



**Public Health Association**  
AUSTRALIA

# Public Health Association of Australia



Annual Report  
1 July 2018 – 30 June 2019

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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 1,900 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 policy position statements. 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*

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 2019 and beyond*

Key roles of the organisation include capacity building, advocacy and the development of policy advice. 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 commitments 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 Association'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.

PHAA also 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,



Yacht sails representing the  
UN Sustainable  
Development Goals,  
New York Harbour,  
August 2019

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 recognise 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 act 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 PHAA Board

**David Templeman**  
President



**Dr Christina Pollard**  
Vice-President, Policy



**Rohan Greenland**  
Vice-President, Development



**Associate Professor  
Richard Franklin**  
Vice-President, Finance



**Summer May Finlay**  
Vice-President,  
Aboriginal and Torres Strait  
Islander Peoples



**Aimee Brownbill**  
Early Career Professional  
representative



**Kate Kameniar**  
Branch President representative  
(Tas-SA-WA-NT)



**Dr Devin Bowles**  
Branch President representative  
(Qld-NSW-ACT-Vic)



**Dr Kathryn Backholer**  
Special Interest Group Convenor  
representative



**Dr Lea Merone**  
Special Interest Group Convenor  
representative



**Terry Slevin**  
Chief Executive Officer

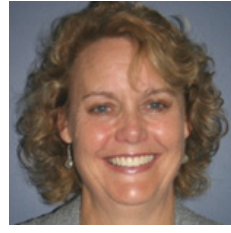


## The PHAA National Office Staff

**Terry Slevin**  
Chief Executive Officer



**Anne Brown**  
Operations and Finance Manager



**Nicole Rutter**  
Events and Capacity  
Building Manager



**Eliza Van Der Kley**  
Events Officer



**Rodrigo Páramo Muñoz**  
Executive Assistant to the CEO,  
Administration and  
Membership Officer



**Dr Ingrid Johnston**  
Senior Policy Officer



**Malcolm Baalman**  
Senior Policy Officer



**Ellie Haynes**  
Events Assistant



**Toni Hassan**  
Media and  
Communications Manager



## President's Report

The past year has been an exceptional year for the PHAA, especially as we move to celebrating more formally, our 50 Year Anniversary. We acknowledge the vision, achievement and leadership of so many members and Board representatives (supported by the outstanding PHAA staff) who have given so much voluntarily in maintaining our strong collaborative presence, policy formulation, and sustained advocacy across the whole remit of the many social, cultural, economic and ecological determinants of health. But we still have a long way to go!

Among 36 OECD (Organisation for Economic Co-operation and Development) countries, Australia is ranked 12th highest in both population and Gross Domestic Product (GDP). In total health expenditure, Australia ranks 11th. It's also important to note that many of these countries spend more than 5% on health prevention in stark contrast to Australia where spending on prevention has steadily declined over the last 10 years down to less than 2 per cent.

Prevention is both a health and an economic issue which PHAA needs to constantly express publicly for and on behalf of the Australian community. Within this, we need to maintain our strong resolve and vigilance in respect of our First Nations Peoples where health priorities are front and centre in all aspects and consideration of community needs and wellbeing. We were pleased with Federal Government's 2018 Budget announcement that it will provide \$160 million for a national research initiative to improve the health of Aboriginal and Torres Strait Islander people.

Obesity has rapidly become the biggest threat to health in Australia as smoking rates decline and unhealthy diets take their toll. Injury prevention, misuse of alcohol and immunisation rates have been key prevention reforms backed by a strong base of evidence. But unfortunately, outcomes on prevention spending are usually a decade away as was the case with smoking.

Moreover we are constantly up against the naysayers where sections of industry (notably the junk-food lobby) would have us believe that the real issue is lack of physical activity because so much time is spent sitting in front of screens. Sadly, the marketing of junk food to children is simply out of control and ought to be reined in. A levy on sugary soft drinks should be adopted and there must be an appropriate place for spending on vigorous media campaigns warning adults and their children of the dangers of over-indulgence in ultra-processed foods and the importance of whole foods.

PHAA has continued to demonstrate its strong presence throughout the year with representation and advocacy on many fronts. A brief snapshot of some of these is as follows:

- Contribution to the development of a National Alcohol Strategy hosted by the Ministerial Drug and Alcohol Forum involving the Federal Health Minister Greg Hunt MP, health leaders from a variety of sectors, and representatives from the alcohol industry.
- PHAA submission to the Senate Select Committee inquiry into the Obesity Epidemic in Australia, an important step toward better policy targeting Australia's obesity epidemic.
- PHAA urged the Australian Government to consider reproductive health be included in the upcoming National Women's Health Strategy 2020-2030.
- On World Mental Health Day, the PHAA called on governments at the state, territory and federal levels to increase their focus on mental health as a major public health issue.



**David Templeman**

President



- Launch of PHAA’s new report: Top Ten Public Health Successes over the last 20 years of public health in the country, and the power of evidence-based programs and initiatives. The report was key in PHAA’s election asks for the May Federal Election and unfortunately, we concluded that “Like inaction on climate change, the Budget did little to prevent a future illness tsunami”.
- Change of name for the Child Health Special Interest Group to the Child and Youth Health Special Interest Group (SIG) in acknowledging that youth can experience significant psychological, social, physical and cognitive changes during this life stage, resulting in specific needs.
- Creation of the Diversity, Equity and Inclusion Special Interest Group to address diversity-related public health matters in Australia and internationally by pooling the diversity-related expertise among PHAA members, particularly (but not limited to) those which thus far have not been specifically accommodated in existing SIGs, such as: sexuality and gender diversity; men’s health; ageing and aged care; disability; and religion and spirituality.
- PHAA warned that the development of Adani’s Carmichael mine raises grave concerns for the health and wellbeing of people in Queensland, Australia and globally.
- PHAA, the Cancer Council and the National Heart Foundation joined up to make a very targeted submission calling for the renewal and expansion of campaigns to further reduce smoking rates.
- On Wednesday 12 of June 2019, Health Minister Greg Hunt appeared via video in our Public Health Prevention Conference 2019, to pledge a National Preventive Health Strategy, to which PHAA responded in a media release, that “any national strategy must focus on those with the greatest need and those at greatest disadvantage, because we know that poverty and minority vulnerabilities have a profound impact on health outcomes”.

In 2018/19 we welcomed the following new Board members:

- Vice-President (Development) Rohan Greenland, replacing Heather Yeatman, a former long serving President and who accepted a term as Vice President Development—we thank Heather for her guidance and leadership, the oversight of the PHAA Directions Statement including her careful and sustained presence on the critical preventive health measures.
- Vice-President (Aboriginal and Torres Strait Islander Peoples) Summer May Finlay, replacing Carmen Parter who we must acknowledge as a powerful voice of reason assisting the PHAA to represent the health priorities for our First Nation Peoples.
- Branch Presidents' Representatives Kate Kameniar and Devin Bowles, replacing Gillian Mangan and Paul Gardiner respectively.
- Special Interest Group Convenors' Representatives Lea Merone and Kathryn Backholer, replacing Peter Tait and Yvonne Luxford respectively. In noting Peter's contribution as a long-term Board member, Peter has been instrumental in PHAA developing a vision and rigorous approach to those environmental and ecological impacts on health, and we greatly appreciate Peter's resilience and common-sense argument for these issues becoming core PHAA business. To Yvonne, we note her caring and continuing support across all SIGs and especially to Carmen and Summer during Board relief and transition but also for her energy in the initial development of the PHAA Reconciliation Action Plan.

May I thank the PHAA Board for its outstanding effort throughout the year. We acknowledge Richard Franklin's oversight of our budget and spending for the year—his careful and methodical assessment of all expenditure items has resulted in reining our forecast deficit to a significantly reduced quantum than originally forecast. Summer May Finlay also deserves special mention given her assistance to many members and the Board in the reframing all aspects of PHAA business which must address the needs of Aboriginal and Torres Strait Islander priorities. Christina Pollard has led the charge in revitalising a review of PHAA policy position statements, setting a very clear timeline for their update and renewal where necessary. To Aimee Brownbill, our the PHAA

Students and Young Professionals in Public Health Board representative we appreciate Aimee's drive and energy in developing a National Mentoring Program but moreover her ability to seek out new members for PHAA. Rohan Greenland has brought a wealth of not for profit public health expertise and experience to the Board having had a long-term association with the PHAA, and has been of great assistance throughout the year to Terry Slevin, especially in his early days as CEO. Our Editor in Chief, John Lowe should be commended not only for the growing and continued success of our online access of the ANZ Journal of Public Health but its strength and diversity combined with multiple articles awaiting publication.

Finally, without our wonderful PHAA staff team, the organisation would not have the formidable presence which we enjoy today. Led by our CEO, Terry Slevin (now past his 12-month mark on 21st May 2019, the PHAA continues to be front and centre on all aspects of national preventive health policy reform, especially through the stewardship of Malcolm Baalman and Ingrid Johnston. Our Events Coordination group with Nicole Rutter, Eliza Van Der Kley and Ellie Haynes have over-reached given the increased number of conferences and activities plus the necessary planning for our 50th Anniversary celebrations—well done. This year we said farewell to our Communications Manager, Karina Martin and we have been fortunate to gain the services of Toni Hassan who comes with a comprehensive politico/journalistic background, someone who will continue to maintain the extensive support and engagement which we all enjoyed from Karina's contribution. Anne Brown, our Operations and Finance Manager supported by Rodrigo Paramo has kept the day to day corporate governance on track while assisting our PHAA membership base, the Branches and SIGs, in ensuring they have the necessary information, guidance and support to meet their responsibilities to the PHAA and Board.

In closing, may I say that it has been a privilege to be afforded the opportunity as President of the PHAA for a further term but more importantly to work with such a vibrant and progressive group is what makes PHAA such an exciting and go to organisation. We are empowered and honoured through their leadership and objectivity to better position collaborative thinking and decision making on future preventive health measures—thank you.

## Vice-President, Policy Report

Informed policy often relies on a critical assessment of the best available evidence, a clear strategic perspective and it must be compelling. The PHAA policy suite emphasises the strategies for the translation of research into policy and practice for public health benefit. Each year about a third of the policy position statements are due for review, and new statements are created. In the 2018-19 policy cycle 23 existing statements were reviewed and 7 new ones created.

This year the focus has been on increasing the relevance and utility of our policy suite. The PHAA process involves the creation and review of timely, evidence-informed, and relevant policy position statements with clear advocacy asks. The Policy team work with Special Interest Group convenors and members to identify policy needs and draw on the appropriate public health expertise. During policy development, where appropriate, a number of special interest areas or different organisations are brought together. The policy position statements are often featured in the Pump and form the basis of both opportunistic and planned advocacy.

The PHAA Policy team, Special Interest Group convenors, and a small number of members are actively engaged with the process but we'd love to broaden the engagement. If you are interested in being involved please speak to your SIG convenor, the PHAA policy team or simply give feedback when statements are out for consultation on the members' policy Forum. We also particularly welcome early career public health members engagement in this process.

In March 2019 PHAA also prepared and published National Policy Directions, a 14-page summary of its policy suite.

An important part of the strategic PHAA policy approach includes activities to initiate the policy actions. This year the PHAA has integrated our key policy asks (drawn from our policy suite) into both planned and opportunistic advocacy, including: developing specific policy briefs to guide public health priority in election commitments; submissions to government enquiries and expert witness presentations (e.g. the intergenerational welfare dependency); government reviews (e.g. Health Star Rating); and to inform media positions.

Members and other academics have also prepared peer-reviewed papers for the PHAA's Australian New Zealand Journal of Public Health to further the reach of the key policy messages. The Journal published a number of editorials related to the PHAA policies this year, including on the issues of prison health and suicide prevention.

Finally, in late 2018 PHAA published Top 10 Public Health Policies over the Past 20 Years, a short guide for policy-makers highlighting the social value of the major Australian public health initiatives since the 1990s.



**Dr Christina Pollard**

Vice-President,  
Policy



## Vice-President, Development Report

I have always believed that successful development of any organisation is entirely dependent on that organisation's ability to fulfil its core mission. In the case of the PHAA, that means doing everything we can - as a non-government organisation - to promote the health and well-being of all Australians. Building capacity to achieve this, and supporting the advocacy work of the President, the CEO, the PHAA staff and membership, is a key focus for my development activities.

As we have transitioned from 'Moore' years to 'Slevin' years, it has been important to maintain the momentum and impact the PHAA has achieved over the past decade, particularly in influencing the political agenda. The PHAA remains a respected advocacy organisation, and while public health is still under-funded, and the case for addressing the social-determinants of health is poorly understood, our voice in this, our 50th year, remains influential in the corridors of power.

PHAA has benefited from clear priority setting. In the lead up to the Federal election, the release of the 'Immediate Policy Priorities 2019' document listed five clear actions we expected to see from the next federal government:

- Invest in prevention
- Protect kids from advertising
- Prevent chronic disease
- Focus on Indigenous adolescents
- Leave a healthy environment

The call to invest 'at least 5%' of health spending on prevention is becoming widely understood and respected and should become a focus for our work going forward. While specific election commitments in prevention were disappointing, the post-election commitment to develop a national prevention strategy, made by the Federal Health Minister at our 2019 'Smashing the Silos' Prevention Conference, was widely welcomed. The Minister has asked the PHAA to be a key player in the development of this strategy, recognising our leadership and advocacy.

While the Government has a great track record in developing strategies and action plans, it has had a poor record when it comes to successful implementation. Our work ahead must focus not only on achieving a strategy that addresses the core barriers to health promotion, including the social, commercial and environmental determinants of poor health, but also has a strong focus on implementation.

In recent years PHAA has enhanced our role in advocacy to achieve the best possible health outcomes for the community. In the year ahead, we will be working to continue to build on the success of the new Prevention conference, develop further opportunities to enhance the advocacy skills of our members (including at the Australian Public Health Conference in Adelaide in September) and through our continued use and development of our external and internal communication tools.

As VP (Development) I will continue to support the President and CEO through political and strategic advice, support our conferences through participation in the relevant committees and assist with advocacy campaigns to ensure we remained focused on what our members want us to do: fight for public health.



**Rohan Greenland**  
Vice-President,  
Development

## Vice President, Finance Report

This report represents my last activity as Vice President Finance and on the Board (at least for a term). My time reflects the ebbs of flows of the finances within the organisation and the continuing effort to improve our understanding of the underlying costs and income for the organisation. My job would have been immeasurably harder without the wonderful talents of the Operations and Finance Manager, Anne Brown and I thank her for her work and putting up with all my questions.

This financial year we forecast a significant loss, but we are ending the year with only a modest loss of \$32,421.

The PHAA has three main funding sources: membership (\$299k), conferences (\$1.084m) and government grant(s) (\$375k). As explained previously the conference income ebbs and flows from year to year based on a two year cycle dependent on the sponsorship achieved and the running of the immunisation conference. This cycle is being addressed and the PHAA has significantly improved its conference offerings, with the Prevention conference proving particularly popular and the addition of international conferences. Conferences do not come without risk and we need to ensure that the conferences meet the PHAA organisation needs as well as hopefully the financial need, as any profit from the conference goes back into other activities within the organisation. The PHAA continues and needs to understand all the costs of running conferences, we also need to continue to ensure that our members are engaged, participating and part of the conferences we deliver.

Membership in my opinion continues to be a challenge, revenue from membership income dropped slightly (\$2,719) in this financial year and is the smallest contribution to the overall running of the organisation. I encourage you to bring in colleagues to be members and also to think about what you as a member would like from the PHAA. I would like to take this opportunity to thank the members for their support over the years, especially the board members I have worked with in the position of Vice President Finance. I am excited to see a strong Aboriginal and Torres Strait Islander and youth representation on the board. The creation of a diversity SIG is exciting to see and I hope that over the next few years we see greater diversity across the organisation, especially in leadership positions, thus providing greater strength within the PHAA to address the public health challenges of the next decade and beyond. This will only be possible if we are all willing to listen to others' views and support this diversity. As public health practitioners we have a responsibility to critically reflect on the society we live in and how we would like the society to develop, and this includes being critical of PHAA and the way we work thus trying to build a better organisation along the way.

Government support is the third major revenue source for the organisation and has remained steady over the time I have been in office. This support significantly helps the organisation improve public health in Australia, however is not without risk as it is reliant on being refunded ever three years. Both Terry and Michael have done an excellent job in engaging government, however like all government funding it can be lost. This is not a doom and gloom statement as we have been reasonably successful in getting this funding, however we do need to start preparing for a time when this funding may not be available and as such we need to work on increasing our reserves which means increasing our surplus. I encourage the next Vice President, Finance to take this challenge seriously.

For me there are three major areas of expenses. The first is salaries of the staff and associated office costs. These costs have over the last few years remained consistent, however I note that income from membership and the government could not cover the salary costs which is why the conference income is so important. The



**Richard Franklin**

Vice-President,  
Finance

staff do an excellent job, and it would be hard to imagine the office without the whole team, all of whom I would like to thank for the help they have provided to me while on the board.

The second cost is running the conferences, which provide such a valuable role in supporting public health in Australia. The PHAA conferences are well attended, well run and continue to evolve. The conference delivery space is becoming more crowded each year with sponsorship becoming more difficult and costs increasing, as we move forward we have started to explore all the costs associated with conferences, and some thinking about their value (to the organisation, public health, the individual who attend and Australia) is also needed to ensure PHAA continues to be at the forefront of public health conferencing in Australia.

The third major cost is the Journal (\$213K), however with it moving to being open access is also bringing in an income (\$99k) to the organisation. The journal represents a very public and tangible arm of the PHAA and the editors have been doing a great job. The board has and continues to support a discount for members to publish in the journal and I encourage all to consider the journal as your first point of call for your public health research papers.

The PHAA remains in a strong financial position, with \$880k in equity. However as noted in the audited report this is not enough to cover the annual costs of running the organisation, the bulk of this from the value of the Land (\$197k) and building (\$482), both assets which would be difficult to sell at short notice. This reinforces my call for the PHAA to continue toward building equity and to ensure there is diversity in the income generate.

As a final thought I encourage all members to become engaged with the finances of the organisation, ask questions and to see opportunities for the organisation to grow (more than just financially). More than ever the PHAA is needed to help improve the health and wellbeing of all who live and reside in Australia and this is not possible without a strong financial basis. Thanks to both the current and past CEO for working with me to strengthen the systems that underpin the financial running of the organisation and working toward improving our financial position.

### Operating results

The Association's Income Statement for the 2018-19 reports an audited operating loss of \$32,421 compared to an operating surplus of \$6,078 in 2017-18, a deficit of \$244,732 in 2016-17 and a surplus of \$356K in 2015-16. The organisation does not hold any major loans has total equity of \$880,936.

### Historical View of PHAA budget over last six years

| Year                            | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
|---------------------------------|---------|---------|---------|---------|---------|---------|
|                                 | Actual  | Actual  | Actual  | Actual  | Actual  | Actual  |
|                                 | \$'000  | \$'000  | \$'000  | \$'000  | \$'000  | \$'000  |
| Revenue                         | 1,954   | 1,738   | 2,488   | 1,763   | 2,417   | 2,105   |
| Expense                         | 1,883   | 1,980   | 2,132   | 2,008   | 2,411   | 2,137   |
| Net Operating Surplus / Deficit | 71      | -242    | 356     | -245    | 6       | -32     |

### Balance sheet

The PHAA's Audited Net Assets at 30 June 2019 were \$880,936, down from the previous year when the net assets were \$913,357. A copy of the statement of financial position as at 30 June 2019 with comparative 2018 figures is included in the Association's Audited Financial Report attached at the end of this annual report.

The full Audit financial report is presented at pages 67-90 of this Annual Report.

All the best for a healthy 2019-20 financial year.

## Vice President, Aboriginal and Torres Strait Islander Peoples Report



**Summer May Finlay**  
Vice-President,  
Aboriginal and Torres  
Strait Islander Peoples

During the year I stepped aside from my role as SIG Co-Convenor in September 2018 to focus on the role of Vice President, Aboriginal and Torres Strait Islander Peoples.

Michael Doyle became the new Co-Convenor, joining Yvonne Luxford who continues her great work with the SIG. Michael is a Bardi person from the Kimberley region and had been a member of PHAA for many years before this role.

This is our joint report on Aboriginal and Torres Strait Islander activity in PHAA during the 2018-19 year.

