

The PHAA: a public health body standing up for the people

The Public Health Association Australia (PHAA) is the largest discussion forum for public health in Australia, providing a platform for a huge variety of public health professionals. As well as supporting the public health community via the Australian and New Zealand Journal of Public Health, InTouch newsletter and events, the PHAA plays a key role in petitioning government on the most critical public health issues for Australia today, using fact-based evidence to educate and bring about policy change. In this interview, Research Features speaks to its President, **David Templeman** who discusses the PHAA in more detail.

he Public Health Association of Australia (PHAA) is instrumental in its role as an advocate on the most pressing public health concerns in Australia today, this includes obesity, alcohol-related harm and drug abuse, and as such holds a key position in the country's health system.

We caught up with PHAA president David Templeman about 'prevention' being the key to solving Australia's biggest health problems, how best to lobby for change and the need to equalise the healthcare gap between vulnerable people, particularly Aboriginal and Torres Strait Islander people, and other Australians.

Hi David! Tell us a little bit about the Public Health Association of Australia (PHAA) in terms of its background and core mission? The PHAA has been established for around 30 years as a leading national public health body and is essentially self-funded, operating primarily as a critical

friend working with the government that is unafraid to speak out where necessary. We focus on what I describe as the 'three Ps' of public health: protection, prevention and health promotion. In Australia, there are 24 million people and nationally the total health budget is an estimated \$155 billion per annum; only 1.4% of that total budget is spent on preventive health measures. That is the major remittance of the PHAA; if we can get a greater investment in prevention we will certainly see less demand on the hospital system.

The PHAA is also seen as a go-to organisation in Australia to stand up for the needs of people in marginalised communities, including our Aboriginal and Torres Strait Islander communities of approximately 600,000 people. Aboriginal and Torres Strait Islander people's needs are significant compared to non-Indigenous Australians and we need to take the appropriate measures and pathways to meet these.

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What does your role involve as President? How do you lead the PHAA?

I make sure that the strategic focus, set by the board, is properly undertaken. My role is to work on this focus with other members of the Board, our members and National Office while also ensuring that we gather the right level of support and understanding about our core priorities. I ensure that we have people who can appreciate and understand the causal and consequential issues around health in general. Housing, employment, transport, communications, domestic and family violence, mental health, diet and drug and alcohol abuse are the key areas that have a direct link to our growing chronic disease problem, which overburdens our public health system's response capacity.

What is the situation and state of public health in Australia, and what impacts or changes has the association made?

We need to tackle the fact that in Australia 50% of the population live with one or two major chronic diseases. There has been a 35% increase in obesity in the last 25 years, and we need better food and nutrition policies to stop this upward climb. We have made significant strides in turning the debate around regarding alcohol abuse which kills 5,500 annually due to high accessibility and relentless promotion of alcohol. We have also been successful in reducing smoking rates and introducing plain packaging, while maintaining there is inadequate evidence to suggest that e-cigarettes are beneficial. We recently helped launch an innovative Framework for a National Strategy on Climate, Health and Well-being to address the health impacts of climate change such as illness caused by extreme weather events and reduced food and water security. We work to address the social determinants of health in Aboriginal and Torres Strait Islander communities and to help them in all aspects of the national strategic health plan so we can close the gap on the high Indigenous mortality rate. There is also immunisation, women's health, oral health, and many more issues we keep on the national health agenda.

Could you tell us a bit about the Special Interest Groups and their significance?

The Special Interest Groups are made up of people who are interested in or who also have expertise in specific fields of public health. They nominate two representatives to the Board and come from a range of disciplines. These include areas such as nutrition, the environment, alcohol harm



or drug issues. It is important to get the right people with the right background and knowledge. The Special Interest Groups structure is really to make sure that we have currency, in the form of research and evidence-based findings, and to ensure our policy settings are up-to-date. We base our submissions on these policies.

Can you explain the influence and impact of the Australian and New Zealand Journal of Public Health and Intouch monthly newsletter of the PHAA?

The journal was until very recently issued in hard copy and available to buy online.

However, we have been bombarded in user data that indicates that people want to access the articles more freely, so now it is open access online. It makes it easier for us to communicate the PHAA work and receive feedback. It also makes it easier for our readers to read about other specific initiatives and repost on social media.

It is the same with the PHAA newsletter, Intouch. We wanted to make sure that people have an up-to-date indication of what we are working on and what our priorities are. We want people to engage with the organisation, to make sure that

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Above: David Templeman, President of the Public Health Association of Australia, pictured next to left: Michael Moore, PHAA CEO, and PHAA staff at the 15th World Congress on Public Health 2017.

we take account of new developments and more importantly, to make sure that the high-performing, young aspiring people working in public health contribute.

The PHAA has formed some significant alliances with a range of bodies with the aim of providing the best public health in Australia. How important are these alliances?

We work very closely with a wide range of organisations. The PHAA cannot and will not operate on its own; we must work in a more collaborative and cohesive way to advance national public health.

Some of these organisations have got some very strong ideas about certain aspects of these issues, particularly people whose business might be affected. We would be unable to enter an alliance with the alcohol industry for instance, although we would be happy to listen to and argue with them.

What is the significance of the Tony McMichael Public Health Ecology and **Environment Award and other awards** offered by the PHAA?

The awards demonstrate that we have identified people who have made a very significant contribution to public health reform in a national and international

context, such as our former minister for health in Australia, Hon Dr Neal Blewett AC. In 1983, Blewett led the charge on dealing with AIDs/HIV without having any detailed evidence or strong support to back himself up. It is that sort of initiative that we see as cutting edge. It is important that we are aware of all achievements in the public health area, and we do not limit it to just Australians. The Tony McMichael Award has been established to ensure that people who invest in the science of climate change and health are recognised and celebrated in order to ensure that there is a wide understanding of the importance of the work and the issues.

The PHAA regularly holds conferences and events. How significant and also what has been the response to these events?

We regularly receive positive responses from our events and we depend on these for a part of our funding. In terms of structuring an event, we have got to be mindful that people spend a lot of money registering and travelling to conferences. We also must ensure that it is topical and attracts the right level of high profile speakers so people get opportunities to interact and get some benefit for their own development out of attending. You have got to create a forum where there can be meaningful debate as

well as involving political leadership so that they can become better educated.

Does the PHAA have international connections or international outreach at all?

The CEO of the PHAA, Michael Moore, is also the President of the World Federation of Public Health Associations (WFPHA), so he has an international perspective. In April this year, PHAA was the key body in Australia working with other organisations in hosting the World Congress on Public Health. This is run every three years by the WFPHA and attracted 3,000 international delegates this year. An International Indigenous Health Working Group was established as an outcome of this conference. We do have international relationships and a very strong outreach, and our cemented link with the WFPHA is now one of those.

What does the future hold for the PHAA and the Australian health system?

The PHAA is seen as the key player in representing public and preventative health issues nationally. We can make a difference by influencing decision-making and getting greater investment in protection, prevention, and health promotion. If the amount spent on prevention was increased by 1%, it would make an enormous difference in the longterm. Politics can cause obstacles or delays because unfortunately, political leadership often only thinks in the short-term. However, we will continue to advocate and improve on important public health issues.

• For more information on the Public Health Association of Australia and its publications, please visit their website at www.phaa.net. <u>au/</u>.

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