOUR help.

Now is the time for us as health professionals across Australia to speak with one voice, to protect health of those who do not yet have a voice.

For any questions or comments please write to: ntfgdea@gmail.com For more information go to: notimeforgames.dea.org.au

Dr Ingo Weber

Ingo Weber is a qualified rural GP who trained in Anaesthetics and now works as a full time Anaesthetist at the Lyell McEwin Hospital. He lectures at both South Australian medical schools on the health impacts of climate change.

Marion Carey

Marion Carey is a public health physician with a special interest in environmental health. She is a Fellow of the Australasian Faculty of Public Health Medicine, the Royal Society for Public Health (UK), the Public Health Association of Australia, Adjunct Associate Professor at the School of Medicine, University of Notre Dame Sydney and a member of the Management Committee of Doctors for the Environment Australia.
PHAA is 50. So what?

Terry Slevin, CEO, PHAA

2019 marks 50 years since the establishment of the Public Health Association of Australia.

“So what?” I hear some say.

“What are our roots? Where have we come from? What are we about? Why are we here?”

These are all foundational questions that influence what we do today and what we look to achieve tomorrow.

I was lucky enough to be taught at Sydney University in the early 1990s by the wonderful Dr Milton Lewis, who reported on the foundation of PHAA in his volume “The Peoples Health: Public Health in Australia 1950 to the present” (Praeger 2003). Milton identified Tony Adams as a key figure who -after returning to Australia from completing an MPH at Harvard took up a role at the School of Public Health and Tropical Medicine at the University of Sydney. Being a long-standing member of the American Public Health Association Tony felt the need for a similar entity at home. A gathering of about 60 interested souls in Sydney in 1968 decided a new entity was needed, and the idea for the Australian Society for Epidemiology and Research in Community Health (ASERCH) was floated. The first formal meeting of the new beast was held in Adelaide in August 1969 where Professor Douglas Gordon was elected as Chairman, Tony Adams as Secretary and Basil Hetzel as Treasurer.

Around the same time, public health leaders, mostly based in the Departments of Health in WA (Bill Davidson and Jack Flood) and NSW (Sandy Gordon and Con Ryan) established state based Public Health Associations. These were mainly made up of public health doctors, nurses and environmental health officers. An amalgamation of the five existing state based public health bodies occurred in 1969 and again Tony Adams played a key role -- also as Secretary of the new Australian Public Health Association (APHA).

Since then there has been the inevitable shuffling of organisational names, affiliations and structures, but in essence the core purpose has remained.

In a delightful joining of a historical circle, PHAA has the essence the core purpose has remained.

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“What are our roots? Where have we come from? What are we about? Why are we here?”

I’ve been a member ever since (although I am sure Rodrigo would point to times when my fees were not perfectly up to date!)

The notion of being linked to “my tribe” neatly captures what PHAA has been to me. Membership is a means of signalling some of my core beliefs, about justice, equity, and commitment to evidence and sound science in the pursuit of improving the health of the whole community, particularly those doing it the toughest. And it provides a vehicle to connect me with people who share those values.

It has also put me alongside some of the best people I know. Some of those folk have become lifelong friends and colleagues.

PHAA membership has given me a sense of professional belonging, while offering the freedom to express views that might in the broader community been unpopular, counter intuitive or downright “unAustralian” - if one believed the rhetoric of the peddlers of some of the most harmful products sold to Australians.

It has also been an essential source of guidance, development, exposure to critical thinking, and the challenge to serve my paid role better, and the chance to have input on public policy issues beyond my job role.

PHAA has created opportunities I would never have otherwise had and been a major influence through out my career. And I now treasure the privilege to play a leadership role within PHAA.

What is your experience?

Over the next 12 months we can and should celebrate our Association. We hope to do that in many ways. One is to invite you to offer your reflections on being a PHAA member and the role it has played in your life.

Under the heading of “My PHAA is 50” we invite you to submit your thoughts and experiences of PHAA as a member, office bearer, contributor, leader or observer. Maybe a campaign you contributed to or were influenced by. Perhaps some of the key figures

If you could take a small amount of time to punch out a piece of 150 – 250 words and email to communications@phaa.net.au we’ll aim to publish one per edition of our much loved “The Pump”.

These personal reflections will hopefully build over the year a rich source of historical data on the evolution, the ups and downs, the triumphs and tribulations of PHAA. And will offer your fellow members and avid pump readers with another sense of what PHAA is about.

Whether you be a life member or a student member – your experienced are the life blood of who we are.

Please share with the tribe.
Reflections on PHAA

Tony Adams

In 1962 after doing my MPH at Harvard I found myself lecturing at the University of Kentucky.

The Department head decided that all staff should attend the annual meeting of the American Public Health Association (APHA) in Miami Beach that October. I was totally blown away by this gathering of a thousand or two passionate public health advocates who were concerned with a huge number of issues including, I recall, the health problems of people living in US urban slums.

APHA had been established in 1872 and the Canadian PHA in 1910!

Why didn’t Australia have an equivalent organisation I asked myself and on return to a position at the School of Public Health in Sydney in 1965 I got busy seeing if we could get a national association going here.

NSW and WA had small state based PHAs and Queensland had a Society for Health but that was all. When I suggested to these three organisations that it was time to create a national body the idea was received with enthusiasm and eventually in 1969 PHAA was born. As secretary I recall signing us up to membership of the World Federation of PHAs as one of my first duties.