### *Close the Gap Committee*

During the year Aboriginal and Torres Strait Islander SIG Co-Convenors Summer, Yvonne and Michael continued to participate in the Close the Gap Steering Committee. A significant focus of the Committee over the past year has been on the Closing the Gap Refresh for the Council of Australian Governments (COAG). A notable success has been the formation of a partnership between COAG and the newly formed Coalition of Peaks representing Indigenous peak bodies from across Australia.

PHAA celebrated National Close the Gap Day with a morning tea, and Summer represented PHAA at the official launch of the 2019 Close the Gap report, Our Choices, Our Voices.

### *Indigenous Working Group of the World Federation of Public Health Associations*

Summer Finlay is the Co-Vice Chair of the Indigenous Working Group of the World Federation of Public Health Associations. Summer attended the world congress on behalf of PHAA in Geneva in May 2019. Summer continues her work with this group in her capacity as Aboriginal and Torres Strait Islander PHAA VP.

### *Reconciliation Action Plan*

The Aboriginal and Torres Strait Islander Health SIG contributed to the development of the PHAA Reconciliation Action Plan (RAP) alongside then Vice-President Carmen Parter, which has now been endorsed by Reconciliation Australia. This represents two years of engagement with the PHAA membership to develop an achievable outcome. The SIG will work with the PHAA Office and Summer Finlay as the VP toward implementation of the plan.

### *Conference committees*

SIG members have continued to contribute to several PHAA and other conferences, and we provided two scholarships for Aboriginal and Torres Strait Islander students of public health to attend the national conference in Cairns.

The Conference Committees included:

- The PHAA Australian Public Health Conference in Cairns, September 2018
- The Justice Health Conference in Sydney, April 2019



- The PHAA Australian Public Health Conference to be held in Adelaide, September 2019.

### *Submissions*

The Aboriginal and Torres Strait Islander Health SIG has helped contribute to:

- Review of the Patient Incentives Program (PIP) Aboriginal Torres Strait Islander people, which provides incentives for good health service delivery in general practice to Aboriginal and Torres Strait Islander people
- 2019 PHAA Immediate Policy Priorities

### *PHAA Policies*

The SIG and VP have been engaged in the review of a number of policy reviews and developments including:

- Updated the PHAA policy position statement on Incarceration of Aboriginal and Torres Strait Islander people
- Updated the PHAA policy position statement on Aboriginal and Torres Strait Islander People's Substance Use
- Drafted a new Aboriginal and Torres Strait Islander policy position statement
- Contributed to the new Draft Youth Mental Health policy position statement
- Contributed to the updated Alcohol policy position statement.
- Contributed to the End of Life Choices policy position statement.

### *Mentoring Program*

Summer May Finlay, in her Vice-President capacity has been working with the Student and Young Professionals in Public Health Group in the development of the PHAA Mentoring Program. The program is currently up and running with the new mentees being paired with mentors.

# Early Career Professional Representative Report



**Aimee Brownbill**

Early Career Professional representative on the Board

As the Early Career Professional Representative on the Board I would like to report on the great work of the Students and Young Professionals in Public Health Group (SYPPH) and it's Committee.

The SYPPH Committee has been very active since conception in 2017 and particularly in the last 12 months with the committee taking on the development and implementation of a national mentoring program for PHAA members.

- Chair: Aimee Brownbill
- Co-chair: Alexandra Procter
- Committee: Ian Epondulan, Siddharth Kaladharan, Cecilia Li, Hilary Murchison, Cheneal Pulievic, Natasha Reid, Kathryn Smith, Chantelle Vella

The key activities undertaken by the committee in the past 12 months are briefly described below.

## *PHAA National Mentoring Program*

In 2019 the SYPPH launched the PHAA National Mentoring Program. The program was modelled from the successful PHAA SA Branch mentoring program. The program facilitates the pairing of mentors and mentees in public health with the aim to build the capacity of PHAA members, particularly students and those early in their careers, through teaching, training, networking and providing them with appropriate resources. In 2019, we received a combined total of 60 mentee/mentor applications from members and were able to accept 25 mentor-mentee pairs into the 6-month program. The program development and implementation has been led by Alexandra Procter, Cecilia Li and Aimee Brownbill in 2019. The SYPPH will evaluate the program and hope to continue to develop and strengthen the program for delivery in future years.

## *National Public Health Student Think Tank Competition*

The National Public Health Student Think Tank Competition was initiated by the SYPPH 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 SYPPH are delivering the competition again in 2018 and hope to run the competition annually. The prompt for the competition in 2019, "What do you see as a major challenge facing the public's health in the next 50 years and how would you recommend it be addressed?" was set in line with the theme of the Australian Public Health Conference 2019. 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 comprises 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 2019 in the closing plenary session (highest scored applicant of the webinar). In 2019 the SYPPH are again engaging with Croakey Health Media who will profile some of the applicants on their website. The first phase of the competition has been successful with 35 entries received. The webinar is set to occur in August. In 2019 the National Public Health Student Think Tank Competition is being coordinated by Cheneal Pulievic.

### *Engagement with Conference Organising Committees*

In 2019, Aimee Brownbill acted as the SYPPH representative on the organising committee for the 2019 Australian Public Health Conference. A SYPPH representative on PHAA conference organising committees ensures that student and young professionals' needs are considered in the planning of the conferences program. Following from SYPPH related initiatives implemented in the 2018 conference this has included: an Early Career/Young Professional Award, a secured spot in a plenary session for the winner of the National Public Health Student Think Tank Competition to present, positions for students/young professionals to co-chair sessions and presence of SYPPH representatives at a networking pod.

### *Students and Young Professionals in Public Health Networking Night*

In 2019 the SYPPH are organising a networking event the evening prior to the Australian Public Health Conference. The event is a chance for students and young professionals to network with each other and with established professionals in the field of public health. The event has been planned prior to the Australian Public Health Conference as a way to facilitate networking opportunities across states and territories for conference attendees, local students and public health professionals. The event will involve World Café style sessions in which an established professional will share their insights and advice regarding their area of expertise. The SYPPH have engaged the local SA Branches of the PHAA and the Australian Health Promotion Association of Australia who have provided a small sponsorship for this event and we hope to continue a similarly modelled event in future years. The event is being organised by Jude Hamilton (of the PHAA SA Branch), Alexandra Procter and Aimee Brownbill.

### *Public Interest Journalism Policy*

The SYPPH Committee are currently drafting a PHAA policy position statement on Public Interest Journalism, led by Ian Epondulan.

### *Engaging Other Youth Networks*

The SYPPH Committee have continued their engagement with the World Federation of Public Health Associations Students and Young Professionals Working Group and are currently providing input into the organisation of the World Congress on Public Health being held in 2020.

## Chief Executive Officer's Report

In my first full year in the privileged role as PHAA CEO I've gained a much deeper appreciation for the energy, commitment, dedication and enthusiasm there is for our 50-year-old Association of Public Health Professionals and its' purpose. Even the most cursory glance over this annual report offers an insight into the outstanding diversity, complexity and accomplishment of the Officers and Members of PHAA.

Leading that charge by example are the committed and generous members of the PHAA Board.

Thanks must go to President David Templeman and all the Board members for their wisdom and care in guiding the PHAA forward applying the high principles to which we aspire to the practical challenge of ensuring an effective and viable organisation. Without their efforts none of the achievements reported in these pages could be possible.

As we head towards our 50th anniversary year since the formal establishment of our founding entity, the Australian Society for Epidemiology and Research in Community Health (ASERCH), it is worth reflecting where Public Health has come from in Australia and of course what our future looks like.

The campaign in the lead into the Federal Election of May 2019 provided us with the opportunity to link that "where have we come from" theme with our advocacy objectives of promoting the advancement of public health. The Top Ten Successes in Public Health report brought those themes together by allowing us to spruik our successes as a means of laying claim to greater investment in the public health initiatives of the future. It also demanded that we articulate our "Immediate priorities for action", while giving a broad overview of the complexity and diversity of policy advancements we think important to improve the lives of the current and future generations of all Australians.

Our "National Policy Directions 2019" is another report that required us to bring together our full suite of policy positions, created through the expertise of our members, and offers evidence based guidance to decision makers on the wide range of topics of importance to public health. All of these reports have proven valuable as we meet and educate new and returning members of Parliament post 18 May.

As our suite of policy position statements approaches 100, we find that over 120,000 downloads of these policies have taken place over 2018/19. And of our 64 submissions to enquiries, committees and consultations at state and federal level across the complexity of public health issues through the year, it seems we have seen 30,000 downloads of those. As best we can gather less than 1% of those are from staff and members. This suggests a wide footprint for the reach and work of PHAA.

Add to that the extraordinary reach of the ANZJPH. With almost 900,000 downloads of the peer reviewed public health research published in our Journal, more than double the next ranked open access journal in the Wylie journal publishing stable in Australasia, PHAA can claim a proud record in pursuing our purpose of "promoting and strengthen public health research, knowledge, training and practice".

Picking out 'highlights' for such a vibrant and busy year at PHAA risks missing vitally important and significant achievements or activities. So all I can do is offer my personal reflection. Completion of the Reconciliation Action Plan, in the 'Innovate RAP' category, goes to the importance placed by PHAA in the issue of advancing Aboriginal and Torres Strait Islander health. Our challenge is now to deliver on the commitments articulated in the RAP. Similarly, the establishment of a Diversity Special Interest Group is another vitally important development for PHAA. The work of that new SIG will help to further ensure PHAA is inclusive in all possible



**Terry Slevin**

Chief Executive  
Officer

ways across the activities and efforts of the Association. Our efforts to raise the profile of preventive and public health in the context of the election campaign were considerable, while quantifying the genuine impact of that effort is elusive. Commitments from the ALP were encouraging, but the May federal election outcome obviously affected its immediate practical importance.

The Justice Health conference was a highlight in my view. Not an area of expertise of mine – I learned much and was energised by the need to tackle the issue of the minimum age of criminal responsibility. The fact that our country incarcerates children remains a dark shadow on our soul. In fact all of our conferences, along with visits to our Branches, and all opportunities to meet and talk with PHAA members are energising experiences. Some important nuts and bolts issues that allow this work to occur are solid finances and a strong dedicated staff. Financially, this year saw a modest deficit as reported by VP Finance Richard Franklin. This is an almost \$200K improvement on the predicted budget. Enormous credit goes to members and staff for a much-improved result against the original sobering prediction. This was achieved through careful cost savings, adding an event (Justice Health) to the original work plan, and excellent outcomes for each of the events.

It was also important that we confirmed continuation of funding from the Australian Government Department of Health through the Health Peak and Advisory Bodies program at a level of \$375,000 pa for three years from 1 July 2019 through to 30 June 2022.

I am very proud of the work done by PHAA staff and members, which has a clear and important influence on policy and practice in public health in Australia. From gun control to food labelling, from policy on e-cigarettes and vaping to marketing of alcohol and gambling to children. From investment of research funding into Aboriginal and Torres Strait Islander health and public health interventions, or issues like still birth, sleep, liquor licencing restrictions, obesity policy and much much more. We talk about, fight for and focus on better health for more people, with equity at our core to advance the interests of the most vulnerable. Constant requests from the media to offer public commentary on these and many other issues suggest our views are seen as relevant and of value.

I am keen to thank our thoughtful and constructive Board members, my wonderful dedicated staff and colleagues and the selfless and energetic members who make PHAA a very special organisation. I hope I can continue to serve the purpose and interests of PHAA and welcome any and all feedback as we take on the challenge of 2019/20 with renewed vigour and enthusiasm.

# Membership 2018-19

## Membership over the period 1 July 2018 to 30 June 2019

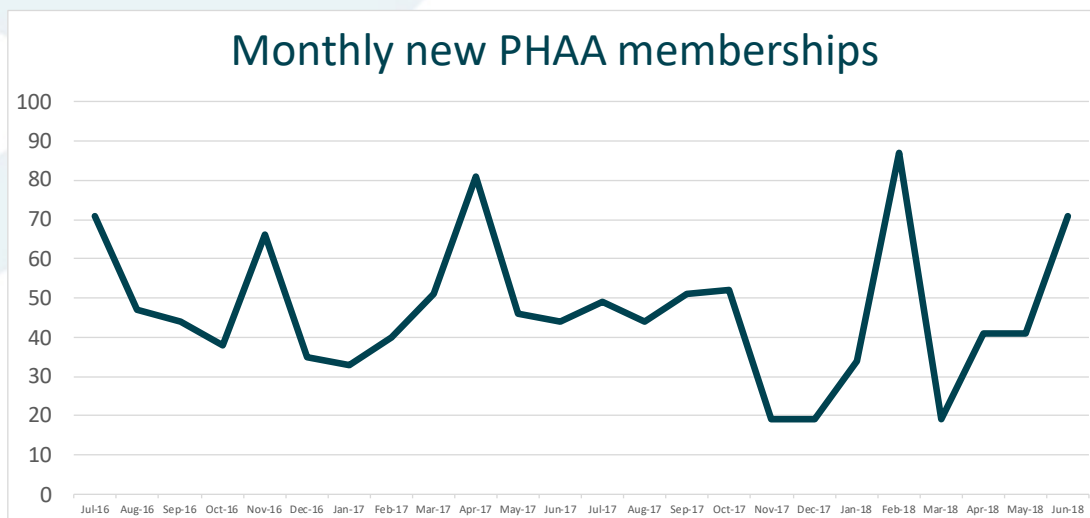
As at 30 June 2019 total PHAA membership stands at 1,665 individuals.

The following table shows total PHAA membership numbers for the past three years.

| 2016-2017 |               | 2017-2018 |               | 2018-2019 |               |             |                     |
|-----------|---------------|-----------|---------------|-----------|---------------|-------------|---------------------|
| Month     | total members | month     | total members | month     | total members | new members | new student members |
| Jul-16    | 1,424         | Jul-17    | 1,534         | Jul-18    | <b>1,562</b>  | 24          | 6                   |
| Aug-16    | 1,540         | Aug-17    | 1,580         | Aug-18    | <b>1,629</b>  | 62          | 43                  |
| Sep-16    | 1,570         | Sep-17    | 1,578         | Sep-18    | <b>1,645</b>  | 52          | 18                  |
| Oct-16    | 1,572         | Oct-17    | 1,611         | Oct-18    | <b>1,662</b>  | 54          | 31                  |
| Nov-16    | 1,620         | Nov-17    | 1,605         | Nov-18    | <b>1,678</b>  | 58          | 32                  |
| Dec-16    | 1,654         | Dec-17    | 1,623         | Dec-18    | <b>1,681</b>  | 27          | 11                  |
| Jan-17    | 1,581         | Jan-18    | 1,610         | Jan-19    | <b>1,675</b>  | 40          | 17                  |
| Feb-17    | 1,610         | Feb-18    | 1,629         | Feb-19    | <b>1,706</b>  | 55          | 21                  |
| Mar-17    | 1,640         | Mar-18    | 1,661         | Mar-19    | <b>1,693</b>  | 68          | 40                  |
| Apr-17    | 1,698         | Apr-18    | 1,648         | Apr-19    | <b>1,669</b>  | 30          | 18                  |
| May-17    | 1,718         | May-18    | 1,660         | May-19    | <b>1,688</b>  | 50          | 23                  |
| Jun-17    | 1,715         | Jun-18    | 1,692         | Jun-19    | <b>1,665</b>  | 65          | 40                  |

## Membership trend over the period 1 July 2018 to 30 June 2019

Overall membership is quite stable over time, and new memberships were taken out regularly throughout the year.



# Policy and Advocacy

## Policy Position Statements

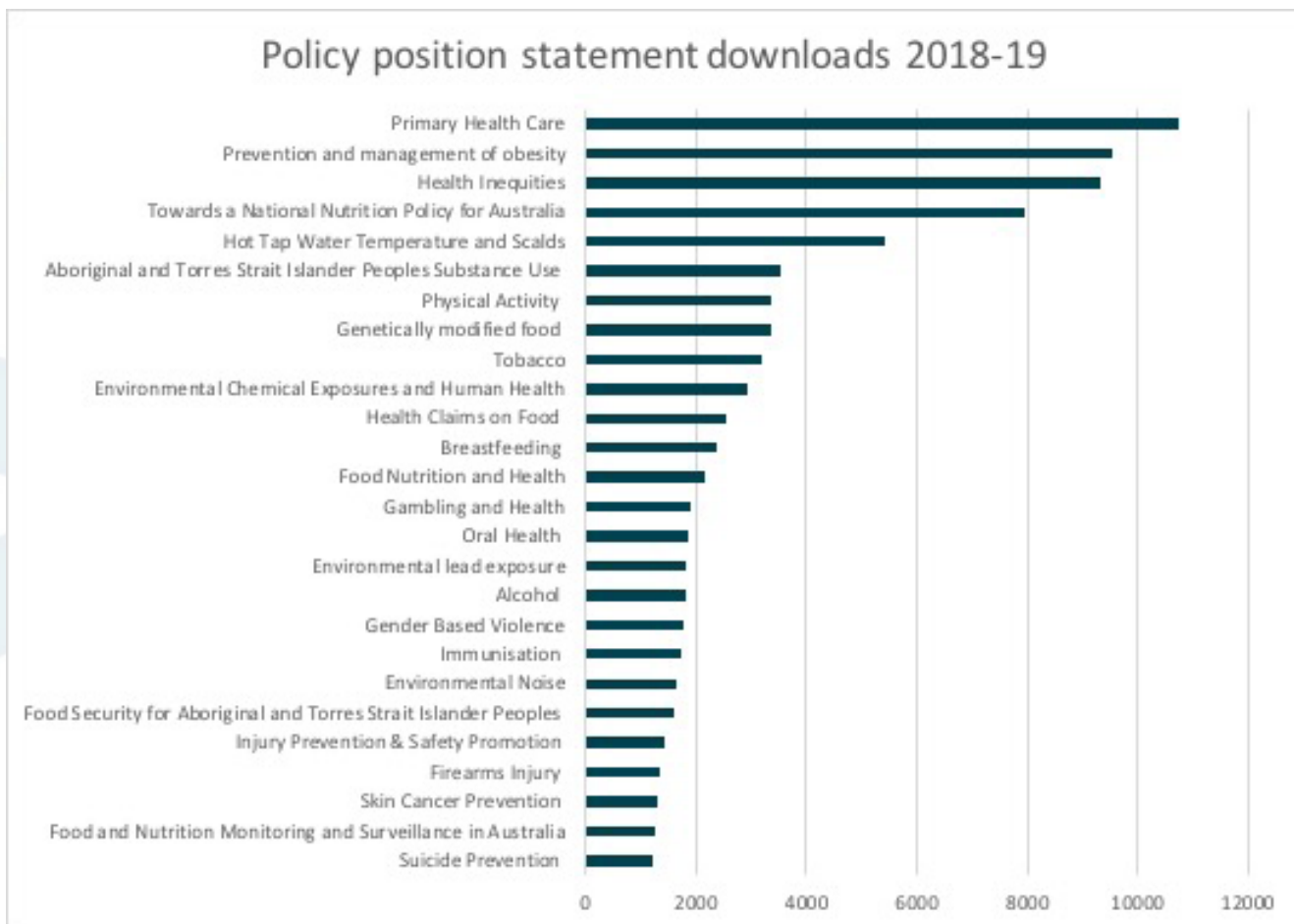
PHAA has over 90 policy position statements on a variety of public health topics. All current approved policy position statements can be found on the PHAA website.

Downloads of the policy position statements suggest that they are read and used by a wide audience. During 2018-19 there were about 120,000 downloads, less than 1% of which were from PHAA members or staff.

The statements most often downloaded were primary health care, prevention and management of overweight and obesity, health inequities, a national nutrition policy for Australia, hot tap water temperature and scalds, Aboriginal and Torres Strait Islander peoples substance use, physical activity, genetically modified foods, tobacco control, and environmental chemical exposures and human health.

This is likely to reflect a number of factors including the results of internet searches, and what issues are associated with public health (for which people may instinctively look to the PHAA).

The statements are revised and re-approved every 3 years, to ensure that they remain up to date and evidence-based. Review cycles occur each year between February and August, with a view to adoption by the members at each Annual General Meeting in September.



## 2018 policy review process

The following is a list of the policy position statements that were reviewed in the period February–August 2018, and considered and/or endorsed in September 2018.

### Alcohol, Tobacco and Other Drugs SIG

- E-cigarettes
- Responsible Commercial Advertising

### 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
- National Nutrition Policy for Australia
- Health Star Rating (NEW)
- Added Sugar Labelling (NEW)

### Health Promotion SIG

- Skin Cancer Prevention
- Health Promotion and Illness Prevention (with AHPA)

### Injury Prevention SIG

- Firearms Injury

### 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)

**2019 policy review process**

The following is a list of the PHAA policy position statements under review in the period February-August 2019, with a view to endorsement at the AGM in September 2019.

**Aboriginal and Torres Strait Islander SIG**

- Aboriginal and Torres Strait Islander People's Substance Use
- Incarceration of Aboriginal and Torres Strait Islander Peoples
- Aboriginal and Torres Strait Islander Health (NEW)

**Alcohol, Tobacco and Other Drugs SIG**

- Alcohol
- Medicinal Cannabis

**Complementary Medicine SIG**

- Complementary Medicine (NEW)

**Ecology and Environment SIG**

- Ecologically Sustainable Australian Population
- Nuclear Industry
- Outdoor Air Quality
- Planetary Health (NEW)
- Climate Refugees (NEW)

**Food and Nutrition SIG**

- Food Security for Aboriginal and Torres Strait Islander Peoples
- Genetically Modified Foods
- Palm Oil in Food
- Prevention and Management of Overweight and Obesity
- Dietary Patterns and Food-Based Guidelines (NEW)
- Household Food Security (NEW)

**Health Promotion SIG**

- HIV/AIDS

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- Viral Hepatitis Prevention and Management

### Injury Prevention SIG

- Fall Injury Prevention in Older People

### Mental Health SIG

- Insurance and Mental Health
- Youth Mental Health (NEW)

### Political Economy of Health SIG

- Health Equity

### Primary Health Care SIG

- Gambling Industry Funding
- Community Participation (NEW)

### Women's Health SIG

- Breast Cancer Screening (Mammography)
- Breastfeeding
- Gender Based Violence [previously named Domestic and Family Violence]
- Fertility and Preconception Health

## Policy Submissions

Making submissions to parliamentary inquiries, and other government and public inquiries and consultation processes is a key method by which PHAA influences policy-making across Australia.

During the 2018-19 year, the PHAA made a total of 64 submissions to various Government, Parliamentary and community inquiries and consultations, and both national and state and territory levels. Submissions are an important vehicle to influence policy outcomes to ensure the health of all Australians, through comment on Bills before Parliament, providing policy advice to broader Parliamentary inquiries on new and emerging issues, and contributing to the development of departmental strategies and programs.

All submissions which can be made public became available on the PHAA website at <https://www.phaa.net.au/advocacy-policy/submissions>.

### *Commonwealth government*

#### Submissions to Parliament (12)

- Stillbirth Research and Education (July 2018)
- National Energy Guarantee Draft Detailed Design for Commonwealth Elements (July 2018)
- Senate Inquiry into the Obesity Epidemic (July 2018)
- Social Services Legislation Amendment (Cashless Debit Card Trial Expansion) Bill 2018 (July 2018)
- Inquiry into Modern Slavery Bill 2018 (July 2018)
- Inquiry into the Use and Manufacture of Electric vehicles in Australia (July 2018)
- Customs amendment (TPP11 implementation) Bill (Sep 2018)

- Inquiry into My Health Record (Sep 2018)
- Amendments to the Electoral Legislation Amendment (Electoral Funding and Disclosure) Bill 2017 (Sep 2018)
- Intergenerational Welfare Dependence (Oct 2018)
- Inquiry into Sleep Health Awareness in Australia (Oct 2018)
- Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019 (Mar 2019)

#### Submissions to government agencies (23)

- Consultation to inform second Australian medical research and innovation priorities 2018-2020 (Medical Research Future Fund, Aug 2018)
- National Tobacco Strategy (Department of Health, Aug 2018)
- National Pollutant Inventory review (National Pollutant Inventory, Aug 2018)
- Exposure draft subordinate legislation private health insurance reforms amendment rules 2018 (Department of Health, Aug 2018)
- Labelling of sugars on packaged foods and drinks (Commonwealth Food Regulation Secretariat, Sep 2018)
- Using generic or masked chemical names (NICNAS, Oct 2018)
- Information on new assessment certificates for unlisted chemicals (NICNAS, Oct 2018)
- National draft Good Practice Guide - Supporting Healthy Eating and Drinking at School (Department of Health, Oct 2018)
- Draft National Women's Health Strategy 2020-2030 (Department of Health, Nov 2018)
- Potentially preventable hospitalisation indicator specific to general practice (AIHW, Nov 2018)
- Health Star Rating 5-year review - consultation paper (Department of Health, Dec 2018)
- 2019-20 Pre-Budget Submissions (Treasury, Feb 2019)
- Inquiry into Public Interest Journalism (ACCC, Feb 2019)
- Review of Tobacco Control Legislation (Department of Health, Mar 2019)
- Establishing a National Action Plan for the Health of Children and Young People: 2020 to 2030 (Department of Health, Mar 2019)
- Health Star Rating draft 5-year Review report (Department of Health, Mar 2019)
- Workplace exposure standards Review - release 1 - Respirable Crystalline Silica and Respirable Coal Dust (SafeWork Australia, Apr 2019)
- The Economic Impact of Mental Illness (Productivity Commission, Apr 2019)
- Cosmetics and fragrances scheduling (Therapeutic Goods Administration, Apr 2019)
- Proposed changes to industrial chemicals rules for the new scheme (NICNAS, May 2019)
- Shaping the future of disability policy for 2020 and beyond (Dept of Social Security, June 2019)
- Primary health care data development (AIHW, June 2019)
- Regulation of medical practitioners who provide complementary and unconventional medicine & emerging treatments (Australian Health Practitioner Regulation Agency, June 2019)

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### *New South Wales government*

#### Submissions to state Parliament (1)

- Impact of the WestConnex project (Aug 2018)

#### Submissions to government agencies (1)

- NSW power station licence renewals - Vales Point, Mt Piper, Eraring (NSW Environmental Protection Agency, Dec 2018)

### *Victorian government*

#### Submissions to government agencies (1)

- Victorian Public Health and Wellbeing Plan 2019-2023 (June 2019)

### *Queensland government*

#### Submissions to state Parliament (3)

- Termination of Pregnancy Bill 2018 (Sep 2018)
- Health and Wellbeing Queensland Bill 2019 (Mar 2019)
- Inquiry into aged care, end of life care and palliative care (Apr 2019)

#### Submissions to government agencies (1)

- Youth Justice Strategy Review (Department of Child Safety, Youth and Women, Sep 2018)

### *South Australian government*

#### Submissions to the state Parliament (1)

- Amendments to the Health Care (Governance) Amendment Bill 2019 (May 2019)

#### Submissions to government agencies (8)

- Oral Health Plan (SA Health, July 2018)
- State Public Health Plan 2019-2024 (SA Health, Oct 2018)
- Review of the Public Health Act (SA Health, Jan 2019)
- Single Use Plastics (Department of Environment, Feb 2019)
- Wellbeing South Australia (SA Health, Mar 2019)
- Health and Wellbeing Strategy 2019-2024 (SA Health, Apr 2019)
- Abortion: a review of SA law and practice (Law Reform Institute, May 2019)
- Early Childhood Services and Immunisation (June 2019)

### *Tasmanian government*

#### Submissions to the Legislative Assembly (1)

- Proposed Tasmanian firearms law reform inquiry (Aug 2018)

### *Western Australian government*

#### Submissions to the state Parliament (3)

- Inquiry on personal choice and community safety (Oct 2018)
- Inquiry into the role of diet in type 2 diabetes prevention and management (Oct 2018)
- Inquiry into alternate approaches to reducing illicit drug use and its effects on the community (Jan 2019)

#### Submissions to government agencies (2)

- Inquiry into Voluntary Assisted Dying (Health WA, May 2019)
- Inquiry into safe access zones and sexual health clinics (Health WA, May 2019)

### *Australian Capital Territory government*

#### Submissions to government agencies (2)

- ACT Drug Strategy Action 2018-2021 - revised version (Aug 2018)
- Draft strategy for gambling harm prevention in the ACT (ACT Gaming and Racing, Jan 2019)

### *Northern Territory government*

#### Submissions to the Legislative Assembly (1)

- Tobacco Control Legislation Amendment Bill 2018 (Sep 2018)

#### Submissions to government agencies (1)

- Climate change strategy (Chief Minister's Department, Nov 2018)

### *Submissions to non-government entities (1)*

- Issues paper on PC inquiry into private health insurance (Australian Labor Party, Feb 2019)

## Advocacy

The PHAA CEO, Senior Policy Officers and many of our members were engaged in ongoing efforts to present and explain PHAA policy positions to many decision-makers including federal and state ministers and members of parliament, government departmental officials and agency officials.

During the year PHAA staff and expert members made appearances at a number of parliamentary hearings of committees of the Commonwealth Parliament and those of several states and territories.

In addition, PHAA staff work to promote awareness and understanding of the policy base to other non-government organisations, the media and the Australian community in general.

In 2018-19 PHAA produced three major policy publications:

- **Top 10 Public Health Successes Over the Last 20 Years**
- Our **Immediate Policy Priorities** for the 2018 Federal Election
- **National Policy Directions**, a summation of our policy position statements



## Alliances

During the 2018-19 year PHAA maintained relationships with a wide variety of non-government organisations, entities, campaigns and alliances, including those listed below:

### Australian Sexual Health Alliance

The Australasian Sexual Health Alliance (ASHA) is a group of partner organisations established to improve national and local responses to sexual health issues, via a multidisciplinary support network for the sexual health workforce. It aims to strengthen bonds between specialists, GPs, nurses, researchers and other key contributors to the sexual health sector, through collaboration in sexual health education, training, policy-making and research.

### Australian Council of Social Service

The Australian Council of Social Service is a national advocate for action to reduce poverty and inequality and the peak body for the community services sector in Australia. ACOSS' vision is for a fair, inclusive and sustainable Australia where all individuals and communities can participate in and benefit from social and economic life.

Established in 1956, ACOSS aims to reduce poverty and inequality by leading and supporting initiatives within the community services and welfare sector and acts as an independent non-party political voice, and by drawing on the direct experiences of people affected by poverty and inequality and the expertise of its diverse member base, we develop and promote socially and economically responsible public policy and action by government, community and business.

### Australian Fair Trade and Investment Network

The Australian Fair Trade and Investment Network (AFTINET) is a national network of community organisations and many individuals concerned about trade and investment policy. We support fair trade based on human

rights, labour rights and environmental sustainability. AFTINET grew out of the successful campaign by community organisations against the Multilateral Agreement on Investment (MAI), which had attempted to restrict the ability of governments to regulate both investment and key areas of social policy.

#### Australian Federation of AIDS Organisations

The Australian Federation of AIDS Organisations (AFAO) is the peak national organisation for Australia's community HIV response. AFAO is recognised both globally and nationally for the leadership, policy expertise, health promotion, coordination and support we provide.

Through advocacy, policy and health promotion, we champion awareness, understanding and proactivity around HIV prevention, education, support and research. AFAO provides a voice for communities affected by HIV and leads the national conversation on HIV.

#### Australian Gun Safety Alliance

The Australian Gun Safety Alliance is a broad coalition of voices representing the interests of community safety to assist in leading the public debate on gun safety. The Australian Gun Safety Alliance will engage in a united effort to hold Governments to account for the existing National Firearms Agreement, and provide a balanced view on behalf of the majority of Australians who support gun control and community safety.

#### Australian Healthcare and Hospitals Association

The Australian Healthcare and Hospitals Association (AHHA) is Australia's national peak body for public and not-for-profit hospitals and healthcare providers. The Association's vision is for a healthy Australia supported by the best possible healthcare system. Association membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, the Association is uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

Founded as the Australian Hospital Association in 1946, the AHHA has become a perennial fixture in the national health conversation, maintaining its vision for an effective, innovative and sustainable health system where all Australians have equitable access to healthcare of the highest standard when and where they need it.

#### Australian Health Care Reform Alliance

The Australian Health Care Reform Alliance (AHCRA) is a coalition of individuals and organisations working to improve health care in Australia. While some areas of the current health system perform well, overall it does not deliver optimum care in an equitable and efficient way. AHCRA believes that our health system needs fundamental reform in order to meet our future health care needs. AHCRA is calling for some major changes to our health system to make it fairer, more efficient and more consumer-focused.

#### Australian Health Policy Collaboration

The Australian Health Policy Collaboration, led by Victoria University's Mitchell Institute for Education and Health Policy, brings together more than 50 leading health organisations to inform and influence public policy and its practice with the aim of improving the health of Australians, in particular those in socio-economically disadvantaged communities.

#### Climate and Health Alliance

The Climate and Health Alliance (CAHA) is an alliance of stakeholders in the health sector who wish to see the threat of climate change addressed through prompt policy action.

### Council of Academic Public Health Institutions of Australia

The Council of Academic Public Health Institutions of Australia (CAPHIA) is the peak organisation that represents public health in universities that offer undergraduate and postgraduate programs and research and community service activity in public health throughout Australia.

### Close the Gap Campaign

The Close the Gap Campaign, hosted by ANTaR, is a grouping of Indigenous and non-Indigenous health and community organisations — together with nearly 200,000 Australians are calling on governments to take real and measurable action to achieve Indigenous health equality by 2030. The Close the Gap campaign is the result of the Australian public's overwhelming support for improving health outcomes for Aboriginal and Torres Strait Islander peoples. The Close the Gap campaign for Indigenous Health Equality is a highly regarded movement that has shaped government policy. It is led by Aboriginal and Torres Strait Islander organisations and supported by mainstream health and advocacy organisations from around the country.

### End Alcohol Advertising in Sport

PHAA is a supporter of the End Alcohol Advertising in Sport campaign, which aims to end the legal exemption that exposes kids to alcohol advertising during sporting broadcasts.

The current exemption allows big alcohol brands to market their products throughout sport broadcasts during children's viewing hours – which is otherwise illegal. This results in millions of children being targeted by alcohol advertising. The exemption is heavily exploited by the alcohol industry, with 49.5 per cent of all alcohol advertising shown during the broadcast of live sporting events.

### Equality Rights Alliance

Equality Rights Alliance (ERA) is Australia's largest network advocating for women's equality, women's leadership and recognition of women's diversity. We bring together 61 non-government organisations and social enterprises with a focus on the impact of policy or service delivery on women. ERA started life as WomenSpeak, a national non-government network of women's organisations and women's advocates which operated from 2001 to 2010.

ERA believes the advancement of women and the achievement of equality are matters of fundamental human rights. The Alliance advocates for gender equality, women's leadership and government policy responses that support women's diversity. Using a range of methods to consult and engage with women in Australia, ERA works to bring the voices of women from diverse life situations to policy makers.

### Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

### Global Alcohol Policy Alliance

The Global Alcohol Policy Alliance (GAPA) is a network of non-governmental organisations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies, free from commercial interests. Resource centres affiliated to GAPA operate in Africa, European Union, South America, South East Asia, USA and Western Pacific regions.

### Harmony Alliance

The Harmony Alliance aims to provide a platform for a diversity of migrant and refugee women and relevant practitioners to coordinate engagement and strategic direction, enable an effective voice for migrant and



refugee women in domestic and international policy, and advance migrant and refugee women's participation in economic, social, cultural, civil and political life.

### Healthy Food Partnership

The Healthy Food Partnership is a collaboration hosted by the Commonwealth Department of Health, which provides a mechanism for government, the public health sector and the food industry to cooperatively tackle obesity, encourage healthy eating and empower food manufacturers to make positive changes.

### National Alliance for Action on Alcohol

The National Alliance for Action on Alcohol is a national coalition of health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm. Currently comprising major organisations with an interest in alcohol and public health, including PHAA, the formation of NAAA represents the first time such a broad-based alliance has come together to pool their collective expertise around what needs to be done to address Australia's drinking problems. NAAA aims to put forward evidence-based solutions with a strong emphasis on action.

### National Oral Health Alliance

The National Oral Health Alliance (NOHA) seeks to improve the oral health of all Australians by the collaboration of consumer, dental and general health member organisations to support action by governments. NOHA endorses the 2015-2024 National Oral Health Plan's four guiding principles; a population health approach, proportionate universalism, integrated oral and general health, and appropriate and accessible services. NOHA recognises that the social determinants of health have a profound influence on oral health. NOHA also recognises the current inequities in access and outcomes from oral health care in Australia. NOHA's immediate priorities are effective oral disease prevention and better access to oral health care for vulnerable populations in Australia, including Aboriginal and Torres Strait Islander peoples, refugees, remote and regional dwellers, older people, people with severe mental illness, and people who are socially disadvantaged or on low incomes.

### Planetary Health Alliance

The Planetary Health Alliance is a consortium of universities, NGOs, and other partners committed to advancing planetary health — an interdisciplinary field focused on characterising the human health impacts of human-caused disruptions of Earth's natural systems.

### Prevention 1st

Prevention 1st is a campaign by the Foundation for Alcohol Research and Education (FARE), the Public Health Association of Australia (PHAA), Alzheimer's Australia, and the Consumers Health Forum of Australia, calling on all Australian governments and political parties to commit to a strong preventive health agenda to tackle Australia's greatest health challenge. Prevention 1st will pursue every opportunity to express the need for action on public policy that the evidence shows will stop and prevent the rising burden of chronic disease.

### Public Health Indigenous Leadership in Education

The PHILE Network is a coalition of leading Australian national Indigenous public health academics and professionals formed from the National Indigenous Public Health Curriculum Network, to build capacity of Indigenous public health teaching and learning nationally. The Network provides a forum for Indigenous public health academics and practitioners to exchange resources and ideas, and develop policies and programs of relevance to teaching and learning activities in public health. Specifically, it builds capacity of Masters of Public Health (MPH) programs in regards to integration of Indigenous health content.

### Rethink Sugary Drink Alliance

The Rethink Sugary Drink Alliance is a partnership of health and community organisations. By highlighting the amount of sugar in sweetened beverages such as soft drink, energy drinks and sports drinks, the Alliance is hoping to encourage Australians to rethink their sugary drink consumption and switch to water, reduced-fat milk or unsweetened options. The partner organisations have signed a consensus statement with a series of recommendations around tackling the overconsumption of sugary drinks.

### Social Determinants of Health Alliance

The Social Determinants of Health Alliance (SDOHA) is a collaboration of like-minded organisations from the areas of health, social services and public policy established to work with governments to reduce health inequities in Australia. SDOHA's news site delivers both local and global news to millions of Australians. Since establishing in 2017, SDOHA has been keeping citizens informed with breaking news, stories of national interest, and positive news stories, thanks to our team of dedicated journalists and editors. SDOHA engage readers in the news of all aspects ranging from politics, religion, education, sports, entertainment, business, health, travel, financial trends, lifestyle, technology, and real estate. This way, SDOHA brings timely news to our users with all-time no matter where they are.

### SOS Fracture Alliance

The SOS Fracture Alliance unites 37 medical, allied health, patient advocacy, carer and other organisations under its umbrella (including PHAA). The more than 3 million members have one common goal – to 'make the first break the last' by improving the care of patients presenting with an osteoporotic fracture.

The SOS Fracture Alliance advocates for the nation-wide implementation of fracture liaison services in hospitals and primary care to achieve better patient outcomes and prevent fractures. Founder and Chair of the SOS Fracture Alliance, Professor Markus Seibel says "The SOS Fracture Alliance is seeking to increase the recognition, nation-wide, of first fractures in people with undiagnosed osteoporosis, to make their first break their last. This is why the SOS Fracture Alliance strongly advocates the implementation of routine services that identify, investigate and treat patients with osteoporotic fractures."

### World Federation of Public Health Associations

The World Federation of Public Health Associations (WFPHA) is an international, nonprofit, nongovernmental organisation composed of over 115 associations members – including PHAA – mostly multidisciplinary national public health associations, and representing around 5 million public health professionals worldwide. It is the only worldwide professional society representing and serving the broad field of public health.

WFPHA's mission is to promote and protect global public health. It does this throughout the world by supporting the establishment and organisational development of public health associations and societies of public health, through facilitating and supporting the exchange of information, knowledge and the transfer of skills and resources, and through promoting and undertaking advocacy for public policies, programs and practices that will result in a healthy and productive world.