I was out of the country in 1971 but on my return in 1972 I was delighted to see the young PHAA was growing well.

Over the ensuing years branches developed in all states and territories, sufficient funds allowed the appointment of a full time CEO and support staff, and funds were wheedled out of the Federal Health Department to purchase the building for a national office.

The development of Special Interest Groups, specialised conferences and an impressive range of policies, plus the success of the ANZJPH has meant that PHAA is now a force to be reckoned with and recognised by government as a source of valuable public health advice.

Mostly though I recall wonderful annual conferences all around the country (especially the Melbourne one where we dined and danced at the “Cotton Club” in the old Southern Cross Hotel).

Lots of good memories!

I hope to be at the 50th birthday celebration in Adelaide later this year.

Tony Adams, NSW Chief Medical Officer 1987

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Kate Kameniar
Devon Bowles

Student and Early Career Professionals Representative
Aimee Brownbill

Chief Executive Officer
Terry Slevin: ph (02) 6285 2373
tslevin@phaa.net.au

ANZJPH Editors
Editor in Chief John Lowe: jlowe@usc.edu.au
Editors
Priscilla Robinson: priscilla.robinson@latrobe.edu.au
Anna Ziersch: anna.ziersch@flinders.edu.au
Melissa Stoneham: M.Stoneham@curtin.edu.au
Bridget Kool: b.kool@auckland.ac.nz
Roxanne Bainbridge: roxanne.bainbridge@jcu.edu.au

Branch Presidents
ACT Devin Bowles: caphiaed@gmail.com
NSW Simon Willcox: simon.willcox@me.com
NT Rosalie Schultz: rosalie.schultz@flinders.edu.au
QLD Letitia Del Fabbro: l.delfabbro@griffith.edu.au
SA Kate Kameniar: kate.kameniar@southerncrosscare.com.au
TAS Kim Jose: Kim.Jose@utas.edu.au
VIC Anna Nicholson: phaa.vic@gmail.com
WA Hannah Pierce: hannah.pierce@curtin.edu.au

SIG Convenors

Aboriginal & Torres Strait Islander Health
Yvonne Luxford: yvonne.luxford@gmail.com
Michael Doyle: michael.doyle@sydney.edu.au

Alcohol, Tobacco and Other Drugs
Mike Daube: M.Daube@curtin.edu.au
Julia Stafford: J.Stafford@curtin.edu.au

Child Health
Jane Frawley: Jane.Frawley@uts.edu.au
Ruth Wallace: ruth.wallace@ecu.edu.au

Diversity, Equity and Inclusion
Brahm Marjadi: B.Marjadi@westernsydney.edu.au

Ecology and Environment
Peter Tait: aspetert@bigpond.com
Lea Merone: lea@doctors.org.uk

Complementary Medicine - Evidence, Research & Policy
Jon Adams: jon.adams@uts.edu.au
Jon Wardle: Jon.Wardle@uts.edu.au

Food & Nutrition
Kathryn Backholer: kathryn.backholer@deakin.edu.au
Penny Love: penny.love@deakin.edu.au

Health Promotion
Carmel Williams: Carmel.Williams@health.sa.gov.au

Immunisation
Angela Newbound: Angela.Newbound@yahoo.com
Michelle Wills: michjwills@gmail.com

Injury Prevention
Brahm Marjadi: B.Marjadi@westernsydney.edu.au

International Health
Jaya Dantas: jaya.dantas@curtin.edu.au

Justice Health
Tony Butler: tb Butler@nccher.unsw.edu.au

Mental Health
Fiona Robards: fiona.robards@sydney.edu.au

One Health (Zoonoses)
Van Joe Ibay: vanjoeibay@gmail.com

Oral Health
Tan Nguyen: tan.nguyen@dexcl.net.au

Political Economy of Health
David Legge: D.Legge@latrobe.edu.au

Primary Health Care
Russell McGowan: lazarus@bigpond.com

Women’s Health
Angela Dawson: angela.dawson@uts.edu.au
Candice Colbran: candicecolbran@gmail.com
PHAA Welcomes
New Members

Susanne Sofronoff VIC
Nuala Chapple WA
Jane Jelfs NSW
Cathy Vaughan VIC
Khoud Adem WA
Erin Lalor
Samiha Omran NSW
Amie Warne QLD
Dana Thomson VIC
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intouch, PHAA
email: communications@phaa.net.au
Membership Benefits

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- Online access to the Australian and New Zealand Journal of Public Health, Australia’s premier public health publication, with reduced rates for author publication charges.
- The PHAA e-newsletter intouch and other electronic mailings and updates
- The right to vote and hold office in PHAA
- Opportunity to join up to 17 national Special Interest Groups (SIGs) (fees apply)
- Access to State/Territory branch events and professional development opportunities
- Reduction in fees to the PHAA annual conference and other various special interest conferences
- Access to PHAA forums and input into developing policies
- Access to emailed list of public health job vacancies
- Networking and mentoring through access to senior public health professionals at branch meetings, as well as through SIGs and at conferences and seminars
- Eligibility to apply for various scholarships and awards
- The ability to participate in, benefit from, or suggest and promote public health advocacy programs

Additional Benefits of Organisational Membership*

Up to two staff members may attend PHAA Annual Conference and special interest conferences, workshops and seminars at the reduced member registration rate

Discounted rates for advertising or for placing inserts in our current publications intouch and the Australian & New Zealand Journal of Public Health (does not apply to job vacancies and event promotional e-campaigns)

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

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
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