## Advocacy campaigns, statements and letters

During 2018-19, PHAA wrote or co-signed 20 advocacy letters to Commonwealth and State and Territory Ministers and Departments:

- Joint statement by community organisations on healthy, safe, affordable homes (30-Jun-2019)
- Joint letter to the Royal Commission into Victoria's Mental Health System re consideration of LGBTI Mental Health (27-Jun-2019)
- Joint letter to Minister for Trade re Regional Comprehensive Economic Partnership negotiations (24-Jun-2019)
- Joint letter to Food Minister re Strengthening the Health Star Rating system (21-Jun-2019)
- Letter to the Queensland Minister for Health regarding advertising content on Queensland Government advertising spaces policy (6-Jun-2019)
- Letter to the Queensland Premier congratulating passing of Termination of Pregnancy Bill 2018 (4-Jun-2019)
- Letter to Minister for Agriculture regarding need for the Codex Alimentarius to adopt strong standards regarding the use of antibiotics in agriculture (31-May-2019)
- Joint letter to WA Electoral Commission objecting to Fluoride Free WA Party application to become the Health Australia Party (23-Apr-2019)
- Letter to Minister Wade regarding the South Australian Mental Health Governance Review (12-Apr-2019)
- Joint letter to CEO FSANZ re pregnancy warning labels on alcoholic beverages (12-Feb-2019)
- Letter to Commonwealth Department of Health regarding Medicare items for prisoners (25-Jan-2019)
- Letter to Health Minister Greg Hunt regarding Political Declaration of the Third High Level Meeting on the prevention and control of NCDs (25-Jan-2019)
- Joint letter to Premier Andrews regarding trialing pill testing in Victoria (21-Jan-2019)
- Letter to Queensland Premier Palaszczuk regarding Adani Carmichael mine (16-Jan-2019)
- Letter to Prime Minister, Leader of the Opposition, and Australian and New Zealand Ministerial Forum on Food Regulation regarding household food and nutrition security (5-Dec-2018)
- Joint letter to all federal MPs and Senators calling for a Productivity Commission inquiry into private health insurance (29-Nov-2018)
- Joint letter to Australian and New Zealand Ministerial Forum on Food Regulation regarding added sugars labelling (16-Nov-2018)
- Letter to all Federal MPs and Senators re children on Nauru (22-Oct-2018)
- Letter to NSW Premier re Regional Forests Agreement and Forests for All plan (24-Jul-2018)
- Letter to Victorian Premier re medically supervised injecting room in Richmond (4-Jul-2018)

# Media and Communications

## Overview

We can't expect anything to change unless we speak up. That's why PHAA does internal and external communications engagement using old, new and emerging media. The year 2018-19 was no exception but there were some differences.

After a successful stint as communications officer, Karina Martin resigned in late January 2019. No one was in the role until April when the national office was joined by senior communications professional Toni Hassan to maintain our standard communication activities. Toni began to also provide more strategic support and leadership for impact at policy decision-making levels. The role involved advocacy, driven by the public health evidence, placed into the public domain in order to ultimately improve the health and wellbeing of all Australians.

On-going activities over the 12 months included:

- Curating and editing our weekly newsletter, The Pump for members
- Curating and editing InTouch (with fewer editions than in the year prior)
- Writing, compiling and distributing media releases, media statements and media alerts for external engagement
- Monitoring news and current affairs with a view to using opportunities for our work
- Fielding calls from news media
- Maintaining and growing PHAA's social media profile
- Photography and managing traditional media and social media output for PHAA conferences in support of participants and to amplify public health content with the reputation of PHAA in mind

More strategic work included:

- Managing and building relationships with reporters and producers and other so-called influencers
- Liaising with internal and external stakeholders, namely state branches and SIGs to support advocacy (beyond the internal newsletter)
- Strengthening partnerships with other for-purpose and public health focussed organisations for joint work

2019 was a federal election year, so, using our National Policy Directions 2019 document, we acted both strategically and intuitively to raise public health issues before, during and after the federal election campaign of May 2019.

Elections in the states of NSW and Victoria saw more than usual advocacy with branches.

PHAA's media and communications effort must not be seen in isolation. It is part of the indivisible whole of advocacy approach the national office continued to review, develop and adapt. Every staff member was responsible for the reputation and positive profile of the organisation.



PHAA CEO Terry Slevin and Obesity Policy Coalition's Dr Jane Martin appearing on ABC News 24 (June 2019)

## Media highlights

PHAA distributed 41 media releases (listed below) between July 2018 and June 2019 on key public health topics. PHAA engaged a software company, Meltwater Media Monitoring to source media contacts and distribute our releases.

### Media Releases July 2018 – June 2019:

- 4 July 2018 - CEO Ross Womersley receives prestigious SA public health award
- 11 July 2018 - Public Health Association of Australia Supports My Health Record
- 1 August 2018 - World Breastfeeding Week: It's time for Australia to commit funding to support breastfeeding
- 9 August 2018 - National Women's Health Strategy opens door for better reproductive health
- 29 August 2018 - The AFL ladder of sponsorship endangers the health of Australian kids
- 12 September 2018 - Queensland leads by example with new health and climate change plan
- September 2018 - Warning bells - more young Australians using e-cigarettes for personal enjoyment
- 26 September 2018 - Australian Public Health Conference 2018: prevention, protecting our planet and empowering local communities
- 27 September 2018 - Leaders of public health honoured at PHAA annual awards
- 28 September 2018 - You can't catch fish in mud: Indigenous wisdom vital to health for planet and people
- 10 October 2018 - 1 in 5: Australia's mental health needs a check-up
- 11 October 2018 - Minimum price for alcohol in WA will save lives and improve health
- 11 October 2018 - Alcohol warning labels on drinking during pregnancy will help protect mothers and babies
- 15 October 2018 - Health groups welcome support for climate and health strategy
- 17 October 2018 - PHAA WA honours public health leaders at 2018 awards
- 25 October 2018 - Indigenous wisdom helps empower primary health care
- 30 October 2018 - Young people drawn to energy drink marketing on social media
- 12 November 2018 - NSW health politicians to debate key public health issues
- 16 November 2018 - New electoral law good, but more work needed on corporate influence
- 20 November 2018 - Shaping our future: nutritious food from sustainable sources vital to the health of Australians
- 28 November 2018 - Saving lives a million at a time: Australia's top 10 public health successes over the last 20 years
- 5 December 2018 - Leading public health body calls to #StopAdani mine
- 24 January 2019 - Helping Australia's most disadvantaged people to quit smoking
- 25 January 2019 - Peak health bodies recommend new approach to sunscreen use
- 02 April 2019 - Not enough investment in disease prevention
- 04 April 2019 - Hunt commits to new dialogue on prevention. Can it be bipartisan?
- 09 April 2019 - Prison health is public health: Justice Health call for action
- 09 April 2019 - Election manifesto launch: Disease prevention must be a key driver in future health investment
- 10 April 2019 - Federal Government should take lead and match WA budget target
- 18 April 2019 - Backing greater control for and by Indigenous people
- 23 April 2019 - State action on junk food and alcohol ads a prod for federal action
- 26 April 2019 - Australian Greens have a smart health prevention plan
- 2 May 2019 - ALP's Preventative Health policy gets thumbs up with four out of five stars

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T (02) 6285 2373 E phaa@phaa.net.au W www.phaa.net.au

- 13 May 2019 - Time to raise the age: Australia is harming children at crucial development stage
- 27 May 2019 - Re-elected Health Minister Greg Hunt urged to keep his word
- 11 June 2019 - Unhealthy Marketing to Kids Communique
- 12 June 2019 - Anticipating a National Preventive Health Strategy
- 4 July 2019 - Indigenous yarning circle to be front and centre at the Australian Public Health Conference

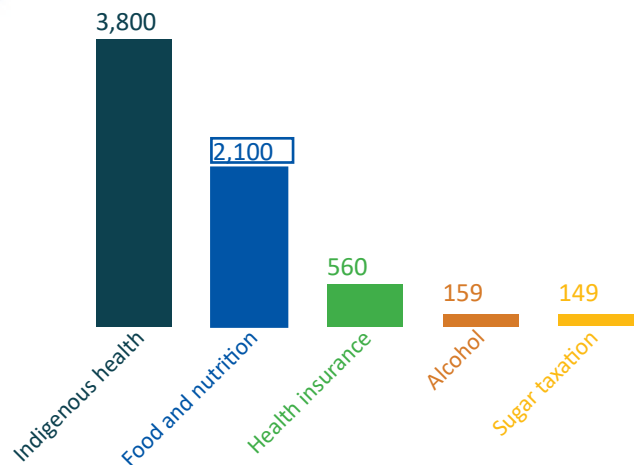
### *Our key messages*

Some of the key messages in our media releases and social media engagement the 12 months were:

- Poverty is a key driver of ill health. Let's work to reduce poverty
- Giving Indigenous Australians control of their health helps improve their health
- Governments should do more to promote good health and encourage good diet choices (strengthen the Health Star Rating system, reduce alcohol ads etcetera to improve public health and to ensure budgets are less overwhelmed by the costs of chronic diseases)
- Look at what can be achieved; public health prevention and promotion works to saves lives. Let's do more of it.
- Australia's total spend on health prevention is low by OECD standards. We can do better because prevention save lives and money.
- Climate change is a health problem and Australia must do more to mitigate the effects of adverse weather
- Children are increasingly targeted by social media marketers to consume unhealthy products. Governments should better regulate advertisers.

### *Key PHAA issues covered in the media*

By far the most canvassed of our 'key issues' topics in the media involved Indigenous health issues (right). Also prominent were food and nutrition issues.



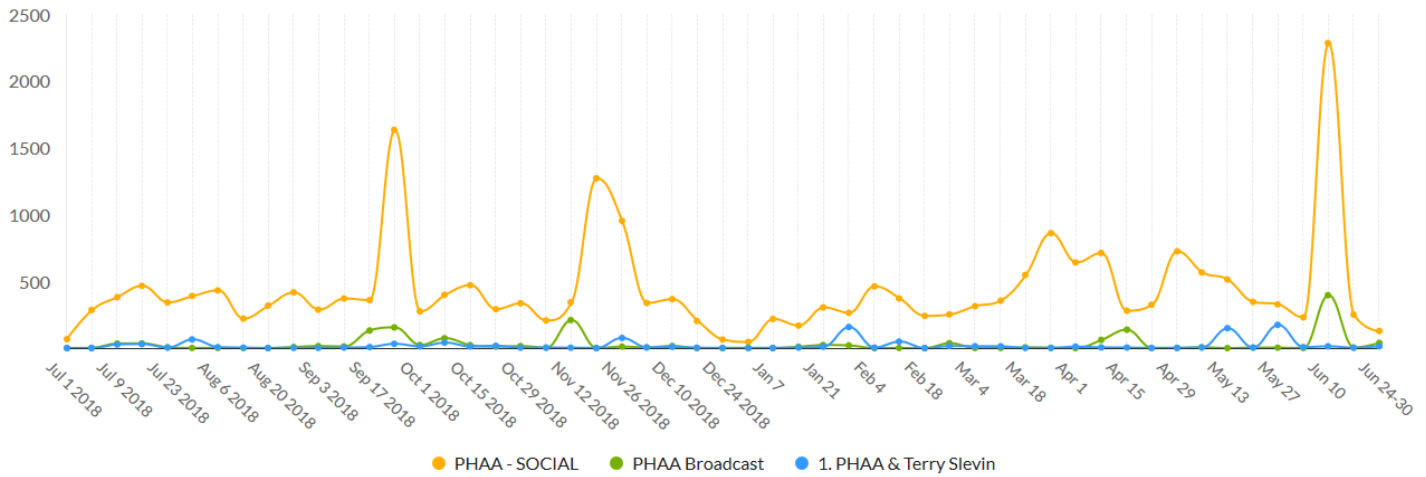
### *Media exposure and reach*

As a result of its media outreach PHAA was mentioned in the Australian media approximately 1,040 times throughout the year (more than the previous year) in print and online publications. We were mentioned on radio and television another 1,400 times. There was steady growth in the months April to June 2019 (see graph below). Mentions of PHAA spiked during conferences.

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 reach is not a hard science. Some articles such as News Limited's piece "145,000 Australians to be diagnosed with cancer this year" which quoted Terry Slevin, had a reach of 6 million people, but the figure is

## Media Exposure



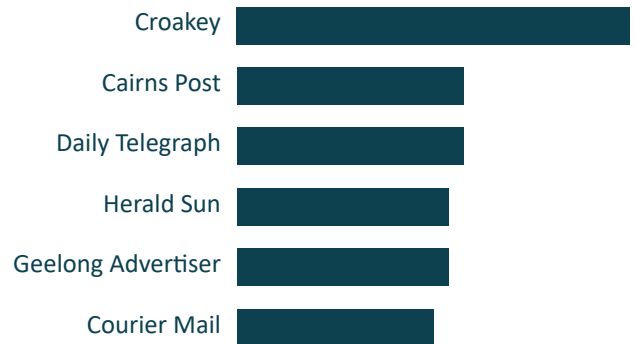
rubbery and based on advertising revenue. Further it does not consider potential global online reach.

According to Meltwater’s analysis the highest reaching article quoting PHAA was written by BuzzFeed: “How Should We Feel About Your Dad’s Favourite Herbicide Roundup After It Was Found To Cause Cancer In A US Trial?”, with a reach of 28.1 million.

The most shared article (in which we welcomed Greg Hunt as the returned federal health minister and urged him to keep his pre-election promise on prevention) was AAP wire / 7 News copy: Anthony Albanese slams ‘arrogant’ Scott Morrison for handing out ‘jobs for the boys’. It was shared 4,245 times across Twitter.

### Media where PHAA appeared

In mainstream print (and related online) media, PHAA appeared most often in Croakey News (online only, with 26 mentions), followed by two News Limited daily print and online publications.



### Our impact

There were many media highlights but PHAA’s sustained advocacy and communications about the need for prevention done before and during the federal election, bore fruit with the newly re-elected federal Minister for Health, Greg Hunt using our June conference in Melbourne to announce plans for a national preventive health strategy.

Another outcome worth noting was the offer of a book publishing contract to PHAA member, Adjunct Professor Tarun Weeramanthri (right), who presented the oration at the same conference. Tarun was heard on The Philosopher’s Zone, ABC Radio National after promotion and media curation from head office.



## Social Media

The primary social media focus in the 12 months to June 2019 was Twitter, with an increasing awareness that we don't produce online content for its own sake or to merely generate noise among members but to use the platform for policy impact and to support our allies in public health.

Our Twitter account continues to garner support, growing by a third from 10,186 so-called followers on 1 July 2018 to more than 13,000 by the end of June 2019. In the latter half of the year we consistently used the hashtag #Prevention2019 to effect.

PHAA posted about 60 tweets a month, garnered more than 200,000 tweet impressions each month, 450 mentions per month and an average of 250 new followers a month.

For the first time, we developed our own info-graphic on prevention spending (right) to share on the platform, which proved to be highly popular.

**Top Tweet** earned 15.9K impressions

What do we want? A national health system where at least 5% of \$170B health spending each year is invested in preventing illness

**#5percentforPrevention**

@WePublicHealth @mmoore50

@helen\_keleher @CancerCouncilOz

@\_PHAA\_WA @PHAA\_IntHith

@PHAAQldbranch @PHAA\_NSW

@ScottMorrisonMP

plc.twitter.com/eKwQnav5WU



Retweets: 91 Likes: 127

## PHAA Internal Publications

PHAA communicates news through its member newsletters, the Pump e-bulletin and Intouch.

- **The Pump e-bulletin** – The weekly e-bulletin is emailed to members, NGOs and Public Health Networks, and contains an overview of PHAA's current activities and important developments in public health. It takes up a lot of staff time to curate. There were 81,000 Pump email transmissions in the year. On average, half of all recipients (typically 1,700 people a week) opened the e-bulletin email, representing a high 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. The newsletter has a readership well beyond members as people forward it on to their own stakeholders and friends.
- **Intouch** – Our traditional longer newsletter continued to be produced using InDesign and sent to members every two or three months with hosting 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.

**intouch**  
Newsletter of the Public Health Association of Australia Inc.

Vol 51, No 30  
July 2019

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**A life - and an election - that was**

As Australia's government public health advocacy body, we threw a lot of ourselves into the federal election campaign, responding to announcements as they were made and generating media and an election accord to advocate on PHAA's immediate policy priorities.

Despite a strong expectation of a Labor win at the May poll, more cautious pundits (including PHAA) also correctly predicted that the results would be unpredictable, with a "lumpy" picture across Australia as seats ended up changing hands in both directions.

When Shorten's mentor, charismatic former prime minister Bob Hawke (pictured), passed away less than a day prior to the election both sides of politics curiously embraced Hawke as visionary (anything but a small target) and, further, both leaders pitched themselves as characters with a lot in common with the reforming co-union boss.

The electorate seemed to mourn Mr Hawke's passing because he embodied authenticity, compassion and a global outlook. PHAA celebrated him on Twitter as a complex man who fought racism, championed national parks and Medicare.

Labels of course, lead the May 18 poll and Mr Shorten stopped down as Opposition leader, brown-belted.

We rebounded with our Public Health Prevention Conference held in Melbourne in June. Ahead of it, we reminded Health Minister Greg Hunt that he had acknowledged that health prevention had not been a major focus of his time in the role and that he had vowed in April to change that should he regain government.

To his credit, Mr Hunt used our Public Health Prevention Conference to announce plans for a National Preventive Health Strategy. We anticipate being part of a roundtable to advance it. All the while, we will present good and bold ideas for improving public health.

The Public Health Association of Australia is the major organisation advocating for the public 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.

[www.phaa.net.au](http://www.phaa.net.au)



# Australian and New Zealand Journal of Public Health

The ANZJPH Journal continues to have a major impact worldwide from our open access online capabilities. Using a matrix of downloads, of either the abstracts or full manuscripts, during 2018-19 we had almost 900,000 downloads, rising significantly from the previous year's figure of 700,000 and 300,000 in 2016. Of these downloads, just over 50% are being downloaded in Australia and New Zealand. The rest come from across the world with the largest group coming out of the USA at 15%.

The table below shows statistics for the past three years of the Journal (note 2018-19 is shown to 31 May, not 30 June as per other years). While the submissions have reduced, commentaries and editorials increased. Our rejection rate continues to be stable and has not had a large variation in the past 10 years.

|  | July 2015 – June 2016 | July 2017 – June 2018 | July 2018 – 30 May 2019 |
|--|-----------------------|-----------------------|-------------------------|
| <b>Papers Received</b>   | 333                   | 343                   | 258                     |
| Status @ 30 June   |                       |                       |                         |
| Rejected, Lapsed or Withdrawn  | 170<br>(51%)          | 195<br>(57%)          | 144<br>(56%)            |
| Live (In Review or Revision)   | 58                    | 43                    | 48                      |
| Accepted   | 105                   | 104                   | 66                      |
| <b>Sources</b>   |                       |                       |                         |
| Australia  | 239                   | 235                   | 180                     |
| New Zealand  | 46                    | 48                    | 36                      |
| Other Overseas   | 48                    | 60                    | 42                      |
| <b>Papers published in online issues (not inclusive of Early View)</b> |                       |                       |                         |
| Editorials   | 4                     | 4                     | 9                       |
| Commentary   | 8                     | 8                     | 10                      |
| Articles / Brief Reports   | 100                   | 92                    | 78                      |
| Letters to the Editor  | 11                    | 26                    | 11                      |
| Book Reviews   | 2                     | 5                     | -                       |

This year 34.3% of manuscripts that were submitted to the Journal were accepted. The journal editors and reviewers continue to do an outstanding job of maintaining the quality of articles published in the ANZJPH.

The next year will focus on encouraging more authors to submit to the Journal. During 2019-2020, we will be announcing a new mentoring program that will put junior authors in contact with senior authors, to help them improve their chances of publishing with the journal.

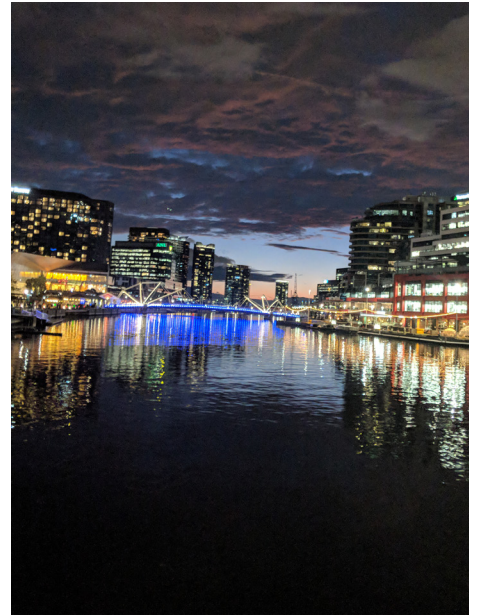
Thanks goes to editors Dr Melissa Stoneham, Dr Priscilla Robinson, Dr Nikki Percival, Associate Professor Luke Wolfenden, Associate Professor Hassan Vally and Dr Sandar Tin Tin. As with every year, the success of the Journal could not happen without their invaluable contribution. Thanks also to Peta Neilson and her skills and dedication to the Journal regarding the administration and production. This group's ongoing hard work and dedication ensures the Australian New Zealand Journal of Public Health continues to operate at the highest level of integrity and quality.

## Conferences and Events

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

The following conferences have been held during the 2018/19 financial year and have been held in relation to public health, food and nutrition, justice health and prevention.

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



### Australian Public Health Conference 2018

- Dates: Wednesday 26 to Friday 28 September 2018
- Location: Cairns, Queensland
- Venue: Pullman Cairns International
- Conference Theme: Leadership in public health: Challenges for local and planetary communities
- Delegates: 331
- Total abstract submissions received: 272
- Total abstract presentations: 162



The Australian Public Health Conference (formally the Public Health Association of Australia (PHAA) Annual Conference) is the flagship event for PHAA to engage with PHAA members and non-members alike.

The theme was established to reflect the many challenges that public health faces and that we need strong leadership to address these challenges. We wished to recognise existing leaders and to inspire new leaders, while acknowledging that we are all connected to the communities in which we live, work and play.



Far North Queensland is a place of geographic diversity that hosts many communities; regional and remote. It is also home to The Great Barrier Reef and other important ecological areas, and is one of the gateways to our neighbours in the Asia Pacific region. The Australian Public Health Conference took inspiration from this location to provide an opportunity for all people in public health to come together to discuss and learn about the work being done in these communities, and within the context of our working relationship with our planet.



After many years of public health successes related to road traffic injury and tobacco control, challenges still remain, particularly obesogenic environments; gaps in health and social outcomes between Aboriginal and Torres Strait Islander Peoples, those with multicultural backgrounds and others; and the ever-present need to address the social and ecological determinants of health.

This conference provided a forum to address these issues, as well as to advocate for change. The conference heard about successes from acknowledged and emerging public health leaders, inspiring all to take up the mantle to improve the health of all communities.

In order to make the event successful, a number of organisations were engaged in the event, including sponsors and exhibitors. The 2018 Sponsors were:

- The Australian Government Department of Health, Principal Sponsor
- James Cook University, Associate Sponsor
- NSW Ministry of Health, Associate Sponsor
- Deakin University, Public Health Research Award Sponsor

The 2018 exhibitors were:

- Tropical Public Health Services (Cairns)
- NSW Ministry of Health
- Asbestos Safety and Eradication Agency
- Menzies School of Health Research
- Rheumatic Heart Disease Australia
- James Cook University





## Food Futures Conference 2018

- Dates: Tuesday 20 and Wednesday 21 November 2018
- Location: Brisbane, Queensland
- Venue: Hotel Jen
- Conference Theme: Food – Shaping our Future
- Delegates: 207
- Total abstract submissions received: 157
- Total abstract presentations: 105

The Food Futures Conference is a national conference held by the Public Health Association of Australia (PHAA). The PHAA once again highlighted the centrality of food in everyone's lives, poor dietary choices being one of the leading causes of the burden of chronic diseases, and the urgent need for sustainable and equitable food systems and provisioning. Food Futures I & II set out comprehensive national agendas to consider these issues but limited progress has been made since 2012. The 2018 conference challenged professionals, organisations and governments to explore core food issues and recognise that how we deal with the food agenda will shape our futures.

This conference brought public health professionals together to pursue the aims of advocating for a comprehensive/ intersectoral/ whole-of-government approach to food and nutrition policy and actions in Australia covering all aspects of the food system including food production, manufacturing, retail, marketing, health, education, social welfare, nutrition, diet and health. It also offered an opportunity for people working in public health nutrition to network, share their work and develop a wider understanding of how the work they do contributes to the broader food systems and nutrition agenda.

Food is a core health and social welfare consideration at the same time being an indicator of broader social and environmental issues.

The Conference managed to secure sponsorship through the smaller packages offered. The 2018 Sponsors were:

- Australian Eggs, Affiliation Sponsor
- Queensland University of Technology - School of Exercise & Nutrition Sciences, Affiliation Sponsor
- The George Institute for Global Health, Affiliation Sponsor

There were no exhibitors at the 2018 conference.

## Justice Health Conference 2019

- Dates: Tuesday 9 to Wednesday 10 April 2019
- Location: Sydney, New South Wales
- Venue: International Convention Centre, Sydney
- Conference Theme: Justice health is public health
- Delegates: 113
- Total abstract submissions received: 67
- Total abstract presentations: 47

The Justice Health Conference is a national conference convened by the Public Health Association of Australia (PHAA). In 2019, the PHAA ran the third Justice Health Conference.

The 2019 event focused on justice health being about more than just prisons. About 60% of adults in the corrective services system, and more than 80% of those in youth justice are supervised in the community, and almost all of those held in prison or detention are released back into the community. The health issues of people involved in the criminal justice system therefore are those of the community. With higher rates of mental illness, behavioural problems, disability, risky alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable disease than people in the general community, this is a group with significant and complex health needs. Public health is about preventing ill-health through addressing underlying issues and inequities which impact on people's health. The World Health Organization has promoted, and PHAA endorses, the concept that 'Prisoner Health is Public Health'.

The purpose of the Conference was to once again highlight the health needs of people involved in the criminal justice system which are often viewed as separate from, or unrelated to, the health of the general community. Further, the social determinants of health share many similarities with the determinants of crime. Involvement with the criminal justice system has a huge impact on the community in terms of breaking up families, economic and financial impacts, and health outcomes. Thus, the wider impacts are often overlooked when the focus is on punishment. With the massive over-representation of Aboriginal people in the justice system this has particular resonance with Indigenous peoples in Australia.

Prisons and detention centres present a dilemma for the community in terms of investing in the health and wellbeing of the group while at the same time meeting the community's 'perceived' expectation of punishment. Health and well-being gains for individuals in prison or detention and those who have contact with the justice system in the community are health gains for us all, while missed opportunities



adversely affect the broader community.

It is pertinent to ask whether the public health successes enjoyed in other areas (safer roads, gun control etc.) can be similarly applied to offending and the justice sector.

A number of organisations engaged in the Justice Health Conference and the 2019 Sponsors were:

- NHMRC Centre for Excellence in Offender Health – Founding Sponsor
- Gilead Sciences – Principal Sponsor
- Department of Health – Refreshment Break Sponsor
- Intrahealth – Affiliation Sponsor
- Girra Maa Indigenous Health Discipline, Graduate School of Health, University of Technology Sydney – Keynote Speaker Sponsor
- Armchair Medical TV – Professional Development Sponsor

The 2019 exhibitors were:

- The Mayi Kuwayi Study, National Centre for Epidemiology and Population Health, The Australian National University
- AbbVie



### Public Health Forum: Unhealthy Marketing to Kids

- Date: Tuesday 11 June 2019
- Location: Melbourne, Victoria
- Venue: Melbourne Convention & Exhibition Centre
- Delegates: 63



The one-day Public Health Forum focused on Unhealthy Marketing to Kids and was held prior to the Public Health Prevention Conference 2019. The purpose of the forum was to address the issue of tackling the ineffective controls on marketing alcohol, junk food and gambling products to our kids, which has stood as a clear cause and where people working in different corners of the public health world are tackling the same demons.

The one-day program was designed to provide lively and productive discussions and contributions from all professionals engaged in public health with a focus on junk food, alcohol and gambling marketing.

The Forum aimed to compare experiences and move towards a more commonly agreed solution.

The Forum was sponsored by the Foundation for Alcohol Research and Education (FARE).



## Public Health Prevention Conference 2019

- Dates: Wednesday 12 to Friday 14 June 2019
- Location: Melbourne, Victoria
- Venue: Melbourne Convention & Exhibition Centre
- Conference Theme: Smashing the Silos
- Delegates: 493 Conference
- Total abstract submissions received: 361
- Total abstract presentations: 207

The Public Health Prevention Conference returned in 2019 following the hugely successful first event of its kind in 2018. The first conference exceeded anticipated attendance with over 300 people attending and the extension of the program to two and a half days. 2019 once again exceeded expectations with nearly 500 attendees.

The 2019 Prevention Conference built on the learnings from 2018 which highlighted gaps in systems and advocacy for prevention. The big theme for the 2019 Conference, 'Smashing the Silos', focused on the translation of research and evidence about systems into action, drawing on experiences in Australia and in similar contexts overseas.

Two Conference sub-themes guided the program: 'the Economics of prevention', and 'What is working, what needs to be strengthened and what are the biggest gaps in prevention systems'.

The 2019 the Sponsors were:

- The Australian Prevention Partnership Centre, Founding Sponsor
- Department of Health and Human Services, Premier Partner
- Office for Women, Victorian Department of Premier and Cabinet, Scholarship Sponsor (and Premier Partner along with DHHS)
- Australian Government Department of Health, Principal Sponsor
- VicHealth, Principal Sponsor
- Health Star Rating system, Associate Sponsor

The 2019 exhibitors were:

- The Australian Prevention Partnership Centre
- Victorian Dept of Health and Human Services + Office for Women
- Health Star Rating system
- North Western Melbourne Primary Health Network
- One Disease
- Bank First
- Australian Institute of Health and Welfare
- NSW Ministry of Health, Centre for Population Health, Health Kids for Professionals
- VCS Foundation Ltd



## Branch Reports

### Australian Capital Territory Branch

- President: Dr Devin Bowles
- Committee: David McDonald (Secretary), Dr Cathy Banwell (Treasurer), Dr Peter Tait, Russell McGowan, Susan Pennings, Isabelle Macgregor-Bowles

The PHAA CEO Terry Slevin gave the Sax Oration in 2018, discussing the role of public health in Australia. The Oration was an excellent opportunity for the ACT membership to meet with Terry. The event, and subsequent informal meeting over nibbles, received positive feedback.

The Branch provided support for sympathetic organisations. The ACT Branch works with a range of organisations to progress its agenda, including the Canberra Alliance for Participatory Democracy (CAPaD), the Frank Fenner Foundation and the Canberra Gambling Reform Alliance. The Branch has worked constructively with the ACT government. It provided a member of the Reference Group for developing the ACT government's Healthy and Active Living strategy (Nov 2018), an External Reviewer on the Healthy Canberra Grants committee, a reviewer for the ACT Quality in Healthcare Awards and a representative at the Roundtable for developing a set of ACT government Wellbeing indicators. It has also made or supported a number of submissions to the ACT government.

### New South Wales Branch

- President: Dr Patrick Harris
- Committee: Travers Johnstone (Secretary), Dr Eleonora Feletto (Treasurer), Ed Jegasothy (Vice President), Dr Catriona Bonfiglioli, Dr Sinead Boylan, Dr Heike Schutze, Dr Mieke Snijder, Nick Roberts, Thomas Gadsden; Dr Rimante Ronto. Ex officio members: Amelia Berner and Associate Professor Jon Wardle

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. The committee is currently developing a strategic plan up to 2021.

#### Scholarships

The branch awarded scholarships to attend the National Public Health Conference in Cairns and Western NSW Health Research Network Conference in Orange.

#### Awards

The 2018 NSW Public Health Impact Award for significant achievement in public health was awarded to Professor Peter Sainsbury for his contribution to public health practice in equity, urban health and climate change. We also held a 'picturing public health award' – the winner has been offered attendance at the National PHAA conference, and the runner up a year's branch membership.

#### Advocacy

The NSW Branch was involved in providing advice and information to government and local populations on range of public health issues including mental health, firearms regulation, fresh food pricing, provision of drug



rehabilitation services, and suicide prevention. The Branch contributed to submissions for WestConnex Inquiry, Medical Research Future Fund, National Pollutant Inventory and NSW power stations licence renewals.

### Events

The branch held our Annual General Meeting in March, and an accompanying “Picturing Public Health Award 2019” event.

The Branch coordinated the ‘Great Health Debate for the NSW Election’ with the Menzies Centre for Health Policy at the University of Sydney in November, attended by the Minister for Health Hon Brad Hazzard, Labor opposition Hon Walt Secord, and Greens Spokesperson Hon David Shoebridge. Terry Slevin moderated.

A Public Health Careers event was held in November at University of Sydney with speeches and panel discussion (with representation from government, research, NGO’s, private sector etc), as well as an opportunity for Q&A and networking.

In October the branch put on a Refugee and Public Health debate at Sydney University to raise awareness of the links between refugee and asylum seeker issues and public health.

We provided sponsorship for the rural health conference in August with Terry Slevin presenting on advocacy.

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

## Northern Territory Branch

- President: Dr Suzanne Belton
- Committee: Dr Rosalie Schultz (Vice Pres), Emily Murray (Secretary), Dr Michael Fonda (Treasurer), Heather D’Antoine, Dr Liz Moore, Philip McMahon, Dr John Boffa, Lara Stoll, Catherine Wood, Dr Nick Georges

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 was in advocacy across several areas outlined as follows:

### Outcome of advocating for termination of pregnancy law reform

The practical application of law reform has played out well in the Northern Territory. Eighty percent of all abortions are early medical abortions performed under 9 weeks’ gestation. The hospital waiting list for surgical has reduced considerably. All abortions are funded by the Territory government and patients are offered travel assistance to get to reproductive health services.

### Impact of the nuclear industry in NT

Over three years ago, NT PHAA Branch brought to attention the significantly increased rates of cancer and foetal deaths affecting Aboriginal people near Ranger Uranium mine. This has led to collaboration between Government, Menzies School of Health Research, and Aboriginal organisations and a comprehensive investigation led by Professor Bruce Armstrong. We continued to request to see the results of this investigation.

### Making the link between hydraulic fracturing, climate change and human health

NT PHAA Branch is planning a forum to raise awareness of climate change and health, including advocating against fossil fuels that harm human health, and for the unique place of Aboriginal Australians in this issue.

### Resisting the alcohol industry

Woolworths applied to upgrade a small liquor outlet in Darwin to a Dan Murphy warehouse style outlet. NT PHAA was part of a coalition objecting to this application based on likely increases in alcohol sale, and related harms, disproportionately affecting more disadvantage people.

The NT Liquor Act 2019 was under review and members put in a submission.

### Water Fluoridation

NT government continued to not implement its own policy of ensuring that all people in communities over 1000 have access to fluoridated water.

## Queensland Branch

- President: Letitia Del Fabbro
- Vice President: Dr Sid Kaladharan
- Secretary: Dr Cheneal Puljevic
- Treasurer: Paige Preston
- Committee: Rachael Brennan, Louise Wilson, Dr Mohammad Kadir, Dr Peter Anderson, Dr Amie Steel, Natasha Lee
- Co-opted (non-voting) committee members: Dr Paul Gardiner, Mearon O'Brien, Stephanie Fletcher, Dr Yasu Takao, Matthew Ebdon

We would like to acknowledge the outstanding contribution that Dr Danette Langbecker has made to the ongoing work and functioning of the PHAA Qld branch Committee over the past decade. Danette recently relocated to Canberra to take up a new role, and we wish her all the best. We would also like to acknowledge Georgina Dove, Brenna Bernadino and Rebecca Perkins who served on the Committee for some of the past year.

Over the past year the Queensland branch of PHAA has continued to focus on advocacy, engagement and professional development:

### Advocacy

The Queensland Branch were members of a coalition advocating for the decriminalisation of abortion in Queensland, and legislation to decriminalise abortion passed the Queensland parliament in October 2018. We continued to contribute to advocacy for Queensland state government investment in health promotion including written submissions and appearances at parliamentary hearings, and legislation to establish a 'Health and Wellbeing Queensland' agency passed the Queensland parliament in May 2019.

We wrote a submission, with National office, for the 'Inquiry into aged care, end-of-life and palliative care and voluntary assisted dying'. With National office and the Ecology and Environment SIG we wrote a letter to the Premier and Minister for Trade (and Minister for Environment and the Great Barrier Reef, Minister for Science and Minister for the Arts), regarding the Adani Carmichael mine. With National office and the Nutrition SIG we wrote a letter to the Health Minister regarding the proposed 'Advertising Content on Queensland government advertising spaces' policy and also attended a workshop and supported a Ministerial statement on healthy food and drink choices at school. We joined a coalition to support the decriminalisation of sex work in Queensland.

## 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: Marshall Chiane and Taela Hitchcock (Griffith University), Tamim Islam and Alessia Zen (University of Queensland) and Madeleine Gregory (Queensland University of Technology). We also offered two competitive scholarships for attendance to the Australian Public Health Conference 2018 in Cairns: Brenna Bernardino was awarded the Aboriginal or Torres Strait Islander scholarship and Leah Wilson was awarded the rural or remote region scholarship.

Members of the committee attended a meeting with PHAA CEO Terry Slevin and the Queensland Health Minister Hon Dr Steven Miles to discuss prevention policy in Queensland, and other issues including water fluoridation, the decriminalisation of sex work in Queensland, and Aboriginal and Torres Strait Islander health. Members of the committee also attended: The National Road Safety Week 2019 Launch Event; a forum on Australian research quality, as well as presenting to student groups at universities in Queensland.

Dr Paul Gardiner was co-Chair of the Australian Public Health Conference in Cairns (September 26-28, 2018) and Danette Langbecker was a member of the Conference Advisory Committee. Several members of the Executive Committee attended the conference and chaired sessions.

## Professional Development

In June 2019 the Branch hosted the 'Elkington Oration'. Professor Bronwyn Fredericks delivered an inspirational and well received oration entitled 'Working Together Towards the Change and Transformation Needed in Indigenous Health'. There were approximately 50 attendees.

In September 2018, in conjunction with the Queensland Branch of the Australian Health Promotion Association, the Branch ran a successful Students Career Pathways Event with more than 100 attendees.

## South Australian Branch

- President: Kate Kameniar
- Executive Committee: Ashley Webb (Vice-President), Tassia Oswald (Treasurer), Aimee Brownbill (Member Secretary), Dr Dannielle Post (Awards & Scholarships), Mary Zagotsis, Clare Rowley (Conference Chair), Jude Hamilton, Dr Natasha Howard, Alexandra Procter, Dr George Tsourtos, Blesson Varghese, Danielle Borroughs, Jess Judd

The PHAA SA Branch Executive Committee was active in the period. We continued to run a variety of events and activities for members and were involved in a developing numerous submissions and letters to advocate for better strategies and funding for quality, evidence-based public health initiatives at the local level. We engaged with local ministers and decision makers regarding the implementation of the new Wellbeing SA and other agreed to strategies from their election campaign in 2018. In partnership with the SA Public Health Consortium our strong advocacy work continued to get 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.

## Advisory Committee

The PHAA SA Advisory Committee met twice a year with the aims:

- To work with the Executive Committee to provide input and advice to the Branch's strategic planning

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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 for 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.

### Public Events 2018-2019

- August 2018 – Careers Night – the SA Branch coordinated our Careers Night. It was well received by attendees, the majority of whom were students and early career professionals.
- December 2018 – State Population Health Conference – the SA Branch led the organisation of the conference, with Executive member Clare Rowley as the Conference Convenor. Ross Womersley (CEO, SACOSS) was our keynote speaker and a panel on diversity in public health partnerships was well received. There were over 20 speakers in parallel sessions.

### Public Recognition Prizes and Scholarships

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

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. No award was made in 2018.
2. The SA Community Health Association Primary Health Care Practitioner Award for 2018 (jointly awarded with AHPA) went to Natasha Elsley for her extensive work in migrant health.
3. The Basil Hetzel Leadership in Public Health Award for 2018 was presented to Mr Ross Womersley, SACOSS CEO and staunch local public health advocate and mentor.
4. The Konrad Jamrozik Scholarship for 2018 was awarded to Alice Windle.
5. The inaugural Fran Baum Equity Scholarship was established in 2018 and presented to Hailay Gesesew.

### The Public Health Mentoring Program

Our mentoring program (now in its 15th year) supports early career public health researchers/ practitioners in public health. The program is now run every two years and the next program is planned for 2019.

### Networks

SA Branch continued to maintain ongoing links with other like-minded organisations, including AHPA, SACOSS, AFPHM, AEA, SAHMRI, Anti-Poverty Network, People's Health Movement, Health Consumers Alliance, SA Health, University of Adelaide, Flinders University, Torrens University and University of South Australia. This year we were particularly pleased to continue our advocacy work with the SA Public Health Consortium in partnership with AHPA and SACOSS. In addition, we were pleased to receive funding from four universities, SAHMRI and SA Health for our State Conference.

### Advocacy

The SA Branch 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-

mindful individuals and organisations to increase the profile and importance of public health.

#### Submissions, consultations and collaborations:

- Review on SA Law and Practice regarding Abortion (May 2019)
- PHAA endorsement of Abortion Action Coalition statement (May 2019)
- SA Health Care Governance Amendment Bill (May 2019)
- SA Health & Wellbeing Strategy 2019 - 2024 (April 2019)
- SA Oral Health Plan (April 2019)
- State Public Health Plan (April 2019)
- Mental Health Governance (April 2019)
- Budget Submission (March 2019)
- Wellbeing SA Paper Consultation (March 2019)
- Single Use Plastic Consultation (February 2019)
- SA Public Health Act Review (January 2019)
- Wellbeing SA Consultation (December 2018)
- Tobacco Products Regulations (E-Cigarettes) Amendment Bill (September 2018)

## Tasmanian Branch

- President: Dr Kim Jose
- Committee: Gillian Mangan (Secretary), Dr Silvana Bettiol (Treasurer), Dr Michael Bentley, Adjunct Associate Professor Siobhan Harpur, Dr Emily Mauldon

We would like to thank all the Tasmanian Branch members for their support during 2018-19, and particularly those that have attended a meeting and assisted in planning and promoting an event. We would also like to thank the PHAA National Office staff for their ever-willing help and assistance this year.

In the year we started holding quarterly branch meetings with guest speakers invited to talk on areas of interest to the group.

In February parts of Tasmania experienced significant smoke events because of prolonged bushfires in the region. These events had a significant impact on air quality in southern Tasmania which generated a lot of public concern. Some people moved away from their homes to avoid the smoke during this period.

In March the PHAA held an open public forum on Protecting Health at Times of Smoke with the Director of Public Health Dr Mark Veitch and Associate Professor Fay Johnston who head up the environmental research group at the Menzies Institute for Medical Research.

In the same month Dr Verity Cleland, Deputy Chair of the Tasmanian Premiers Health and Wellbeing advisory council, spoke to members about the advisory council and its role.

Members attended workshops on the food environment in Tasmania and have participated in various other local conferences and activities. The branch supported the National office submission on Proposed Firearms Law Reforms (Tasmania) and Dr Kim Jose featured on an ABC news special (Tuesday 18/6/2019) into Tasmania's acute hospital system calling for an increase in spending on prevention.

## Victorian Branch

- President: Rebecca Lee/ Dr Anna Nicholson
- Deputy President: Dr Bronwyn Carter
- Secretary: Rose Bell
- Treasurer: Kristina Basile
- Committee Members: Jill Waddell, Dr Aziz Rahman, Dr Nyssa Hadgraft, Dr Adyya Gupta, Olympia Sarris, Sian Slade, Lily Grisby-Duffy.
- Co-opted Committee Members: Jade Northcott, Veronica Perera and Trish Ritchie
- Advisory Group: Professor Rob Moodie, Jane Martin, Professor Helen Keleher and Associate Professor Charles Livingstone

### The 2018 State election

In the lead-up to the State election, the Victorian branch developed 7 key actions for advocacy:

- Reduce gaming area operating hours
- Implement a state-wide obesity prevention strategy
- Implement all 227 recommendations of the Royal Commission into Family Violence
- Fix underspending of specialised mental health care
- Improve access to oral health services for infants and children
- Reform liquor licencing with public interest tests and local control
- Fund Aboriginal Community Controlled Health Services and let them lead

The state public health priorities areas were identified from a 2018 member survey and developed in consultation with partner organisations (<https://www.phaa.net.au/documents/item/3302>)

The election priorities were launched at the AGM in November 2018, with an accompanying session on advocacy from Jane Martin. Members were encouraged to share these priorities and accompanying social media posts in the lead-up to the State election.

To continue this work, members were provided with a letter template that congratulated their newly elected/re-elected state member and provided information about PHAA's state public health priority areas.

### Other policy and advocacy work

- Submission to the Victorian Public Health and Wellbeing Plan 2019-2023 (June 2019)
- Meeting with PHAA CEO and senior advisors for the Minister for Health and the Minister for Disability, Ageing and Carers (April 2019)
- Endorsement of draft Consensus Statement on Healthy Eating and Active Living (launch pending; July 2019)
- Allocation of policy and advocacy portfolios with key priority focus areas (see Vic branch website for details). This aims to support the committee to develop a detailed understanding of their focus area, strengthen relationships with relevant stakeholders and contribute to submissions and advocacy activities.

### Seminars and events

- Annual General Meeting: Presentation on advocacy by Jane Martin, Executive Director of the Obesity Policy Coalition
- Annual Careers Seminar: Postponed, due in late 2019

### Scholarships

Vic branch has continued our commitment to providing one to two scholarships per year. In 2018-19, two scholarships were awarded:

- 2018 PHAA Annual Public Health Conference
- 2019 PHAA Prevention Conference

### Communication

The Victorian Branch reviewed and updated information for existing and new members on the PHAA website.

## Western Australian Branch

- President: Hannah Pierce
- Vice-President: Dr Stephanie Godrich (to December 2018), Corie Gray (from January 2019)
- Treasurer: Kaashifah Bruce (to October 2018), Samantha Bradder (from January 2019)
- Secretary: Corie Gray (to December 2018), Maria Szybiak (January - May 2019), Dr Elizabeth Conner (from June 2019)
- Committee: Anastasia Atzemis, Joseph Cuthbertson (from January 2019), Danica Keric (to December 2018), Dr Elizabeth Connor (from January 2019), Dr Jenny Fairthorne (from January 2019), Tiho Matic (from January 2019), Jessica Matthews, Louella Monaghan (to December 2018), Emily Moore (to December 2018), Johanna Rewa (from January 2019), Jackie Smith (from May 2019), Kevin Stork (to December 2018), Sophie van Dam (from May 2019), Associate Professor Lisa Wood and Nicolette Zingerle (to Dec 2018)

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

- We provided submissions to the following inquiries and consultations:
  - o Department of Health consultation on the proposed introduction of safe access zones (May 2019)
  - o Consultation into voluntary assisted dying in WA (May 2019)
  - o WA Select Committee Inquiry into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community (January 2019)
  - o WA Select Committee Inquiry on Personal Choice and Community Safety (October 2018)
  - o Education and Health Standing Committee Inquiry into the role of type 2 diabetes prevention and management (October 2018)
- Provided a letter supporting Cancer Council WA's submission to the WA Cancer Plan 2020-2025 Research Consultation (June 2019)
- Wrote a letter to the City of Perth regarding their promotion of events encouraging alcohol consumption (February 2019)
- Had a Letter to the Editor published in The West Australian in October 2018, supporting the messages in an opinion article written by Alcohol, Tobacco & Other Drug SIG Co-Convenor Julia Stafford on the introduction of a minimum floor price for alcohol in WA
- Wrote to the Minister for Health and Minister for Transport congratulating them on removing alcohol ads from public transport vehicles in WA (September 2018)

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

- Partnered with Environmental Health Australia WA Branch to host a networking evening and special screening of the film *Undermined: Tales from the Kimberley* in May 2019. The event attracted 54 attendees.
- Awarded two conference scholarships in April 2019, one for a general PHAA member and one for an Aboriginal and/or Torres Strait Islander public health student or trainee. The winning applicants were able to choose which 2019 PHAA conference they would like to attend.
- Our AGM in October 2018 featured Terry Slevin, PHAA CEO, who presented on Nuts and bolts of public health policy game: Reflections of the new boy and how WA makes a difference.
- Partnered with the Australian Health Promotion Association (AHPA) WA Branch to deliver a successful Student Careers Night in October 2018 with 80 attendees (sold out).
- Hosted an event in October 2018 on How to win friends and influence policy: Effectively engaging in consultation processes. Invited speakers were Janine Freeman MLA, Chair of the Education and Health Standing Committee; Adjunct Professor Tarun Weeramantrhi, WA's former Chief Health Officer; Noni Walker, Community Partnerships Director at Australian Council on Smoking and Health; Julia Stafford, Executive Officer of the McCusker Centre for Action on Alcohol and Youth; and Brooke Fowles, Director of the Office of the Director General with the Department of Health. The event attracted over 130 registrations.
- Hosted an event in July 2018 in partnership with The University of Western Australia Public Policy Institute and School of Population and Global Health, Nuclear weapons – a global threat of the highest order. Dr Sue Wareham OAM, President of the Medical Association for the Prevention of War, was the invited speaker and the event was facilitated by Professor David Preen, Chair in Public Health at UWA. The event attracted 42 attendees.

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

- Winners for the following 2018 Awards were announced at the AGM in October 2018:
  - o Community Award: Foodbank WA
  - o Policy/research translation award: Home2Health Research Team at the School of Population and Global Health at The University of Western Australia
  - o Significant Contribution to Public Health Award: Elizabeth Chester, Director of Communications and Development at Telethon Kids Institute.
- Published an edition of the In Touch in WA newsletter in November 2018.
- Offered support to PHAA WA members writing abstracts for three PHAA conferences in 2018-19.
- Continued to manage the PHAA WA Branch Twitter account. Our number of followers has grown to over 1,750. The WA Branch uses Twitter to raise awareness of and respond to current public health issues, as well as tweet content and ideas from PHAA conferences.

### Strategic objective 4: Strengthen PHAA WA Branch operations

- Continued a comprehensive partnership mapping activity, which commenced with a scoping of current and potential partners working across public health. The activity has assisted the WA Branch to understand areas of strength and opportunities to enhance existing partnerships in a collaborative way with partners.



## 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 and Torres Strait Islander Health SIG

- Co-Convenors: Dr Yvonne Luxford and Dr Michael Doyle

(Activities of the Aboriginal and Torres Strait Islander Special Interest Group Report are outlined in the Vice-President's report on Page 14.)

### Alcohol, Tobacco and other Drugs SIG

- Co-Convenors: Professor Mike Daube and Julia Stafford

This has been a very active period nationally and around the states and territories in relation to both alcohol and tobacco.

PHAA has in turn been very actively involved, both directly and through advice and guidance from the SIG and its members. In both these areas PHAA has also been working closely with other organisations in coalitions nationally and locally to promote evidence-based action and counter the activities of those seeking to counter public health interests.

PHAA has made many submissions and representations to governmental and related inquiries and reviews, has been very actively involved in policy discussions and briefings, and has also been widely quoted in the media. While there has been no meeting of the SIG, members of the SIG and PHAA more broadly have played important roles in the work of both PHAA and other organisations with which we work.

#### Highlights for the year

- Active involvement in FSANZ consultation meetings on the design and implementation of pregnancy warning labels for alcohol products.
- Ongoing activity through the National Alliance for Action on Alcohol (NAAA) to influence alcohol policy. Highlights included the release of the 2018 Alcohol Policy Scorecard and reviewing the NAAA's policy priorities.
- Supporting the development of an effective National Alcohol Strategy and monitoring progress over the Strategy's extended development period.
- Reviewing and updating PHAA's alcohol policy position statement.
- Continuing pressure for increased action on tobacco nationally, including adequate funding for sustained national media campaigns, effectively shelved since 2013
- Working with many coalition organisations for further curbs on tobacco marketing, product regulation, cessation supports, special focus on and programmes with and for disadvantaged group, and smokefree measures

- Responding to tobacco and related industries' moves to bypass standard public health legislation (especially TGA and NHMRC) to sell and promote novel products.
- Exposing direct and indirect lobbying by the tobacco industry and related interests.

### Child Health SIG

- Co- Convenors: Dr Jane Frawley and Dr Ruth Wallace
- Committee: Lubna Abdul Razak, Jane Lockton, Dr Priya Janagaraj
- Changes to the committee: Ari Kurzeme and Dr Katherine Noonan have stepped down.

The Committee was active in a range of advocacy areas relating to the health of children and young people:

- Professor Colin MacDougal, Ruth Wallace and Jane Frawley had a hand over meeting.
- Ruth Wallace attended the PHAA annual face-to-face meeting in September 2018.
- Ruth Wallace and Jane Frawley attended the ARACY Child Health Action Plan Consultation workshops in November 2018 (WA and NSW respectively) to provide input into the proposed national child health policy.
- Provided feedback on the draft National Action Plan for the Health of Children and Young People: 2020 to 2030.
- Renamed the SIG: Child and Youth SIG, and defined an age range as 0-24 years.
- Contributed to the draft Australian Breastfeeding Strategy
- Commented on the NGO alternative report for the UN Committee on the Rights of the Child
- Co-signed (CYHSIG and PHAA) a letter to all MPs and senators regarding the urgent medical transfer of children from the Australian-funded regional processing centre on Nauru
- Developed a PHAA student essay competition to support prize winners to attend the PHAA conference in September.
- SIG committee working on an article focusing on child and youth health from a public health perspective, to be submitted to ANZJPH later this year.

### Complementary Medicine – Evidence, Research and Policy SIG

- Convenor: Distinguished Professor Jon Adams and Associate Professor Jon Wardle

2018-19 saw the SIG develop its links with respective Special Interest Groups at the Chinese Preventive Medical Association (CPMA), Brazilian Collective Health Association (ABRASCO), Public Health Association of South Africa (PHASA), Pan American Health Organisation (PAHO), Indonesian Public Health Association (IAKMI) and the American Public Health Association (APHA) SIG on Alternative and Complementary Health Practice.

The SIG was busy reviewing its policy position statement and authored a submission in relation to the Medical Board of Australia (MBA) Public Consultation Paper on the regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments.

Both Distinguished Professor Jon Adams and Associate Professor Jon Wardle from our SIG Committee attended the World Health Assembly in Geneva in May 2019 to meet with the Traditional Medicine Office at WHO to ascertain strategic priorities in traditional, complementary and integrative medicine and to continue to inform the SIG's strategic developments moving forward.

A number of Members of the SIG Committee co-edited an international research book entitled 'The Public Health and Health Services Research of Traditional, Complementary and Integrative Health Care: International Perspectives' (World Scientific Publishing, May 2019). This 15-chapter collection is co-edited and co-authored with colleagues from IAKMI, PHASA, APHA, CPMA and ABRASCO and contains a foreword by Michael Moore, CEO of the PHAA 2008-2018.

## Diversity, Equity and Inclusion SIG

- Convenor: Dr Brahm Marjadi
- Committee: Dr Tinashe Dune, Dr Paul Gardiner, Dr Kristen Glenister, Dr Virginia Mapedzahama, Dr Pathik Mehta, Dr Lea Merone, and Penelope Strauss

The DEI SIG establishment was approved by the PHAA Board on 14 February 2019. The DEI SIG held its Inaugural Annual General Meeting on 6 May 2019, which approved the DEI SIG Terms of Reference and elected the first DEI SIG Convenor and Committee.

The DEI SIG has contributed to the PHAA submissions on:

- The Productivity Commission's inquiry into the social and economic benefits of improving mental health (March 2019)
- The National Action Plan for the Health of Children and Young People: 2020 to 2030 (March 2019)
- The National Disability Strategy 2010-2020 (June 2019).

## Ecology and Environment SIG

- Co-Convenors: Dr Peter Tait and Dr Lea Merone

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.

EESIG has continued to be active on many topics particularly:

- Furthering action on stronger regulation of environmental chemical toxins;
- Active input to the National Industrial Chemicals Notification and Assessment Scheme, Strategic Consultative Committee and the chemical regulation review;
- Advocating for robust standards in the Industrial Chemicals Bill;
- Working on improving air quality especially in relation to fossil fuel use;
- Defending a Safe Climate particularly by supporting the National Strategy for Climate Health and Wellbeing and other Climate Crisis action in the 2019 election, supporting the #Strike4Climate and opposing the expansion of coal mining;
- Promoting a Planetary Health approach to protect and promote good ecosystem functioning as a determinant of human wellbeing, within PHAA, through the Environmental Health Working Group of the World Federation of Public Health Associations (@WfphaE) and promoting the Planetary Health Alliance Call to Action, and
- Continuing close collaborations with several PHAA branches and other SIGS.

The EESIG continued to represent PHAA on several external committees: Dr Liz Hanna as Chair and Peter Tait and Lea Merone as Committee members on the Environmental Health Working Group of the World Federation of Public Health Associations; 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 the Australian Nuclear Free Alliance and the Rare Earth's working group; and Rosalie Schultz as advisor for climate change health issues on the Climate Council NT.

We thank the Core Group: Fiona Armstrong, Dr Michael Bentley, Dr Devin Bowles, Tim Cummins, Dr Liz Hanna, Professor Melissa Haswell, Adrian Heard, Dr Michael Fonda, Georgie Mulcahy, Dr Rosalie Schultz, Dr Jo Walker and Andrew Waters for their support and efforts this year. Thanks also to Dr Ben Ewald for convening the Air Quality group, Joe Hlubucek for his tireless work on chemicals, other SIG members, other SIG Convenors and Branch Presidents for collaborations, and our stalwart national office team.

The full EESIG activity report is on the EESIG webpage.

## Food and Nutrition SIG

- Co-Convenors: Dr Kathryn Backholer and Dr Penny Love

FANSIG had a productive year, continuing to increase our membership base and engagement through planned and emergent work. We welcomed in a new executive committee – Dr Gary Sacks, Emily Fitt, Dr Amanda Lee, Bronwyn Aston, Dr Katherine Cullerton, Dr Helen Vidgen, Judy Seal, Holly Jones, Alexandra Jones, Dr Rimante Ronto and Sophie Nolan.

A key priority for public health nutrition in Australia remained the development, funding, implementation and monitoring of a comprehensive National Nutrition Policy, to ensure a more strategic approach to evidence based and co-ordinated nutrition infrastructure and policy actions in Australia. With a National Obesity Strategy and recently announced National Preventative Health Strategy being progressed, it remains essential that a National Nutrition Policy be included in these deliberations.

### Policy position statements

New policy statements developed included:

- Dietary patterns and food based dietary guidelines

Existing policy statements reviewed and updated included:

- Prevention and Management of Overweight and Obesity in Australia
- Genetically modified foods
- Household food and nutrition security
- Food Security for Aboriginal and Torres Strait Islander Peoples (joint organisational statement)
- Palm oil

### FANSIG work during the year

- PHAA submission on the Health Star Rating (HSR) 5-year review
- Senate inquiry into childhood obesity
- World Federation of Public Health Associations Front of Pack Labelling policy paper
- Obesity Summit
- Food Futures Conference

- PHAA Prevention Conference
- Joint organisation letter to ministers for improvements to HSR
- FANSIG are contributing to planning for the World Public Health Nutrition Congress, Australia 2020, with several FANSIG members and co-convenors on the National Organising committee.

## Health Promotion SIG

- Co-Convenors: Carmel Williams and Dr Aziz Rahman

The Health Promotion Special Interest Group (SIG) elected a new Committee in May 2019. Carmel Williams and Dr Aziz Rahman were elected as Co-Convenors, with Dr Anne-Maree Parrish was elected as Secretary. Some SIG members were unable to participate in the AGM, but suggested they would be happy to support the committee as required.

PHAA and the Australian Health Promotion Association (AHPA) have continued to promote the joint National Policy Statement on Promoting Health and Preventing Illness. Discussions are ongoing as to how it can be used to support stronger national and state investment in Health Promotion and Illness Prevention. For example, the recently announced Australian Preventive Health Strategy presents an important opportunity to use the policy statement to inform the development of the Preventive Health Strategy .

The Health Promotion SIG has contributed a number of articles to the Intouch newsletter and has recently completed the revision of two HP SIG polices: Viral Hepatitis and Human Immunodeficiency Virus (HIV) policies.

The HP SIG committee was pleased to offer a Travel Scholarship to sponsor a member to attend the PHAA Annual Public Health Conference in Adelaide in October, an Award recognising early career practitioners and an Individual Award recognising a health promotion practitioner.

## Immunisation SIG

- Co-Convenors: Angela Newbound and Michelle Wills

The Immunisation SIG continued to be active in advocacy around immunisation issues in Australia during the 2018-19 year:

- Monitoring and critiquing the implementation and outcomes of ‘No jab, no pay’ and ‘No jab, no play’ policies.
- In June 2019 the SIG authored a submission with the SA branch to the South Australian Department for Health and Wellbeing, on the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill.
- The SIG updated the PHAA’s Immunisation Policy Position Statement, which was approved at the AGM in September 2018.
- The Immunisation SIG convenors began planning for the 17th PHAA Immunisation Conference to be held at the Perth Convention & Exhibition Centre, Perth, WA on 23-25 June, 2020.

The Immunisation SIG wishes to thank Terry Slevin, CEO and the PHAA staff for their ongoing dedication and support, and all vaccination providers across Australia for their tireless efforts.

## Injury Prevention SIG

- Co-Convenors: Associate Professor Richard Franklin and Associate Professor Lyndal Budeja (until early 2019)

The year was exciting time for injury prevention. After the federal government announced funding in May 2018 for the development of an injury prevention plan, there were a number of meetings across Australia, both formally and informally, on the development of the new plan with The George Institute as support facilitator, aimed at having a new plan in place by 2020 with supporting action plans. This also works in nicely with the 2020 world injury prevention conference (<https://www.worldsafety2020.com/>) for which Australia was the winning bid and the PHAA will be the host organisation. This is on top of the normal process of updating the injury prevention policies and working on parliamentary submissions.

There is a need for a strong Injury Prevention SIG with the decade (2011-2020) of action of road safety fast approaching its end and with much more work in this area required we need to continue to ensure that road safety is a focus for all governments. Injury prevention is an area with a wide range of interested professions and there is a continuing need for us to learn from each other and ensure that we help others understand the importance of addressing injury. To this end the SIG in partnership with the Australasian Injury Prevention Network (AIPN) will be running a Master Class at the next Australian Injury Prevention Conference in Brisbane in November 2019.

Safety 2020 is a major opportunity for those of us involved in injury prevention to raise the awareness of all the issues around injury prevention and to hear from world leading experts. We are well on the way with organising the conference and over the next few months we will be announcing key note speakers, spotlight speakers, workshops, partnerships, satellite conferences, calling for abstracts, scholarships, and much more. This is our opportunity to make a noise, and ensure that we help to move injury prevention forward in Australia.

We were to update our overall injury prevention policy this year but put it on hold with the new injury prevention plan being developed, we will revisit this early 2020 and aim to have a new one in place for the 2020 conference.

Lastly, a big thank you also goes to Associate Professor Lyndal Budeja who stepped down as co-Convenor earlier in the year who has worked tirelessly in helping the SIG advance the injury prevention cause and keep the other co-Convenor on task.

## International Health SIG

- Co-convenors: Professor Jaya Dantas, Dr Brahm Marjadi (until May 2019)

The International Health Special Interest Group (IH SIG) has been involved in a number of advocacies, conference and support activities during the year.

### National SIG meetings

The Convenor and/or Co-convenor have attended the SIG Convenor meetings via teleconference during the year 2018 and in 2019 as their work and travel schedules permitted.

### Sponsorship & Scholarships

IH SIG will provide two student scholarships for the 50th anniversary Public Health Conference in Cairns in September 2019.

### Advocacy, Publications and Media activities

The IH has supported and endorsed the following advocacy activities and contributed to national submissions during the year, including:

- PHAA submission into Modern Slavery Bill 2018 in July 2018.
- Child Rights Taskforce - NGO alternative report to UN CRC Committee in Oct 2018.
- Submission to consultation on draft National Women's Health Strategy 2020-2030 (with Women's Health SIG).
- PHAA letter to Federal Government re: children on Nauru in late October 2019.
- Submission to United Nations treaty on the Prohibition of Nuclear Weapons.
- The paperwork for PHAA to become a supporter of the Harmony Alliance – one of six alliances of the Federal Office for Women – PHAA officially became a supporter in April 2019
- Continuing to advocate with Academics for Refugees on closing down offshore detention centres and a more humane treatment of Asylum seekers, Professor Dantas organised a seminar at Curtin University for medical students and staff on the 'Academics for Refugees: National Day of Action 17 October 2018'.

### Other Activities

The PHAA twitter account for the International Health SIG continue to contribute to social media as the opportunity arises led by Dr Claire Rogers.

The IH SIG commenced an international internship program with two MPH students with a Global Health concentration from the University of South Florida who successfully completed internships in the Faculty of Health Sciences, Curtin University in 2018.

Professor Jaya Dantas (IH SIG Convenor) worked with the Policy officer, PHAA and colleagues at UQ and contributed to an article on SGDs and Health published in the MJA in February 2019. Available open access at: Brolan, C., N. Hall, S. Creamer, I. Johnston, and J. Dantas. 2019. "Health is at the heart of achieving Australia's Sustainable Development Goal commitment by year 2030." *Medical Journal of Australia* 210 (5): 204-206.

Professor 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 2019. She presented sessions and attended events hosted by the Australian Ambassador to the UN, the Australian Minister for Women.

Dr Brahm Marjadi (IH SIG Co-convenor) continued his research and knowledge translation work in Indonesia at various fronts. He is running a 6-site research project to improve sexuality and gender education at Indonesian schools (K-12) and youth groups. He delivered guest lectures about research translation in public health, citing the PHAA activities and achievements. He also brings Indonesian experiences to the teaching of public health at Western Sydney University School of Medicine. Dr Marjadi joined Sydney University's Southeast Asia Centre to expand the reach of PHAA IH SIG to international health researchers.

Dr Tambri Housen (IH SIG committee member) went on an Médecins Sans Frontières (MSF) mission to Mozambique after the cyclone in March 2019.

Dr Claire Rogers (IH SIG committee member) led the advocacy on global sexual and reproductive health (SRH) and highlighted the importance of SRH services (including safe abortion services).

Dr Aziz Rahman (IH SIG committee member) initiated research activities in India and Bangladesh in January 2019 focusing on health and wellbeing of farmers in remote settings. He was appointed an affiliate member of the Addressing Smokeless Tobacco and building Research Capacity in South Asia (ASTRA) team from the University of York, UK in May 2019 focusing on reducing burden of tobacco use in South Asia.

Dr I-Hao Cheng (IH SIG member) was the lead author on the international research report to the World Health Organization (WHO); a rapid review of best practice and lessons learned in addressing the health needs of refugees and migrants: report to the World Health Organization (2018). Find the report at:

[http://www.who.int/migrants/publications/partner-contribution\\_review.pdf](http://www.who.int/migrants/publications/partner-contribution_review.pdf)

### Changing of the guard at IH SIG

Following the establishment of the PHAA Diversity, Equity and Inclusion Special Interest Group (DEI SIG) in February 2019, Dr Brahm Marjadi was elected as the DEI SIG Inaugural Convenor and therefore resigned from the Co-convenorship of IH SIG although remains an IH SIG Committee member.

## Justice Health SIG

- Convenor: Professor Tony Butler

The Justice Health SIG's major activity for 2018-19 was the Justice Health conference, held on 9-10 April in Sydney. This was the first time since 2012 that the PHAA had hosted a conference on justice health issues and it was welcomed as an important event for the sector.

Continuing our advocacy around Closing the Gap, the SIG convenor co-authored an editorial for the ANZJPH with PHAA's Senior Policy Officer and others, titled: Justice Targets in Closing the Gap: let's get them right.

The SIG also contributed to a submission to the Queensland Department of Child Safety, Youth and Women Inquiry into the Queensland Youth Justice Strategy in September 2018.

## Mental Health SIG

- Co-Convenors: Fiona Robards and Associate Professor Samantha Battams (until June 2019)
- Committee: Michael Smith, 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
- Input into PHAA submission to 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)

## OneHealth SIG

- Co-Convenors: Dr Van Joe Ibay and Dr Andrea Britton

The OneHealth SIG has nearly 70 members making it the smallest group within the PHAA. In 2017 the sig wrote a position statement on Antimicrobial Resistance which will be due for updating in 2020. Increasingly intersectoral approaches to complex public health issues are necessary. This is well demonstrated in the global strategy for tackling antimicrobial resistance.

Our efforts to invite additional and new active members of the SIG committee/ working group progressed with more plans to reactivate membership to come.

### Review and creation of policy statements and polices

The OneHealth SIG is committed to ending dog-mediated human rabies by 2030, and Dr Andrea Britton is assisting the Tripartite Alliance (WHO, OIE and FAO) and Global Alliance for Rabies Control to meet this Sustainable Development Goal.

Dr Britton's rural upbringing on a sheep and beef cattle farm in central New South Wales, Australia, and helping her mother, a hospital pharmacist, inspired Andrea to become a veterinarian and public health consultant. Andrea has significant experience in rabies control and elimination from India and South-East Asia through her role on the Board of Vets Beyond Borders, an Australian Non-Government Organisation. She advocates a One Health multisector approach to tackling dog rabies elimination, other zoonotic diseases, emerging and re-emerging infectious diseases and antimicrobial resistance. Over the past year she has worked for the World Organisation for Animal Health (OIE) in the Southern African region particularly in the Northern Communal Area of Namibia, supporting the Directorate of Veterinary Services to eliminate dog rabies in diverse ethnic communities. As a mother and wife she knows the importance of protecting our families and communities from neglected infectious diseases.

We now have the tools to eliminate this age-old fatal disease but only through community participation and support from civil society (like the Associated Country Women of the World) will we collectively put dog rabies in the history books.

## Oral Health SIG

- Convenor: Tan Nguyen

Firstly, the SIG membership would like to thank Dr Bruce Simmons for his significant contribution to the work of the OHSIG for over a decade. Bruce has decided to step down from his position as convenor, but will continue to participate in our advocacy work through other capacities.

Throughout the 2018-19 year, the OHSIG continued to push the dialogue that oral health is integral to general health and wellbeing. This occurs on an ongoing basis with various contributions to PHAA policy submissions to government inquiries. For example, the South Australian Oral Health Plan, potentially preventable hospitalisation indicator specific to general practice and the Australian Institute of Health and Welfare national primary health care data.

The SIG held an Oral Health Policy Forum on the theme “Long term goals, short term tactics. Can we make politicians care?”, which attracted robust discussion on making oral health a priority by governments. Since then, we saw a major commitment by the Victorian government to provide school-based dental services to public primary and secondary schools. The investment over four years is \$395.8 million. Activities on this initiative are underway, led by Dental Health Services Victoria.

Further advances in influencing public policy were the released of the Grattan Institute report on ‘Filling the gap: A universal dental care scheme for Australia’, which highlights the significant impact on socioeconomically disadvantaged Australians due to healthcare system and that largely excludes oral health. As a result, dental policies were recently included in Labor and the Greens federal election campaign.

Water fluoridation advocacy continued throughout the year, particularly in QLD and NSW. More recently, there has been local advocacy to create further urgency for action in rural and remote communities in the NT.

## Political Economy of Health SIG

- Co-Convenors: Dr David Legge and Dr 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.

PEH SIG’s central activity for 2018 was a workshop held in collaboration with the People’s Health Movement Australia (PHM Oz) in Canberra on 13th-14th September. The workshop was titled Health for All or Health for Some to highlight the issue of health inequities. During the workshop, participants derived key messages to take to the 4th People’s Health Assembly in November 2018.

Speakers included PHM Chair David Sanders and local Federal Labor Party MP Andrew Leigh (an advocate of equity). PHM members Professor Fran Baum, Dr David Legge and Dr Bel Townsend presented on aspects of global capitalism, trans-national corporations and trade. Dr Matt Fisher presented on the ideology of liberalism and why it is damaging to health. Dr Peter Tait spoke about the ecological crisis the world is facing and the need for very urgent action to avert a crisis.

There was strong representation from the Aboriginal community-controlled health sector including Donna Ah Chee from Alice Springs and Pat Turner from the national peak body NACCHO. They spoke with passion about

the need to promote Aboriginal Community Controlled Health Organisations and Aboriginal and Torres Strait Islander definitions of health and caring for the land for the whole community.

Perspectives on primary health care from around the world were presented by Professor David Sanders on Africa, Professor Don Mathieson on Papua New Guinea and Dr Toby Freeman on Australia.

One of the focus areas was on employment and health and we heard about the importance of gender, time and work (Professor Lyndall Strazdins) and from the Australian Unemployed Workers Union (Owen Bennett) and from the Secretary of Unions ACT (Alex White). These presentations highlighted the health impacts of the gig economy and casual work.

PEH SIG's main advocacy activities have included continued engagement in trade and health advocacy, particularly in relation to the negotiations for the EU-Australia Free Trade Agreement and the Regional Comprehensive Economic Partnership (RCEP). PEH SIG members represented PHAA at negotiations for RCEP held in Melbourne in June-July 2019 and participated in community events organised by the AFTINET.

PEH SIG also coordinated a submission to the ALP's invitation to provide input to the draft terms of reference and structure for the proposed Productivity Commission inquiry into the private health sector.

## Primary Health Care SIG

- Co-Convenors: Russell McGowan and Dr Gwyn Jolley

### Policies

- Community participation in primary health care services: New background paper and policy developed
- Gambling Industry Funding policy updated

### Communication and promotion

- Annual workplan developed
- Twitter account maintained
- PHC SIG Newsletters sent to all members in July and December 2018
- First 2019 newsletter due for distribution in July

### Prevention Conference 2019

- Scholarship awarded to Selva Shan
- Abstracts were reviewed by Jacqui Allen
- Oral paper accepted 'Communication supporting transitional care for older people: healthcare practitioners' perspectives' – committee member Jacqui Allen
- Oral paper accepted 'Leadership role for implementation of chronic disease programs at local health district' committee member Selva Shan

### Meetings

- Three committee meetings held in 2018-19
- AGM was held on 4th September 2018
- Dr Jacqui Allen attended PHAA SIG face to face meeting in Cairns September 2018

### Partnerships

- National Alliance for Gambling Reform member: regular updates re advocacy activity sent to members

## Women's Health SIG

- Co-Convenors: Professor Angela Dawson and Mearon O'Brien
- Committee: Julie Hassard (Vic), Mischa Barr (Vic), Jenny Ejlak (Vic), Associate Professor Melissa Graham (Vic), Dr Kerry Hampton (Vic), Dr Bronwyn Silver (NT), Abbey Hamilton (NT), Dr Suzanne Belton (NT), Mary Stewart (NSW), Tinashe Dune (NSW), Dr Sabrina Pitt (NSW), Dr Caroline Harvey (Qld), Dr Ellie Gresham (Qld), Dr Melissa Hobbs (ACT), Brigid Coombe (SA)

The WHSIG welcomed Mearon O'Brien to the co-convenor role in April 2019. We thank Dr Candice Colbran for all her efforts in this role who will be on maternity leave after the birth of her daughter. 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 SIG continued its work as a partner of the ASHA the Australasian Sexual Health Alliance, a multidisciplinary support network for the sexual health workforce.

### Local Activities

The SIG prepared two Press releases on National Women's Health Strategy and World Breastfeeding Week. We also Promoted International Day for Zero Tolerance of FGM and International Women's Day.

The SIG also contributed to the following PHAA submissions

- Termination of Pregnancy Bill 2018 – Queensland (September 2018)
- Draft National Women's Health Strategy 2020-2030 (November 2018)
- Safe access zones for sexual health clinics in WA (May 2019)
- Abortion: a review of SA law and practice (May 2019)

### International activities

- Provided input into the Interagency Working Group on Reproductive Health in Crises Workforce Committee.
- Represented on the working group to develop an Asia Pacific Consortium on Emergency Contraception that will form part of the International Consortium.

### Policies position statements reviewed or developed

- Gender and Health
- Long Lasting Reversible Contraception
- Emergency Contraception
- Female Genital Mutilation

### WHSIG Membership

The SIG updated its list of members' expertise and opportunities.

**PUBLIC HEALTH ASSOCIATION OF  
AUSTRALIA INCORPORATED**

**ABN 41 062 894 473**

**FINANCIAL REPORT  
FOR THE YEAR ENDED  
30 JUNE 2019**

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

Your Board members submit the financial report of Public Health Association of Australia Incorporated (the Association) for the financial year ended 30 June 2019.

**Board members**

The names of the Board members of the Public Health Association of Australia Incorporated throughout the 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  
Rohan Greenland – Vice President Development (appointed 28/09/18)  
Heather Yeatman – Vice President Development (resigned 28/09/18)  
Adjunct Associate Professor Carmen Parter – Vice President Aboriginal & Torres Strait Islander  
Summer May Finlay – Interim Vice President Aboriginal & Torres Strait Islander (appointed 28/09/18)  
Devin Bowles – Branch Presidents Representative (elected 9/11/18)  
Kate Kameniar – Branch Presidents Representative (elected 9/11/18)  
Lea Merone – SIG Convenors' Representative (elected 9/11/18)  
Kathryn Backholer – SIG Convenors' Representative (elected 9/11/18)

Members have been in office since the start of the financial year to the date of this report unless otherwise stated.

**Principal Activities**

The principal activity of the Public Health Association of Australia Incorporated 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 the nature of these activities occurred during the year.

**Operating Result**

The operating loss for the year ended 30 June 2019 amounted to \$32,421 (2018: surplus \$6,078).

Signed in accordance with a resolution of the Board.



Board Member



Board Member

Dated this 3<sup>rd</sup> day of September 2019

## AUDITOR'S INDEPENDENCE DECLARATION UNDER S60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE BOARD OF PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been no contraventions of:

- i. the auditor independence requirements as set out in the *Australian Charities and Not-For-Profits Commission Act 2012* in relation to the audit; and
- ii. any applicable code of professional conduct in relation to the audit.



James Barrett, CA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 4<sup>th</sup> day of September 2019

**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 2019**

|   | Note | 2019<br>\$      | 2018<br>\$    |
|---|------|-----------------|---------------|
| Revenue from ordinary activities                                    | 2    | 2,105,095       | 2,416,659     |
| Conference expenses   |      | (637,401)       | (785,411)     |
| Publications  |      | (213,362)       | (258,515)     |
| Administrative employee costs                                       | 3    | (1,018,356)     | (1,031,811)   |
| Other administrative costs  |      | (194,403)       | (270,972)     |
| Depreciation and amortisation                                       | 3    | (24,452)        | (24,458)      |
| Branch expenses   |      | (34,434)        | (33,522)      |
| Special interest group expenses                                     |      | (13,608)        | (3,020)       |
| Bad debts expense   |      | (1,500)         | (2,872)       |
| <b>Net (deficit) / surplus from operations</b>                      |      | <b>(32,421)</b> | <b>6,078</b>  |
| <b>Other comprehensive income</b>                                   |      |                 |               |
| Items that will not be reclassified subsequently to profit or loss: |      |                 |               |
| Gains on revaluation of land and buildings                          |      | -               | 79,996        |
| <b>Other comprehensive income for the year</b>                      |      | <b>-</b>        | <b>79,996</b> |
| <b>Total comprehensive (loss) / income for the year</b>             |      | <b>(32,421)</b> | <b>86,074</b> |

The accompanying notes form part of these financial statements.



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

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2019**

|                                      | Note | 2019<br>\$ | 2018<br>\$ |
|--------------------------------------|------|------------|------------|
| <b>ASSETS</b>                        |      |            |            |
| <b>CURRENT ASSETS</b>                |      |            |            |
| Cash and cash equivalents            | 4    | 446,984    | 627,788    |
| Trade and other receivables          | 5    | 39,690     | 62,060     |
| Financial assets                     | 6    | 154,008    | 154,050    |
| Other current assets                 | 7    | 166,318    | 102,495    |
|                                      |      | 807,000    | 946,393    |
| <b>TOTAL CURRENT ASSETS</b>          |      |            |            |
| <b>NON-CURRENT ASSETS</b>            |      |            |            |
| Property, plant and equipment        | 8    | 669,729    | 688,820    |
| Intangibles                          | 9    | 1,667      | 3,333      |
|                                      |      | 671,396    | 692,153    |
| <b>TOTAL NON-CURRENT ASSETS</b>      |      |            |            |
|                                      |      | 1,478,396  | 1,638,546  |
| <b>TOTAL ASSETS</b>                  |      |            |            |
| <b>LIABILITIES</b>                   |      |            |            |
| <b>CURRENT LIABILITIES</b>           |      |            |            |
| Trade and other payables             | 10   | 168,569    | 133,169    |
| Short-term provisions                | 11   | 89,133     | 138,045    |
| Other current liabilities            | 12   | 330,554    | 449,480    |
|                                      |      | 588,256    | 720,694    |
| <b>TOTAL CURRENT LIABILITIES</b>     |      |            |            |
| <b>NON-CURRENT LIABILITIES</b>       |      |            |            |
| Long-term provisions                 | 11   | 9,204      | 4,495      |
|                                      |      | 9,204      | 4,495      |
| <b>TOTAL NON-CURRENT LIABILITIES</b> |      |            |            |
|                                      |      | 597,460    | 725,189    |
| <b>TOTAL LIABILITIES</b>             |      |            |            |
|                                      |      | 880,936    | 913,357    |
| <b>NET ASSETS</b>                    |      |            |            |
| <b>EQUITY</b>                        |      |            |            |
| Retained earnings                    |      | 257,540    | 289,961    |
| Reserves                             |      | 623,396    | 623,396    |
|                                      |      | 880,936    | 913,357    |
| <b>TOTAL EQUITY</b>                  |      |            |            |

The accompanying notes form part of these financial statements.

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

**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2019**

|                                 | <b>Gordon<br/>Oration<br/>Biennial<br/>Awards<br/>Reserve</b> | <b>Asset<br/>Revaluation<br/>Reserve</b> | <b>Retained<br/>earnings</b> | <b>Total</b> |
|---------------------------------|---|--|------------------------------|--------------|
|                                 | <b>\$</b>   | <b>\$</b>                                | <b>\$</b>                    | <b>\$</b>    |
| <b>Balance at 1 July 2017</b>   | 25,401  | 455,582                                  | 346,300                      | 827,283      |
| Surplus attributable to members | -   | -  | 6,078                        | 6,078        |
| Movements in reserves           | -   | 79,996                                   | -                            | 79,996       |
| <b>Balance at 30 June 2018</b>  | 25,401  | 535,578                                  | 352,378                      | 913,357      |
| <b>Comprehensive income</b>     |   |  |                              |              |
| (Deficit) for the year          | -   | -  | (32,421)                     | (32,421)     |
| Transfer (from) / to reserve    | -   | -  | -                            | -            |
| <b>Balance at 30 June 2019</b>  | 25,401  | 535,578                                  | 319,957                      | 880,936      |

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 2019**

|  | Note      | 2019<br>\$            | 2018<br>\$            |
|--|-----------|-----------------------|-----------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>              |           |                       |                       |
| Receipts from members, sponsors and others               |           | 2,253,222             | 2,632,192             |
| Payments to suppliers and employees                      |           | (2,342,394)           | (2,388,023)           |
| GST Remitted   |           | (92,795)              | -                     |
| Interest received  |           | 4,816                 | 6,193                 |
|  |           | <u>(177,151)</u>      | <u>250,362</u>        |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>              |           |                       |                       |
| Receipts for sale of plant and equipment                 |           | 267                   | -                     |
| Payments for property plant and equipment                |           | (3,962)               | (4,381)               |
|  |           | <u>(3,695)</u>        | <u>(4,381)</u>        |
| Net cash (used in) investing activities                  |           | <u>(3,695)</u>        | <u>(4,381)</u>        |
| Net movement in cash held                                |           | (180,846)             | 245,981               |
| Cash and cash equivalents at beginning of financial year |           | <u>781,838</u>        | <u>535,857</u>        |
| Cash and cash equivalents at end of financial year       | <b>4a</b> | <u><u>600,992</u></u> | <u><u>781,838</u></u> |

The accompanying notes form part of these financial statements.

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 1: Statement of Significant Accounting Policies**

These financial statements cover the Public Health Association of Australia Incorporated as an individual entity. Public Health Association of Australia Incorporated is an Association incorporated in Australian Capital Territory under the *Associations Incorporation Act 1991 (ACT)*.

**Basis of Preparation**

Public Health Association of Australia Incorporated 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 and other applicable Australian Accounting Standards – 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) and the *Associations Incorporation Act 1991 (ACT)*. 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 the 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 statements were authorised for issue on 3 September 2019 by the Board of the Association.

**Change in Accounting Policy**

***Financial Instruments - Adoption of AASB 9***

The Association has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2018.

***Classification of financial assets and financial liabilities***

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

|                                     | Financial instrument category          |   | AASB 139 original | Carrying amount AASB 9 recognition of additional loss allowance | AASB 9 new |
|-------------------------------------|--|---|-------------------|---|------------|
|                                     | AASB 139 Original                      | AASB 9 new                              |                   |   |            |
| <b>Financial Assets</b>             |  |   |                   |   |            |
| Term deposits                       | Loans and receivables (amortised cost) | Financial assets at Amortised cost      | 154,050           | -   | 154,050    |
| Cash and cash equivalents           | Loans and receivables (amortised cost) | Financial assets at Amortised cost      | 627,788           |   | 627,788    |
| Trade and other receivables         | Loans and receivables (amortised cost) | Financial assets at Amortised cost      | 62,060            | -   | 62,060     |
| <b>Financial liabilities</b>        |  |   |                   |   |            |
| Accounts payable and other payables | Amortised cost                         | Financial liabilities at amortised cost | 49,896            | -   | 49,896     |

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019

**Note 1: Statement of Significant Accounting Policies (continued)**  
**Change in Accounting Policy (continued)**

*Notes to the table:*

**Reclassification from Held to Maturity to Amortised Cost**

Term deposits that would previously have been classified as held to maturity are now classified at amortised cost. The Association intends to hold the assets to maturity to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding. There was no difference between the previous carrying amount and the revised carrying amount of these assets.

**Accounting Policies**

**a. Income Tax**

Public Health Association of Australia Incorporated is exempt from income tax due to the exemption granted under the section 50-35 of the *Income Tax Assessment Act 1997*, as amended.

**b. Fair Value of Assets and Liabilities**

The Association measures some of its assets at fair value on a recurring basis.

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 liabilities 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 either 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) or, in the absence of such a market, the most advantageous market available to the entity at reporting date (i.e. the market that maximises the receipts from the sale of the asset or minimises the payment 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 (excluding those related to share-based payment arrangements) may be valued, 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.

**c. Property, Plant and Equipment**

**Plant and Equipment**

Each class of plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019

**Note 1: Statement of Significant Accounting Policies (continued)**

**c. Plant and Equipment (continued)**

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial period in which they are incurred.

**Depreciation**

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a diminishing value basis over the asset's useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

| <b>Class of Fixed Asset</b> | <b>Depreciation Rate</b> |
|-----------------------------|--------------------------|
| Buildings at fair value     | 3.75%                    |
| Plant and equipment         | 15% - 50%                |

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of profit or loss and other comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

**d. Leases**

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

**e. Financial Instruments**

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

**Impairment of Financial Assets**

At the end of the reporting period the Association assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019

**Note 1: Statement of Significant Accounting Policies (continued)**

**e. Financial Instruments (continued)**

*Financial assets at amortised cost*

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset. Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

**Financial assets**

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

*Classification*

On initial recognition, the Association classifies its financial assets into the following categories, those measured at amortised cost.

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

*Amortised cost*

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Association's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

**f. Impairment of Assets**

At the end of each reporting period, the Association assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in AASB 116: *Property, Plant and Equipment*). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where it is not possible to estimate the recoverable amount of an individual asset, the Association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019

**Note 1: Statement of Significant Accounting Policies (continued)**

**f. Impairment of Assets (continued)**

its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

**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 before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

**Other long-term employee benefits**

Provision is made for employees' annual leave entitlements 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. Other long-term benefits 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. Any remeasurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Association's obligations for long-term employee benefits are presented as non-current provisions 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 reporting date, in which case the obligations are presented as current provisions.

**h. Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

**i. Trade and Other Receivables**

Trade and other receivables include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

**j. Revenue and Other Income**

When grant revenue is received whereby the Association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019

**Note 1: Statement of Significant Accounting Policies (continued)**

**j. Revenue and Other Income (continued)**

service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

Non-reciprocal grant revenue is recognised in profit or loss when the Association obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the Association and the amount of the grant can be measured reliably.

Donations and bequests are recognised as revenue when received.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument.

All revenue is stated net of the amount of goods and services tax (GST).

**k. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

**l. Trade and Other Payables**

Trade and other payables represent the liabilities outstanding at the end of the reporting period for goods and services received by the Association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

**m. Provisions**

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

**n. Comparative Figures**

Where required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2019

**Note 1: Statement of Significant Accounting Policies (continued)**

**o. Key Estimates**

*Key estimates – Impairment*

The Association assesses impairment at the end of each reporting period by evaluation of conditions and events specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

The Association determined conditions of impairment through obtaining market information about the cost of the existing assets in which would cost to purchase at current arm's length market prices.

**p. Key Judgements**

*Provision for the impairment of receivables*

Included in trade receivables and other receivables at the end of the reporting period are amounts receivable. The Board has received undertakings from the debtors that such amounts will be paid and therefore no provision for impairment has been made.

*Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. As the Association expects that all of its employees would use all of their annual leave entitlements earned during a reporting period before 12 months after the end of the reporting period, the Association believes that the obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the (undiscounted) amounts expected to be paid to employees when the obligations are settled.

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

|   | <b>2019</b> | <b>2018</b> |
|---|-------------|-------------|
|   | <b>\$</b>   | <b>\$</b>   |
| <b>Note 2: Revenue and Other Income</b>                         |             |             |
| <b>Revenue</b>  |             |             |
| <i>Operating activities:</i>                                    |             |             |
| NATIONAL OFFICE   |             |             |
| Membership subscriptions  | 299,613     | 302,332     |
| Conferences   | 1,084,866   | 1,373,947   |
| Intouch advertising   | 600         | 789         |
| Journals  | 99,347      | 87,836      |
| Funding from Government   | 375,000     | 375,000     |
| Other   | 198,750     | 240,879     |
| <br>BRANCHES  |             |             |
| Sponsorship   | 7,047       | 9,909       |
| Conferences   | 6,549       | 2,741       |
| Functions   | 7,721       | 9,864       |
| <br>SPECIAL INTEREST GROUPS                                     |             |             |
| Membership  | 16,356      | 7,169       |
| Workshops   | 2,309       | -           |
| Other income  | 2,121       | -           |
|   | 2,100,279   | 2,410,466   |
| <br><i>Non-operating activities:</i>                            |             |             |
| NATIONAL  |             |             |
| Interest  | 4,816       | 6,193       |
|   | 4,816       | 6,193       |
| <br>Total non-operating activities                              | 4,816       | 6,193       |
| <br>Total revenue   | 2,105,095   | 2,416,659   |
| <br><b>Note 3: Surplus / (deficit) from ordinary activities</b> |             |             |
| <b>Expenses</b>   |             |             |
| <i>Net surplus / (deficit) has been determined after:</i>       |             |             |
| DEPRECIATION  |             |             |
| Buildings   | 18,892      | 16,033      |
| Plant and equipment   | 3,894       | 5,091       |
| Intangibles   | 1,666       | 3,334       |
|   | 24,452      | 24,458      |
| <br>EMPLOYEE BENEFITS   |             |             |
| Salaries and wages  | 933,783     | 949,145     |
| Defined contributions superannuation plan expense               | 84,573      | 82,666      |
|   | 1,018,356   | 1,031,811   |

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 4: Cash and Cash Equivalents**

|                           | Note      | 2019<br>\$ | 2018<br>\$ |
|---------------------------|-----------|------------|------------|
| Cash on hand and at bank  |           | 446,984    | 627,788    |
| Cash and cash equivalents | <b>14</b> | 446,984    | 627,788    |

**(a) Reconciliation of Cash**

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

|                           |          |         |         |
|---------------------------|----------|---------|---------|
| Cash and cash equivalents | <b>4</b> | 446,984 | 627,788 |
| Financial assets          | <b>6</b> | 154,008 | 154,050 |
|                           |          | 600,992 | 781,838 |

**Note 5: Trade and Other Receivables**

|                          |  |         |         |
|--------------------------|--|---------|---------|
| CURRENT                  |  |         |         |
| Trade debtors            |  | 37,382  | 58,956  |
| Provision for impairment |  | (2,624) | (2,624) |
| Other debtors            |  | 4,932   | 5,728   |
|                          |  | 39,690  | 62,060  |

**(a) Financial assets classified as loans and receivables**

|                   |           |        |        |
|-------------------|-----------|--------|--------|
| Trade receivables | <b>14</b> | 39,690 | 62,060 |
|-------------------|-----------|--------|--------|

**Note 6: Financial Assets**

|               |                 |         |         |
|---------------|-----------------|---------|---------|
| CURRENT       |                 |         |         |
| Term deposits |                 | 154,008 | 154,050 |
|               | <b>4(a), 14</b> | 154,008 | 154,050 |

**Note 7: Other Current Assets**

|                          |  |         |         |
|--------------------------|--|---------|---------|
| CURRENT                  |  |         |         |
| Prepayments – conference |  | 126,248 | 70,814  |
| Prepayments – other      |  | 40,070  | 31,681  |
|                          |  | 166,318 | 102,495 |

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 8: Property, Plant and Equipment**

|                                     | <b>2019</b> | <b>2018</b> |
|-------------------------------------|-------------|-------------|
|                                     | <b>\$</b>   | <b>\$</b>   |
| Land at fair value                  | 197,200     | 197,200     |
| Buildings at fair value             | 482,800     | 482,800     |
| Less accumulated depreciation       | (18,891)    | -           |
|                                     | 463,909     | 482,800     |
| Plant and equipment at cost         | 137,258     | 135,441     |
| Less accumulated depreciation       | (128,638)   | (126,621)   |
|                                     | 8,620       | 8,820       |
| Total property, plant and equipment | 669,729     | 688,820     |

**Movements in Carrying Amounts**

Movements in carrying amounts for each class of plant and equipment between the beginning and the end of the current financial year:

|                                      | <b>Land</b> | <b>Buildings</b> | <b>Plant and equipment</b> | <b>Total</b> |
|--------------------------------------|-------------|------------------|----------------------------|--------------|
|                                      | <b>\$</b>   | <b>\$</b>        | <b>\$</b>                  | <b>\$</b>    |
| Balance at 1 July 2018               | 197,200     | 482,800          | 8,820                      | 688,820      |
| Additions                            | -           | -                | 3,962                      | 3,962        |
| Disposals                            | -           | -                | (2,145)                    | (2,145)      |
| Depreciation write back on disposals | -           | -                | 1,877                      | 1,877        |
| Depreciation expense                 | -           | (18,891)         | (3,894)                    | (22,785)     |
| Carrying amount at 30 June 2019      | 197,200     | 463,909          | 8,620                      | 669,729      |

**Note 9: Intangibles**

|                               | <b>2019</b> | <b>2018</b> |
|-------------------------------|-------------|-------------|
|                               | <b>\$</b>   | <b>\$</b>   |
| Computer software at cost:    |             |             |
| Buildings at fair value       | 30,350      | 30,350      |
| Less accumulated depreciation | (28,683)    | (27,017)    |
|                               | 1,667       | 3,333       |

**Movements in Carrying Amounts**

Movements in carrying amounts for each class of plant and equipment between the beginning and the end of the current financial year:

|                                 | <b>Intangibles</b> | <b>Total</b> |
|---------------------------------|--------------------|--------------|
|                                 | <b>\$</b>          | <b>\$</b>    |
| Balance at 1 July 2018          | 3,333              | 3,333        |
| Amortisation expense            | (1,666)            | (1,666)      |
| Carrying amount at 30 June 2019 | 1,667              | 1,667        |

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

|  | Note | 2019<br>\$ | 2018<br>\$ |
|--|------|------------|------------|
| <b>Note 10: Trade and Other Payables</b> |      |            |            |
| Supplier creditors and accrued expenses  |      | 77,862     | 38,255     |
| Employee benefits payable                |      | 57,384     | 48,958     |
| GST payable                              |      | 33,323     | 45,956     |
|  |      | 168,569    | 133,169    |

**(a) Financial liabilities at amortised cost classified as Trade and Other Payables**

|   |           |         |        |
|---|-----------|---------|--------|
| Financial liabilities as trade and other payables | <b>14</b> | 135,246 | 87,213 |
|---|-----------|---------|--------|

**Note 11: Provisions**

|                                  |  |        |         |
|----------------------------------|--|--------|---------|
| <b>CURRENT</b>                   |  |        |         |
| Provision for annual leave       |  | 74,254 | 80,348  |
| Provision for long service leave |  | 14,879 | 57,697  |
|                                  |  | 89,133 | 138,045 |
| <br><b>NON-CURRENT</b>           |  |        |         |
| Provision for long service leave |  | 9,204  | 4,495   |
|                                  |  | 9,204  | 4,495   |
| Total provisions                 |  | 98,337 | 142,540 |

Provisions 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. 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 a conditional 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

**Note 12: Other Current Liabilities**

criteria for employee benefits have been discussed in Note 1.

|                              |  |         |         |
|------------------------------|--|---------|---------|
| <b>CURRENT</b>               |  |         |         |
| Funding income in advance    |  | 3,417   | 40,588  |
| Conference income in advance |  | 191,920 | 208,908 |
| Membership fees in advance   |  | 135,217 | 199,984 |
|                              |  | 330,554 | 449,480 |

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

|  | Note | 2019<br>\$ | 2018<br>\$ |
|--|------|------------|------------|
| <b>Note 13: Key management personnel</b>   |      |            |            |
| <p>Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Association, directly or indirectly, including any director (whether executive or otherwise) of that Association is considered key management personnel.</p> <p>The totals of remuneration paid to key management personnel (KMP) of the entity during the year are as follows:</p> |      |            |            |
| Key management personnel compensation  |      | 245,945    | 295,769    |

**Note 14: Financial Risk Management**

The Association's financial instruments consist mainly of deposits with banks, short term investments, accounts receivable and accounts payable.

**Financial Assets**

|                             |      |         |         |
|-----------------------------|------|---------|---------|
| Cash and cash equivalents   | 4    | 446,984 | 627,788 |
| Trade and other receivables | 5(a) | 39,690  | 62,060  |
| Financial assets            | 6    | 154,008 | 154,050 |
|                             |      | 640,682 | 843,898 |

**Financial Liabilities**

|   |    |         |        |
|---|----|---------|--------|
| Financial liabilities at amortised cost |    |         |        |
| - Trade and other payables              | 10 | 135,246 | 87,213 |
|   |    | 135,246 | 87,213 |

The Association has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

Refer to Note 15 for detail disclosures regarding the fair value measurement of the Association's financial assets.

**Note 15: 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 initial recognition. The Association does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

**Recurring fair value measurements**

|           |  |         |         |
|-----------|--|---------|---------|
| Land      |  | 197,200 | 197,200 |
| Buildings |  | 482,800 | 482,800 |
|           |  | 680,000 | 680,000 |

For land and buildings, the fair values are based on an independent valuation.

**Note 16: Contingent Liabilities and Contingent Assets**

As at balance date the Board has no known contingent liabilities or contingent assets.

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2019**

**Note 17: Statement of Changes in Equity**

The former 'Mackay and Ciento Endowment Biennial Awards' term deposit was closed on the 27<sup>th</sup> of November 2017. The 30 June 2018 financial statements disclosed the balance of the Mackay and Ciento Endowment Biennial Awards in the Statement of Changes in Equity. Due to the amount being transferred to the Westpac bank account, it is now disclosed as Retained Earnings in the Statement of Changes in Equity.

**Note 18: Subsequent Events**

The Board is not aware of any significant events since the end of the reporting period.

**Note 19: Related Party Transactions**

There are no related party transactions which require disclosure in the financial statements.

**Note 20: Association Details**

The registered office and principal place of business of the Association is:

Public Health Association of Australia Incorporated  
20 Napier Close  
Deakin ACT 2600



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

**ANNUAL STATEMENTS GIVE TRUE AND FAIR VIEW OF FINANCIAL POSITION OF THE  
INCORPORATED ASSOCIATION**

In the opinion of the Association the financial statements as set out on pages 5 to 21:

- 1) Present a true and fair view of the financial position of the Public Health Association of Australia Incorporated as at 30 June 2019 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
- 2) At the date of this statement, there are reasonable grounds to believe that the Public Health Association of Australia Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the members of the Association and is signed for and on behalf of the Association by:

Board of Public Health Association of Australia Incorporated.



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Board Member



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Board Member

Dated this 3<sup>rd</sup> day of September 2019

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PUBLIC HEALTH ASSOCIATION OF AUSTRALIA INCORPORATED

### Report on the Audit of the Financial Report

#### Opinion

We have audited the accompanying financial report of the Public Health Association of Australia Incorporated (the association), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the boards' declaration.

In our opinion, the accompanying financial report of the Public Health Association of Australia Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

- (i) giving a true and fair view of the association's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### 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 registered entity in accordance with the ACNC Act and 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.

#### Information Other than the Financial Report and Auditor's Report Thereon

The board are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2019 but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## **Responsibilities of the Board for the Financial Report**

The board of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the board determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the board is responsible for assessing the ability of the registered entity 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 intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

The board are responsible for overseeing the registered entity's financial reporting process.

## **Auditor's Responsibility 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.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the board.
- Conclude on the appropriateness of the board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink, appearing to read 'James Barrett'.

James Barrett, CA  
Registered Company Auditor  
BellchambersBarrett

Canberra, ACT  
Dated this 4<sup>th</sup> day of September 2019